

Caring for Aging Parents



*A Manual for the Friends & Families of
Fellowship Bible Church
Tacoma, WA.*

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Introduction:

Those of us who have parents who may need help in the near future because they are elderly or in poor health often feel unprepared to properly help them. If we believe that family is the first line of care for aging parents, we need a plan to effectively provide such care. This material is intended to get you started in thinking about how you and your family can prepare for such a need. Most families need to start taking steps now to be adequately prepared for such a need.

Biblical Basis:

For the believer, an initial question we must answer is "**What does the Bible say about caring for our old parents?**" The Bible has much to say about caring for elderly parents and other family members who are not able to care for themselves. The early Christian church acted as the social services agency for other believers. They cared for the poor, the sick, the widows and the orphans who had no one else to care for them. (Acts 6:1b; Jas. 1:27)

In the early church, Christians who had family members in need were expected to meet those needs. Unfortunately, caring for our parents in their old age is no longer an obligation that many of us are willing to accept.

Sometimes we don't feel we can adequately care for the needs of our parents. And other times, the elderly can be seen as burdens rather than blessings. Sometimes we are quick to forget the sacrifices our parents made for us when they are in need of care themselves. Instead of taking them into our homes—whenever that is safe and feasible—we put them in retirement communities or nursing homes, sometimes against their will. We may not value the wisdom they have acquired through living long lives, and we can discredit the value of their advice.

When we honor and care for our parents, we are serving God as well. The Bible says,

"Honor widows who are truly widows. But if a widow has children or grandchildren, let them first learn to show godliness to their own household and to make some return to their parents, for this is pleasing in the sight of God. She who is truly a widow, left all alone, has set her hope on God and continues in supplications and prayers night and day, but she who is self-indulgent is dead even while she lives. Command these things as well, so that they may be without reproach. But if anyone does not provide for his relatives, and especially for

members of his household, he has denied the faith and is worse than an unbeliever.

Let a widow be enrolled if she is not less than sixty years of age, having been the wife of one husband, and having a reputation for good works: if she has brought up children, has shown hospitality, has washed the feet of the saints, has cared for the afflicted, and has devoted herself to every good work."

I Tim. 5:3-10

Another fact we must realize is that not all elderly people need or want constant, live-in care in their children's homes. They may prefer to live in their own home with a care giver or in a community with other people their age, or they may be quite capable of complete independence. Regardless of the circumstances, we still have obligations to our parents. If they are in need of financial assistance, we should help them. If they are sick, we should take care of them. If they need a place to stay, we should offer our home. If they need help with household and/or yard work, we should step up to assist. And if they are under the care of a nursing facility, we need to assess the living conditions to make sure our parents are being properly and lovingly cared for and visit them regularly.

The Bible says,

"Honor your father and mother"

—which is the first commandment with a promise—

"that it may go well with you and that you may enjoy long life on the earth"

(Ephesians 6:2-3).

We also need to remember, we shouldn't view our aging parents as valuable for what they can do for us, but what they can do in us.

(<http://www.gotquestions.org/caring-for-old-parents.html>)



Caring for Ill or Aging Parents

by Carol Heffernan (*Focus on the Family*)

Edited & modified by Earl D. Oliver

Caring for an aging parent is a responsibility few people ever expect or envision. We avoid thinking about our parents falling ill or growing weak. We don't feel equipped to handle the welfare of those who raised us. Confusion, sadness, helplessness jar us during this unsettling transition.

As baby boomers live longer, healthier lives, any assistance that is required typically becomes the children's responsibility. For many families, the discussion about who will take care of Mom and Dad comes on the heels of a crisis. As a result, most families find themselves unprepared to handle their parents' increased dependency.

Still, with the increase in number of older adults comes the increase of adult children caring for their parents. More than 20 million in the U.S. alone provide care for an aging parent, other family member or in-law. What's more, families rather than institutions provide 80 percent of long-term care.

So how can adult children, siblings and parents deal with the inevitable challenges that accompany this life transition?

Begin by openly discussing each person's role and responsibilities within the family structure. While caregiving can be extremely stressful, sharing duties is a guaranteed way to ease the tension. Whatever distance family members live from one another, devise a care plan so everyone can be involved.

Addressing the sensitive topic of finances is also a must, as is compiling important personal and financial documents. Finally, take the time to evaluate how to build unity among siblings—in spite of the high potential for tension.

