



Caregiver Counsel on Senior Living Options

RESOURCE

COUNSELOR

ADVOCATE

FRIEND





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Founder of Creative Care Management, Inc.

Creative Care Management (CCM) is a professional story and a **personal story**.

Charlotte Bishop started CCM more than 20 years ago. Soon after that Charlotte's husband was diagnosed with brain cancer. Charlotte became her own spouse's personal case manager until his untimely death three years later. This personal journey evolved into a professional journey and certification as a Geriatric Care Manager (GCM) and the part of CCM dedicated to "Serving Elders and Others."

Creative Care Management is a team of certificated professionals providing answers to older adults in Illinois and their families.

If Not Home, then What?

In an economy that seems to be finally struggling to its feet, people who own their own homes no longer worry about it not being a "good time" to sell a home. If you are a caregiver to a parent or older adult who is entertaining the opportunity of a move, you might be wondering if it is now a question of whether to move and/or where to move. As a caregiver that may be part of one of such conversations, it is important to help **facilitate** the older adult's decision rather than **make** the decision for them. Let me help you with some of what I have learned in talking with hundreds of older adults who have wrestled with these decisions.

Let me start by saying that yes, it is in part a decision based on financial means. Even selling one's home and the financial windfall that can represent may not provide enough funds for a couple or individual to move into a senior residential community – especially some of those that feature resort-like amenities in the Sun Belt.

Research among individuals who are "age-qualified" to reside in senior residential facilities offers some amazingly consistent findings. First, only about one in twenty to one in ten individuals with enough income and assets actually want to live in a community of people their own age. And what attracts these few to senior communities is fairly consistent.

Older adults most often are looking to give up the heavier duties of living in their own homes. They value having someone else mow the lawn, shovel the walkway and otherwise maintain the grounds.

They also like the idea of handing over the responsibilities for heavy cleaning and even regular upkeep. And the security of having a place in which they feel protected from strangers while still enjoying the freedom of coming and going is also key.

Where the community is located is not quite as important as knowing that they will have easy access to shopping and entertainment. One of the added draws of some of these communities is also the religious sponsorship, meaning the individual will be among others of similar spiritual orientation. Or religious affiliation may translate for some into a facility whose values they trust.

So if the conversation with elders in your midst begins to turn to some of the responsibilities of home ownership that weigh upon them, they

may be ready to discuss alternatives. Give the conversation a gentle nudge to what they may not want to do....not just what they cannot do any longer. And remember also that staying at home, if home can be refitted to be safer, can also be a viable option.



5-10%

Percentage of "age-qualified" individuals with enough income and assets who want to live in a community of people their age.



MAKING HOME SAFER AS AN OPTION

Your older loved one does not have to move to a senior residential community to have the security and peace of mind of a safer home environment. As a geriatric care manager, I often have conversations with families and elders in which moving is not an option they are considering. Sometimes it may be an option, but the move won't be happening right away, and they are looking for advice on minimizing risks to their loved ones still at home. One of the greatest risks to an older adult aging in place is a fall and the possibility of fracturing a bone. For an elder living alone, risks are magnified, because no one will be there to summon help if it is needed.

As you or your loved one "inspect" the home overall, look for fall risks because an unsteady gait or stiffness can make a problem that for younger, nimble legs is not. One of the big problems can be throw - or scatter - rugs. We sometimes refer to them as "shatter" rugs, because the falls they cause are so devastating. Simply get rid of them, especially if there is solid flooring underneath. Look also for frayed spots in the wall to wall carpeting or where there are raised seams

in the carpet or flooring at doorway thresholds. Look also for small tables, footstools or even chairs that may be difficult to get around. Narrow paths between furniture are obstacles as well as animals and their toys. Depending on the degree to which getting around poses a problem to your elder, you may consider having a handyperson in-



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stall handrails along corridors where there is nothing else for your elder to grip. If stairs are challenging or if your elder already uses a walker or cane, you may consider having ramps or electric chair lifts installed.

At night fall, hazards are even greater. I recommend night lights throughout the halls. The kind with a sensor that turns them on only when it is dark will eliminate the potential for forgetting as well as save energy. Waking at night can be disorienting for a senior, so consider having a flashlight within reach on the nightstand near the bed. In-

stall bright bulbs in all fixtures that can accommodate higher wattage throughout the house.

Especially for your older loved one who may live alone, invest in a personal emergency response system (PERS). We have all grown tired of the ads about "help I have fallen, and

I can't get up" but a PERS can make a dramatic difference in medical or other household safety emergencies. I received a referral some time ago to help coordinate the rehabilitation and recovery for an older client who had a serious fall at home. She lived alone at home and after falling and breaking her hip could not reach a telephone.

Had the cleaning person not arrived two days later, the story could have ended very differently.

