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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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A FREE PUBLICATION ON ELDER ISSUES
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DEMENTIA SPECIAL CARE UNIT (DSCU)

Any facility that calls itself a 'specialized care facility for people with dementia' must follow very specific state regulations that went into effect in 2014. The Alzheimer's Association lobbied for changes that benefit someone with dementia who is in a facility that calls itself 'specialized.'

For example there has to be a specific patient to staff ratio,

There are guidelines for staff training. All staff including kitchen, maintenance, activities director, social worker, administrator plus nursing and aides must receive a minimum of 8 hours of training. All staff have the same training.

The training includes information on dementia per the state regulations. At the end of the training each employee must pass a written test.

The facility is needs to hire a therapeutic activity director who develops programs specifically geared to the residents in the facility. A calendar of events must be posted for all to see.

Activities must be planned to promote and sustain the highest level for each person. Activities need to be provided to everyone in all stages of the disease.

A facility must have a secure outdoor place.

Lighting needs to minimize glare and shadows.

There needs to be space for people to walk in main areas and space in the bedrooms.

The facility needs to reduce noise. Special acoustical ceiling tiles need to be installed in bedrooms, dining room and activity area.

The temperature within the facility (all year round) should be a maximum of 75 degrees.

There needs to be locking devices on all doors.

These changes benefit anyone with dementia.

Many facilities have been unable to make changes in their facility due to the cost of those changes.

ABOUT US

ElderCare Resource Services is a certified aging care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitner 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](#)'

MOVING TO BE CLOSER TO FAMILY

There comes a time that the discussion with parents is: should they move closer to be with their children? There is no right or wrong answer. The decision must be based on the relationship with parents, cost, needs of the parents, and location. When the decision is to move it is important to try to make the move as seamless as possible.

Before the move talk with a Geriatric Care Manager/Aging Life Care Specialist about what is available in your city/town for seniors and how to make the move.

It will be important to find new physicians, change supplemental policies, Part D plans etc. It is time consuming to manage all of this.

If the decision is not to make a move then consider hiring a Geriatric Care Manager near the seniors. They can be the eyes and ears and give you updates. They can accompany to medical appointments and make recommendations on resources. It is best to hire someone before a crisis so that when there is a crisis systems are in place.



Certified Members:

Aging Life Care Association

CHANGES IN VISION

As we age our vision changes. Cataracts and macular degeneration are common vision problems. It is important to have your eyes examined yearly, and more often if recommended by the ophthalmologist/optometrist.

Sometimes vision changes affect one's ability to provide care, read, and manage their financial affairs.

This takes away from someone's feeling of independence. The goal is for everyone to be as independent as possible.

There is a company in MA and with a doctor's order can send an Occupational Therapist to the house to evaluate the situation and make recommendations. Most insurances cover for this OT home visit.

The assessment includes a discussion of what is the deficit and how

it is affecting's one's life. The OT will make recommendations and suggestions for adaptive equipment. The goal is to allow someone to be able to continue to do things in life they enjoyed and now find difficult to do.

The OT will make more than one visit. The first visit is understanding the problem and making some recommendations. The second or return visit is to ask how the recommendations are working and to make other suggestions.

One idea can be a jumbo alarm clock with a 3 inch red light. The red numbers are easier to see. If that is still a problem then the recommendation may be a talking clock. The average cost of a jumbo clock is \$25.00.

Some people they have difficulty reading the newspaper and that the goal is to read the newspaper without difficulty. The OT will recommend different techniques for vision loss depending upon the problem.

With the goal of keeping someone safe in their home a skills evaluation and safety assessment of their home is important.

This evaluation covers all aspects of daily life, including adaptive cooking techniques, medication organization, aids for reading and writing, money management and much more. Patients have the opportunity to examine and try out a variety of specialized adaptive equipment during the visit.

If anyone in Massachusetts would like more information please give us a call or send us an email and we will be happy to discuss vision problems.

FREQUENTLY ASKED QUESTIONS

Q: My father needs more care and can no longer live in his independent setting. He has downsized from his house and now needs to move to an Assisted Living. My father does not want to move but his memory loss has progressed and he needs more directions and cueing and assistance. The facility he is in would like him to move. How do I make a move happen when he refuses?

A: If you feel that it is in his best interest to move because of his need for care, then it is important to make the move. With dementia, logic and reasoning do not work so it is best to use "fiblets". Something that will cause him to feel good. For example with the move, tell your father his room is being painted so he needs to move out. You can say temporarily and when your father asks if he can move back you say can, the painter

got sick and his room is not finished yet. If he asks again then tell your father you called to find out the status on his room but last you heard it was not painted. With fiblets you give support, validate, and show you care.

Q: My father, 92 years old, was able to walk six months ago and now he is in a recliner chair. During the past six months he has had multiple hospitalizations, had multiple infections such as pneumonia, and more pain. Rehab was unable to get my father back to walking. I was told that is an unrealistic goal for my father. I feel like people are giving up on him. Is there anything I can do to fight for my father so he can get therapy to try to see if he can walk. He is now in a Nursing Home.

A: With all that has occurred medically with your father, a decline in his functional ability is not uncommon. Your father was unable to recover from one medical event before he had another medical event. Each medical event builds on top of the last. It is very hard emotionally to see a parent require care and decline so fast. Ask rehab if they will reassess your father for therapy under his Part B plan. A doctor's order will be necessary for an evaluation. Ask if you can observe your father in rehab during the evaluation. Maybe your words to your father will help. Sometimes people do not get back to their previous baseline due to medical events. It is important for you to see what your father is able to do and what he is unable to do. Sometimes no matter how hard we are an advocate health issues override what someone is able to do.