There's no question that many caregivers only find frustration and exhaustion. But with solid support and communication, caring for an aging parent can bring a renewed sense of love, compassion and tenderness into any family.

When Family Members Adjust to Their New Roles

Most parents are accustomed to caring for their children—no matter their ages. So what happens when these roles reverse?

Within a brief span of time, adult children can find themselves responsible for one or both parents. Watching a parent grow vulnerable and dependent is an uncomfortable transition. But shifting family roles are becoming increasingly common as more and more people try to meet the demands of their own children, while feeling the tug to assist their aging parents.

Providing care for parents, whether local or long-distance, lasting months or years, involves major change. With financial implications, strain among family members and difficult decisions at every turn, it's no wonder so many caregivers and potential caregivers feel overwhelmed.

But we needn't despair. There are practical ways to prepare for and adjust to the new roles within a family.

- **Talk with your aging parents early—before too many challenges arise.** It's one thing to sit down as a family for an honest discussion about care preferences before a crisis develops. It's another to do so after receiving a disheartening diagnosis. Certainly, it isn't easy talking with your siblings and parents about the "what if's." But listening to your parents, involving everyone in the decision-making and working together to set up a plan will be worth it in the long run.
- **Assess finances—both yours and your parents.** From savings accounts to medical insurance to routine tasks like paying bills and balancing the checkbook, the whole family can attain a sense of relief from having money matters in order.
- **Collect medical information and learn the medical history.** Many parents are notorious for keeping the extent of their ailments under wraps, especially when it comes to telling their children. Who are your parents' doctors? What medications are your parents taking? What are the dates of their recent medical tests? It pays off to have this information available if and when the need arises.
- **Keep communication lines open among siblings.** It's all too easy for turmoil to erupt when discussing "what Dad or Mom wants." Adding emotions, finances and family history to the mix can result in damaged relationships; this is a time when family members really need one another. Try to remain sensitive, work through

disagreements calmly and keep in mind that these relationships will endure for years to come.

- **Accept these changes as a natural part of life.** No one would deny that watching a parent fall ill or grow weak with age is an emotionally draining experience. Yet hiding or diminishing painful emotions may lead to withdrawal, depression or anger. Working through the stages of grief is a necessary part of facing the inescapable realities of living and dying. Though there is no right or wrong way to endure the mourning process, understanding the stages of bereavement can help when adjusting to this new season in life.

Story: *Caring for Mom*

*Jean Hoffmann tells about her challenges and rewards
of providing day-to-day care for an elderly parent.*

Much that is written about aging parents describes the stresses, the challenges and the headaches that come with providing care. My story shows a different side—a more positive side—of sharing those last years together.

My husband Norman and I were both raised with the model of bringing elderly family into the home. My mother cared for her parents, and Norman's grandmother lived with his family for ten years. Naturally, I figured, our parents would someday move in with us.

After my father died, my mother lived on her own for a decade, keeping up her house and yard, and trying to stay on top of her burgeoning health problems. Her decline was a slow one, but I could see subtle changes.

She would call one of us in a panic, saying she was having trouble eating, when she was really having trouble remembering directions to the grocery store. She couldn't remember which medication to take. Her vision also deteriorated, and her back problems worsened.

We lived several hours away from one another at that point and kept in touch through daily phone calls and frequent visits. During one stay, my mother noticed that the home behind ours was for sale. Her decision to purchase it was a good one; she lived there for five years. Nearly every night, Norman would bring her over for dinner, and we regularly helped with her household chores. But as her daily care became more and more difficult, she knew it was time for a change.

When Mom moved in

While we were remodeling our kitchen, my mother asked if she could come live with us. So we added to the remodel, enlarging a bedroom and bathroom to fit her needs. Since her parents had lived into their 90s, we expected the same—and we wanted her comfortable.

What a blessing it was to have her with us! That's not to say there wasn't work. She needed help with everything from bathing to dressing to going to the bathroom. For some reason, instead of helping herself to food, my mother preferred that Norman or I did this for her, quickly earning her the adoring nickname "The Queen."

Looking back, I know Norman and I could have gotten short with her, succumbed to anger or worried about the future. But we made an effort to laugh as much as possible, see the humor in things and always communicate openly.

I certainly wasn't raised with this kind of honest communication, but I knew it was necessary to sustain a healthy environment. I used to say, "Everybody do the best they can, and we'll forgive the rest." Together, we learned about setting boundaries, not holding grudges and being up front with one another.