One last issue is housekeeping. Help your older loved one to hire out the heavy cleaning and then to manage the rest on their scale. Break "house cleaning day" into a series of smaller, manageable tasks. Consider replacing top-loading washers with front loading machines to minimize heavy lifting of wet clothes, and encourage your elder to make smaller loads.



KEEPING COMMUNITY

*in the Conversation About
Senior Communities*

It's about community.

I was just reminded of a very important aspect of senior residential options that can get overlooked in conversations between caregivers and the elders with whom they discuss their residential options. As a geriatric care manager, I often am asked to facilitate the discussion that a family will have with mom or dad or other loved one as they consider moving out of what can be their lifelong home. Let's start with the stuff we always address. Surveys among older adults usually tell us there are three important touchstones for seniors making these decisions.



Safety

Older adults can become a bit fearful about going out at night or live in fear of break-ins and more. Senior residential options offer a very safe alternative, often with security personnel and gated grounds.



Helping Hands

Seniors have had a lifetime of cleaning up the house, mowing the lawn, and more. Senior residential communities can give them the independence to do for themselves what they want to do and the freedom from the "heavy lifting."



Medical Security

We have all seen the ads for "help, I've fallen..." Senior residential communities have behind the scenes staff to respond to emergent needs as well as support independence with help for activities of daily living.

But there is another facet of senior residential living that can be overlooked.

I have a client who is now 85 who had tried a senior residential community when she was in her seventies. She and her husband moved back out within a year, because they did not feel "that old." A few years later, the now-widowed wife moved back into the same place, because she wanted all those items above and also because she wanted a sense of community. The residence, it seemed, acted like a more manageable version of her neighborhood. For her, it was a group of people she could play bridge with in the afternoon after lunch dishes were cleared away in the common dining area. It was a place where just down the hall (what used to be just down the block) were people she could just drop in and visit with when she felt like it. In fact, a lot of her neighbors keep

their doors open all day so that people who walk by can feel welcome to do just that.

There are weekly events and daily activities at most senior residential communities ranging from book club meetings to – yes, bingo – and sing-alongs and craft clubs. If you listen to any of these people, they like "being active." And for them, active is all of the above. They even have gatherings to get really active in yoga or stretching classes adapted to their older bodies and more limited range of motion. So, if you are a caregiver having a residential discussion with your older family member or friend, listen for the cues. Do they talk about feeling lonely, isolated or just not being close to friends? And if they have been active in clubs and groups, but lately are not as active? This may be where it may be time to talk about a neighborhood where everything is within a short walk.





A NURSING HOME SCORECARD

One of the most challenging conversations I help facilitate as a geriatric care manager is to address the prospect of nursing home care among elders and the family members who care for them. Much of the discussion comes down to point of view and what a caregiver may find important versus what the prospective resident will find important. In future postings I will also talk about timing and when to consider nursing home care as an alternative to independent living and the options in between. Let's first look just at everybody's points of view for a moment.

An article that recently appeared in Seniors Housing and Care Journal compared the opinions of residents and families as well as state agencies on the quality of nursing home care across 89 nursing homes. We all appreciate that nursing homes are regulated, and that the state surveyors that monitor the nursing home quality of care in most states use a fairly standard report card. This report card is called the Online Survey, Certification and Reporting (OSCAR) <http://www.pafresearch.ucf.edu/databases/index.php?sid=37>, and you access the report cards for any nursing home you may be considering in your own family discussions. Each facility whom you interview should make a copy of the most recent state audit available for your review.

The authors of an article I came across ("Where Allies Part Ways and Strangers Converge: Nursing Home Performance in the Eyes of Residents,

Families and State Surveyors") found some interesting differences and similarities in evaluations of nursing homes as each of these groups looked at quality. First, whether families or residents would recommend a nursing home was highly correlated with the ratings state surveyors gave to the residences. Residents and families also agreed in their relatively high ratings of "staff show respect" and "ensured resident safety." At the other end of the rating continuum, both families and residents rated "numbers of nursing staff" lower.

The differences came when residents and families were rating what could be termed quality of life versus quality of care. Residents rated quality of life components higher than families did. Families rated quality of care higher than the residents did. I see two lessons here. First, how State Surveyors rate the facilities you or your loved ones may be considering as a future home will be a pretty good indicator of how home will feel to the resident. Second, when having the family discussion about a potential move, caregivers need to be aware that what is most important to them (quality of care) will not have the same importance for the loved one (quality of life). If you as a caregiver want your loved one to "own" the decision, it is important to keep a focus on quality of life in your discussions with them.

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CCM, Inc. can be there when you can't

We are the professionals who help families who are caring for older adults (geriatric care management) or others with special needs. Our professional geriatric care managers and special needs case managers can be your eyes and ears when you simply cannot. You can count on us to help you manage both your care-giving responsibilities, and those of your family and your work that cannot be ignored...or postponed. Some of our clients refer to us as their Sister in ChicagoSM.

We serve Chicago's North side and the North, Northwest and West suburbs as well as Central Illinois.

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