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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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TEL: 508-879-7008

### DISPOSAL OF UNWANTED MEDICATIONS

.With fall here this is a good time to clean out the medicine cabinet. Many seniors save medications in case they may need it again. To begin with open the medicine cabinet and kitchen cabinets to find all the medications. Begin by putting together all the outdated medications in one area. This should include over the counter medications. Put the current medications back. Years ago the unneeded medications and or expired medications would be flushed down the toilet. When they get flushed down the toilet they can get into the rivers and lakes and drinking waters. Some medications have written instructions on the bottle. If there are no instructions speak

with the pharmacist to ask how to dispose of unwanted medications. Some pharmacies will take back the medications in specially labeled containers. Some cities and towns have drug take back day similar to a recycling day. Check out the U.S. Drug Enforcement Administration's Take-Back Day at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) Another option is take the medications out of the original containers. Put all the medications into a sealable bag or container. Add kitty litter or used coffee grounds. Mix the two and throw it in the trash. FDA has updates at [www.fda.gov](http://www.fda.gov)

### FOODS

As we age our taste buds change as well as our appetite. Many seniors will say they do not eat as much as they used to. This is very common and normal. Many seniors slow down their activity level and do not eat as much as they once did.

Foods do not taste the same and many times seniors will want foods that have a sweeter taste. Sense of smell can diminish after the age of 70 contributing to the taste of food. Also, the number of taste buds decreases with age. Medications can also contribute to changes in how we think certain foods taste.

### ABOUT US

**ElderCare Resource Services** is a geriatric 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'

### A PLAN B

No one expects to fall or become ill. But that sometimes happens. Our philosophy is: have a Plan B ready just in case the unexpected happens. For example, if you are the caregiver have a plan ready in case the caregiver becomes ill and cannot provide care. Talk with your family members about their role

should you become ill. If your family is unable to step in then have the name of a home care agency that can provide services. Put together a small notebook with instructions; what is your family members' favorite food, best approach, what to do if your relative is having a bad day etc. All the tidbits of what you do so well so someone can try their best to duplicate your role. No one can step into your role but someone will be able to try to keep things going until you are able to return home.



Certified Members of:  
National and New England Associations of Professional Geriatric Care Managers

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## FREQUENTLY ASKED QUESTIONS

**Q: My husband is doing better at the Nursing Home than six months ago. When my husband was denied benefits I was not able to take home. Now with continuity of care and nurse's monitoring his needs he has not been hospitalized and he has never looked better. I am now having guilt about taking him home. What should I do?**

**A:** What you said in your question says it all; with the continuity of care and the nurse's monitoring his needs he has not been hospitalized. That is exactly why your husband is doing well. As a spouse you are providing care 24/7 while the staff goes home and has a break. You are not a nurse able to monitor medical changes, speak with the physician, and try to identify problems before they arise. You are a spouse. You are not an aide able to assist with bathing,

grooming, and dressing; you are a spouse. You are not a cook able to prepare meals for your husband and then walk away. As a spouse you are the one person managing everything at home. Even with help in the home the details and coordination of services falls upon your shoulder. It's okay to question—instead find time to be together. Go out to a restaurant, go for a drive, and enjoy being a spouse rather than a caregiver. If you do choose to take your husband home consider a trial period and hire services or if your husband is eligible for services from the ASAP have everything arranged prior to discharge.

**Q: My mother has been doing very well in the Assisted Living. She fell and was sent to the hospital. Following that she had a rapid decline in her health. She**

**is no longer able to walk with her walker and she is requiring more help with personal care. How did this happen?**

**A:** This is not uncommon. Falls without a fractured hip are just as serious as a fall with a fractured hip. Falls for seniors over the age of 70 can have long standing consequences and change the quality of life. Studies have been completed on results of fall over the age of 70 and the conclusions are a fall with a senior is serious. We have observed many seniors experience a fall and can no longer return to their previous baseline or return to their residence because of requiring more care. Other diseases seem to progress much quicker and a general decline occurs. There needs to be more ways to keep seniors safe and not experience a fall. Research needs to be completed in this area.