Yes, it was difficult to watch her health decline. And yes, it was sometimes a trying experience. My mother, for example, would often ask the same questions over and over again. But I quickly learned that getting irritated and scolding her didn't do any good. When she complimented me on the "new" dress I wore every Sunday to church, I would simply respond, "I'm so glad you like it!"

I knew she wasn't choosing to forget, and I knew aging was a part of life. So I accepted her absentmindedness and made every effort to treat her gently—even when I didn't feel like it.

Living without regrets

My mother's insurance enabled us to get help with her routine care on weekdays. This allowed my husband and me to carve out time for each other. We realized that our relationship had to be the priority.

Speaking of Norman, he was the biggest help, and I couldn't have done it without him. When we married, we agreed we would love each other's parents as our own—and that agreement stuck.

We both knew that the time with my mother was finite—just like the time we spent raising our children. Neither of us wanted those lingering "if only" thoughts when our parents passed away: *If only we would've given our parents more time, more love, more attention.* Caring for my mother certainly made our lives busier and more complicated. But we wouldn't have done it any other way.

After living with us for two years, mom caught a cold and her body started to wear out. The last day of her life, our family was singing to her from a hymnal, and we could see her mouth moving along with the words. She died surrounded by her loved ones, and we have all the confidence that she continued her song in heaven.

Caring for my mother wasn't always easy. But when she died, I had no regrets. Helping her was a privilege, and I'm so thankful that she was happy while she lived and at peace when she died.

Talking Finances with Mom and Dad

Don't wait until faced with a crisis.

Sorting through money matters now can make all the difference.

If there's one issue that parents and children often find difficult to discuss, it's finances. It was sure that way for Bruce Madson.

"It's a taboo subject that we've avoided," he says, "even though [my parents] both have health problems and are struggling to stay on top of things."

Maybe your parents have always been hush-hush about their finances. Perhaps talking about money makes everyone in the family feel uncomfortable.

Undoubtedly, though, the day will come when age or unpleasant circumstances will force parents and adult children to hash out this touchy topic. Without question, the best time to address finances as a family is when your parents are relatively healthy and independent.

If a parent becomes ill or disabled, the limitations dramatically change the decision-making process. Fewer options are available and administrative hassles quickly add up.

Speaking with your parents is a necessary first step in avoiding future financial headaches. Consider these strategies when broaching this sensitive topic with your mom and dad:

1. **Involve appropriate family members in the discussion.** Talking about a parent's potential incapacity and inability to manage independently is a conversation no family enjoys. Parents may not want to give up money matters, and children may hesitate to control it. But in the event of a crisis, it's crucial to have a plan devised to handle the onslaught of financial decisions.

That said, parents also have the right to make their own choices, including the making fiscal decisions privately. In this case, it is recommended that your parents meet with a financial planner, lawyer or an advisor who specializes in helping the ill or elderly.

2. **Ask your parents what they feel comfortable handling.** Allowing parents to have as much independence as possible is ideal. Encourage them to maintain control as opposed to taking it away—unless their decisions become harmful.

Are they confident paying the bills, making deposits and dealing with health insurance? Are they aware of frauds targeting seniors? Do they have records of their savings and spending? If necessary, delegate who will follow up with them on these responsibilities.

3. **Make sure personal and financial documents are in order.** Concern over a parent's financial well-being is front and center for many adult children.

These are some of the financial matters to consider:

- Investment, bank and insurance accounts
- Social Security numbers
- Debts and payments
- Tax returns
- Savings and investment records and lock boxes
- Contact information for doctors, insurance agents, accountants, etc.

4. **Consider identity theft insurance:**

The National Association of Insurance Commissioners says the typical cost of identity theft insurance ranges from \$25 to \$60 per year. The insurance may include credit alerts, account and credit monitoring, and reimbursement for the costs associated with repairing your credit history if you become a victim.

There are a variety of identity theft plans available. You will need to review them to decide which best fits your needs.

5. Protect yourself from scams

Scammers are getting increasingly sophisticated in their attempts to get your money or personal details. Be alert and protect yourself from being scammed by following our tips.

- Scams target everyone
- Protect yourself
- How to spot a fake
- Follow up scams
- More information

a. Scams target everyone

- Scams target people of all backgrounds, ages and income levels. There's no one group of people who are more likely to become a victim of a scam. It's not only the naïve and gullible who fall victim; all of us may be vulnerable to a scam at some time.
- Scams succeed because they look like the real thing and catch you off guard when you're not expecting it. They also exploit your desire to be polite and respectful, as well as your generosity, compassion and good nature.

b. Protect yourself

- **Be alert to the fact that scams exist.** When dealing with uninvited contacts from people or businesses, whether it's over the phone, by mail, email, in person or on a social networking site, always consider the possibility that the approach may be a scam. Remember, if it looks too good to be true, it probably is.
- **Know who you're dealing with.** If you've only ever met someone online or are unsure of the legitimacy of a business, take some time to do a bit more research. Do a Google image search on photos or search the internet for others who may have had dealings with them.
- **Do not open suspicious texts, pop-up windows or emails – delete them:** If unsure, verify the identity of the contact through an independent source such as a phone book or online search. Don't use the contact details provided in the message sent to you.
- **Keep your personal details secure.** You may need to put a lock on your mailbox and certainly shred your bills and other important documents before throwing them out. Keep your passwords and pin numbers in a safe place. Be very careful about how much personal information you share on social media sites. Scammers can use your information and pictures to create a fake identity or to target you with a scam.
- **Keep your mobile devices and computers secure.** Always use password protection, don't share access with others (including remotely), update security software and back up content. Protect your WiFi network with a

password and avoid using public computers or WiFi hotspots to access online banking or provide personal information.

- **Choose your passwords carefully.** Choose passwords that would be difficult for others to guess and update them regularly. To maintain this, you will need a secure place to store them all. A strong password should include a mix of upper and lower case letters, numbers and symbols. Don't use the same password for every account/profile, and don't share your passwords with anyone.
 - **Review your privacy and security settings on social media.** If you use social networking sites, such as Facebook, be careful who you connect with and learn how to use your privacy and security settings to ensure you stay safe. If you recognize suspicious behavior, clicked on spam or have been scammed online, take steps to secure your account and be sure to report the conduct.
 - **Beware of any requests for your details or money.** Never send money or give credit card details, online account details or copies of personal documents to anyone you don't know or trust. Don't agree to transfer money or goods for someone else: money laundering is a criminal offence.
6. **Be careful when shopping online.** Beware of offers that seem too good to be true, and always use an online shopping service that you know and trust. Think twice before using virtual currencies (like bitcoin) - they do not have the same protections as other transaction methods, which means you can't get your money back once you send it. * This material was adapted from: www.scamwatch.gov.au

Helpful Tips

- Do not give out your Social Security Number without a good reason and maybe checking with a trusted friend first.
- Shred your personal bank checks and credit card receipts before disposing of them.
- Be suspicious and careful if unsecured websites ask you for personal information which may lead to identity theft.
- Close any accounts that you think may have been tampered with.
- File your complaint with the Federal Trade Commission (FTC) telephone 1-877-438-4338 and visit their website at www.consumer.gov/idtheft/ to obtain ID theft affidavits.
- If you are a victim of ID theft, contact the three major credit bureaus to place a fraud alert or to obtain a copy of your credit report. (Equifax, Experian, TransUnion)
- Have your parents give you any passwords they might have for their computer, bank accounts, or for their doctor's web sites.

7. **Plan for an emergency.** Before crisis mode hits you, sit down as a family and settle on some key answers that will give everyone involved some peace of mind.

Who will speak for your parents if they are unable to speak for themselves? Do they have a durable power of attorney to handle financial affairs if they become ill? Has an attorney drawn up a will or living trust in recent years? What about end-of-life care?

Handling these details now will help protect your parents and their assets in case of an emergency.

8. **Listen to your parents and treat them with respect.** Keep in mind that you may not agree with every financial decision your parents make. Still, there may be no need to parent your parents.

Instead of telling them what to do, ask questions that clearly express your concern: *"What can I do to help you?" "How do you think we should handle this?" "Do you feel overwhelmed by any aspect of your finances?"*

With good intentions and a willingness to listen carefully, your family can work through this challenging topic one issue at a time. And when the hard work is done, your family will act and react more effectively.

Managing Stress When Caregiving

Consider these suggestions to help ease the emotional and physical strain when you've become the caregiver.

Joan Johnson remembers when her parents started becoming dependent on their children. She remembers her brothers and sisters talking at length about their care options: a nursing home, an assisted-living facility, hiring in-home care.

Ultimately, family members chose to care for their parents themselves.

"We thought it would be easier than it was," says Joan. "My mother and father ended up needing 24-hour assistance, and while we were happy to do this, we should have been taking better care of ourselves. It was difficult, emotionally, to see them deteriorate, and the mounting responsibilities really took a toll."

Providing day-to-day and even minute-to-minute care for an aging parent can be tremendously stressful. Caregivers suffer symptoms so severe that they themselves

become known as "*hidden patients*;" they fail to notice the signs of stress in their own lives.

When the attention is so focused on their parent, numerous and potentially harmful symptoms go unnoticed in the lives of the adult children. What's more, the warning signs of stress can attack so subtly that they're difficult to detect—and this can create a real danger.

Studies show that more than half of all caregivers suffer from depression, while the majority experience what's commonly referred to as "caregiver stress."

It's no wonder, considering many who care for a parent also juggle a multitude of responsibilities. Full-time jobs, parenting their own children and household duties all add to already high levels of stress. In the process, it's common for caregivers to put their own health, feelings and well-being aside. The results can be damaging: anxiety, sadness, guilt, and a whole host of physical ailments.

If you are in a caring for aging parents, recognize the warning signs, and deal with the stress immediately. Here are some common symptoms:

- Unusual sadness, moodiness or anger
- Social withdrawal from activities and friends
- Fatigue, exhaustion and difficulty sleeping, either too much or too little
- Change in eating habits, and weight loss or weight gain
- Recurrent headaches, stomachaches and colds
- Difficult concentrating on other areas of your life, possibly resulting in a decline in work performance
- You are being abused by the person you are caring for
- You start having financial problems
- Unexplained irritability
- You turn to alcohol or drugs to deal with the situation
- Feelings of dread, hopelessness and depression
- You resent that you are not getting enough support from other family members

If you care for others, it is also imperative to make your own health a priority. Consider these suggestions:

- **Create lists and establish a daily routine.** Keep track of tasks, then balance, prioritize and delegate responsibilities. Most importantly, modify your schedule to avoid anxiety and exhaustion.

- **Ask for help when you need it.** Enlisting the support of friends and loved ones does not make you appear weak. It is of utmost importance that you care for yourself in order to provide good care for your parent. Looking beyond immediate loved ones, many cities provide adult care and other services for the elderly, and many churches offer programs for seniors. With safe, friendly environments and plenty of activities, use outside care to give yourself and your parent a break.
- **Take care of your body and mind.** Besides fitting exercise into your schedule and maintaining a balanced diet, it's crucial to find time to relax, pursue a hobby and connect with friends. While leaving a parent in someone else's hands is difficult, getting away at least a few hours a week is critical. Neglecting your own physical and emotional health leaves you vulnerable to disease and exhaustion.
- **If you feel depressed, get help.** Caregivers are at tremendous risk for depression, yet many do not realize that they are depressed. These feelings can develop over time and will become progressively worse if not treated. Instead of hoping this condition will just go away, seek medical help; it'll make all the difference.
- **Regularly talk with a counselor, support group or close friend.** Even though you may not want to discuss your feelings and frustrations, it's beneficial to find an outlet. A parent may have behavioral issues—yelling, hitting, wandering from home—that stir up unfamiliar and very painful emotions. A sympathetic listener could provide the support, comfort and perspective you need to get through the day.

It's worth noting that caring for an aging parent—while challenging—can have many positive effects on the whole family. There's an added sense of purpose, the ability to nurture an intergenerational bond and the knowledge that you're making a difference in the life of your parent.

Giving proper care and attention to yourself and your loved ones will create a healthier, happier environment sure to improve everybody's quality of life.

Caregiving from a Distance

How can you help when your elderly mother or father who lives many miles away?

If you are coping with the frustrations, concerns and guilt that often accompany long-distance care giving, you are not alone. Recent estimates from the Alzheimer's Association indicate that more than 3 million adults provide assistance remotely for ailing or vulnerable relatives, usually aging parents.

Making sure Mom and Dad are well cared for is a difficult challenge; doing so from many miles away has its own set of issues. What happens in an emergency? Are

medications properly administered? Who's there to lend a hand with the activities of daily living?

It's no wonder common care-giving stress intensifies when involvement is from afar. Often, aging parents fear "being a burden" to their adult children, so they fail to be forthright about their declining health. Parental pride, privacy and sometimes embarrassment may also prevent adult children from really knowing the severity of a situation.

Still, taking stock of your parents' needs—ideally before a predicament arises—will help everyone involved.

- **Discuss care choices as a family.** Find out what your parents want assistance with now, and what kind of help is available in the future. Your parents' needs will change, so this is the time to explore services and resources within the community.

Who can help with grocery shopping and errands? What if the house cleaning becomes too much to handle? Who can be trusted to answer any financial questions? Together, compile a list of names and numbers with important contacts, including doctors, neighbors, senior center liaisons, etc. Encourage your parents to maintain as much independence as possible, but learn as much as you can about any resources available.

- **Establish a circle of community support.** Alert long-time friends, neighbors, family members—even the mail carrier—about your parents' condition, so you have a network of people to call if you need someone to check in with them. Encourage those in your support system to visit regularly, or if possible, set up a schedule detailing who will stop by during the week.

You can also enlist help from local churches, civic groups and volunteer organizations. They may provide transportation, companionship or meal delivery. Make sure all of your contacts have your phone number in case they spot a problem.

- **Ask your parent if you can go along to a doctor's appointment.** When you're in town, this is one visit that's definitely worth your time. Get to know your parents' doctors, nurses and any social workers on staff. Talk with your family beforehand about questions and concerns, and take notes on what the medical staff recommends.

Work with your parent to draw up a list of each medication being taken, and review that list with the doctor. Establishing a relationship with your parents' doctors will make talking with them easier down the road. Also, medical staff may have inside information on valuable community resources.

- **Evaluate in-home safety.** When you visit, walk through the house room-by-room with your parents and look for possible hazards and safety concerns. Loose rugs, furniture in a walkway or newspapers, electrical cords, plants on the floor could pose as a problem. For people with dementia, a pattern on the floor can be disorienting, although some have observed that Alzheimer's patients can be directed away from exits with certain floor patterns.

Check the lighting in each room, and make sure adequate lighting exists for late-night trips to the kitchen or bathroom. Evaluate the safety of the handrails and stairs, the bathtub and toilet and any potentially dangerous belongings such as weapons, tools or medications.

Making needed home improvements now will offer more peace of mind in the future.

- **Keep in touch often, via phone, e-mail or letters.** Some families find it valuable to purchase a cell phone for their parents (*Don't forget to teach them how to use it!*) in case of an emergency. Others program important numbers into the speed-dial to make the calls less of a hassle.

Most long-distance caregivers would like to spend more time with their parents, but frequently connecting by phone may be the most viable option. Stay alert for any warning signs that your parent may require additional care. Look for opportunities to communicate by mail and e-mail. Send pictures, cards and interesting articles. And above all, remind your parent of your constant love and support—no matter the distance between you and them.

Caring for Ill or Aging Parents

A list of helpful resources, links and organizations.

Popular questions on this topic:

- [Do you have Alzheimer's information on the Focus website?](#)
- [Can you provide information about end-of-life issues?](#)
- [How can I know for sure if my mother has Alzheimer's?](#)

Related Resources

- [Caring for Your Aging Parents](#)

Related Articles

- [Dealing With Depression](#)
- [When They Leave Home](#)

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Focus on the Family web site

Local Hospice Services

Franciscan Hospice

2901 Bridgeport Way West, University Place - (253) 534-7000

Multicare Hospice

3901 South Fife Street, Tacoma - (253) 459-8370

Group Health/Home & Comm Svcs

950 Pacific Ave

Tacoma, WA 98402 - (253) 274-4618

Local Adult Care Facilities

You can type in your zip code on the following web site and many skilled nursing facilities are listed. This includes reviews and ratings which is a great resource.

<http://www.seniorlivingsource.org/skilled-nursing-facilities/washington/?org=1&l=OTg0MDE=&n=2&c=1&msc=9>

Here are some in our area you might consider. We are not favoring or recommending any facilities, but are listing some with good reputations.

<http://www.conciergecareadvisors.com/>

<http://www.aplaceformom.com/?kw=3234-ZZ+-+Everything+%28IP+Targeted%29&kwg=Tail+-+Residential+Care&keyword=adult+family+homes&distrib=search&match=Broad&gclid=CKG9joyr6KsCFREj7AodywNdIQ>

http://bestseniorcareonline.com/ih_fastfind?sp=sm&CID=156982&AFID=104244&ADID=0&SID=&ClickID=10_51746080_b40b9940-960b-4a63-bada-673a8d3c5e91&gclid=CNLUxper6KsCFUbs7Qodw1qhHw

<http://health.usnews.com/senior-housing>

These are some recommendations of adult family facilities in our area, and if they are full, as good ones usually are, they would still be good sources of recommendations of other good ones.

Golden AFH (Adult Family Home)
13306 72nd Ave. E. Puyallup, WA 98373
253.537.1449

The Arbor Rose AFH
6301 East "Q" Street or 1630 E. 63rd Tacoma WA 98404
253.507.8300
cell 206.355.5643

There is also adult day care for those who want their family member living at home with them but they are still working and need care at a facility just during their work days. There are several options listed at the following web site.

<http://www.agingcare.com/local/Tacoma-Adult-Day-Care-WA>

Some terms to know:

- SNF's (Skilled Nursing Facilities)
- ALF's (Assisted Living Facilities)
- AFH's (Adult Family Homes)

Questions to Discuss

Since we want to show our parents the love and respect we feel they deserve, we need to address a variety of issues and not just talk about end of life questions. For example, you might start the process by asking them a variety of important questions. This may take more than one discussion since the questions can be complicated for them and require some careful consideration.



Ask them:

- ✓ “What dreams, goals, wishes or plans do you have for your future?”
- ✓ “Is there anything any of your children can do to help you accomplish them?”
- ✓ “Are there any people you want to see while you can still travel?”
- ✓ “Are there any unresolved conflicts or problems with people we can help you through?”

Talk about these things with a hope and realism that shows your love and care. Sometimes they won't feel they need or want anything more in life, but they will still appreciate your consideration.

End of Life Questions:

End of life questions are often difficult to discuss both for you and for your parent(s). But if we are primarily motivated by love to look out for their best interests, we can find a way. Often people want to talk about this final stage of life. Sometimes the topic can be broached with a question about any fears or concerns they might have. If they express openness, we should be ready. If they confidently confess that they are ready and eager to meet their Lord, we need to be ready for that too, and have some clear thoughts about what Heaven might be like.

It may be best to introduce the topic in general so they can try and prepare their thoughts and feelings. Then later you can ask for a possible date to begin the discussion. And you may want to give them a copy of the questions in advance for them to consider. It is wise to not pressure or rush them unnecessarily. Even though time may be limited, these are delicate matters that deserve care and respect.

But we also need to be careful what we say to and around them. A humorous warning illustrates this point.

Be careful what you say...



A six year old goes to the hospital with her grandmother to visit her Grandpa. When they get to the hospital, she runs ahead of her Grandma and bursts into her Grandpa's room ...

"Grandpa, Grandpa," she says excitedly, "As soon as Grandma comes into the room, make a noise like a frog!"

"What?" said her Grandpa.

"Make a noise like a frog - because Grandma said that as soon as you croak, we're all going to Disneyland!"

Particular questions that commonly need to be discussed are:

- Do you have a will?
- Who is the executor?
- Living will?
- Attorney's contact information.
- Durable Powers of Attorney appointed?"
- Does he/she (P.O.A.) have all account numbers, pass words, policy numbers they will need?
- Do you have clear directives to physicians?
- Patient Self-Determination Act Directive:

- Provide written information about the patient at the time of admission or initial provision of services about what medical care they want or do not want, including their right to accept or refuse life-sustaining or life-prolonging medical treatment. Also ask for a copy of patients' rights under state law to help you make decisions.
- Find out about their wishes concerning organ donation.

Advanced Health Care Directive Checklist

- ☐ Talk with family members, friends, spiritual advisors, physicians, other health-care providers and other trusted persons about what would be important to you if you become terminally or irreversibly ill or injured and you can no longer communicate your health-care decisions or other wishes.
 - ☐ Ask someone you trust and whom you can count on to be your health-care agent and discuss your wishes with this person. Select an alternate health-care agent in case your agent is unable to serve.
 - ☐ Complete a simplified form, clearly expressing your choices.
 - ☐ Have two qualified witnesses or a notary witness your signature.
 - ☐ Inform family members, spouse, parents, children, siblings, friends, physicians and other health-care providers that you have executed an advance health-care directive and that you expect them to honor your instructions. Keep them informed about your current wishes.
 - ☐ Give copies of the document to your health-care agent, health-care providers, family, close friends, clergy or any other individuals who might be involved in caring for you.
 - ☐ Place the executed document in your medical files.
 - ☐ When you renew your driver's license or state I.D, you may designate that you have an advance directive by putting (AHCD) on it.
 - ☐ Make plans to review the document on a regular basis—make a new document, if necessary, and keep people informed of any changes.
 - ☐ **Do not put this off!**

- Who has the power of attorney?
- What specific items do you want to go to specific people? Are these written down?
- Who will make life/death decisions for them if they are incapable?
- What are your general wishes and beliefs about actively or passively prolonging life?
- Discuss and decide on when they might need Hospice Care.

Additional Topics:

- The next topic may be premature, but it is much easier to address now while they are healthy and alert. Again, they may want some time to answer these.
 - What are your wishes for a funeral or memorial service?
 - What kind of service?
 - Where?
 - If burial, where?
 - Cremation?
 - Do you have any arrangements made with a mortuary yet?
 - Music, scripture, etc. you desire for your service?
- Dad / Mom --summarize your health issues and how they are being addressed—
 - Diagnoses
 - Medications
 - Exercise
 - Diet concerns
 - Caffeine/alcohol consumption etc.
 - Would you write out a card with all medications you take for us to carry in our wallets for those times when we are with you and a need arises?

Here's an example of a form that could include such information.

Important Medical Contact Information/Names	Phone Number(s)	Policy # - other info.
Doctor:		
Doctor:		
Doctor:		
Doctor:		
Clinic:		
Hospital:		
Dentist:		
Eye Doctor		
Optician		
Pharmacy:		
Pharmacy:		
Medical Insurance:		
Medicaid/Medicare:		
Prescription Coverage:		
Dental Insurance:		
Vaccination Record:		

- Write out the answers and responses, keep copies and give them a copy. Memories fade, or they may change their minds and a written copy will help confirm or further clarify these wishes.

Some Web Sites: *Caring for Aging Parents*

http://www.focusonthefamily.com/lifechallenges/life_transitions/caring_for_ill_or_aging_parents.aspx

As usual, Focus on the Family has a good variety of helpful materials for families in need. They also have books and CD's that provide additional information and encouragement.

<http://www.caring-for-aging-parents.com/>

Articles

- [Elderly Care Products](#)
- [Senior Citizen Insurance](#)
- [Senior Health Care](#)
- [Senior Living Communities](#)
- [Care for Elderly](#)
- [Equipment for Seniors](#)
- [Elderly Safety](#)
- [Exercise for Seniors](#)
- [Accessible Home Design](#)
- [How to downsize as they approach old age:](#)
 - ✓ Sort and organize belongings
 - ✓ Decide what to keep, give to family, sell, donate, or recycle
 - ✓ If staying in your home, de-clutter, increase accessibility, and improve safety
 - ✓ Pack items and arrange shipping or delivery to family or charities
 - ✓ Sell no-longer needed items

>One helpful website for this is: <http://rightsizingforseniors.com/planning/>

For Review:

Elder Care — First Steps Elderly Driving Getting Started — What kind of help does your loved one need? - http://www.aging-parents-and-elder-care.com/Pages/Elder_Care_Checklists.html

To help you find the right local eldercare services for your loved one, you could use the *ElderCarelink* service which has established a nationwide network of carefully screened eldercare providers and facilities. *ElderCarelink* provides this referral service free of charge.

Within minutes of completing their brief Needs Survey, you will receive a detailed email report listing care providers in your area who match your specific requirements. Last year, over 100,000 families utilized this service in their search for high-quality senior care. Click here to use the *ElderCarelink* service.

- Home Alone — Are they OK?
- Home Safety — Is your loved one's home safe?
- Living Arrangements — What is recommended for your loved one?
- Prescription Drug Reference
- Choosing an Alzheimer's Living Facility
- Choosing an Assisted Living Facility
- Choosing a Nursing Home / Skilled Nursing Facility

<http://www.agingcare.com/>

Caring for Elderly Parents: Common Issues

- Caregiving Stress
- Senior Finances
- Elderly Driving
- Incontinence Care
- In-Home Care
- Long-Term Care Insurance
- Hospice Care
- Veterans Assistance
- Elder Law
- Legal Guardianship
- Assisted Living Facilities
- Alzheimer's Caregiving
- Adult Day Care
- Independent Living
- Fall Prevention
- Medicaid Eligibility
- End of Life

- Medicaid Qualification
- Senior Health
- Elder Mistreatment or Abuse
- Heart Disease

Additional Issues to Consider:

- If there is a substantial amount of money to be distributed, look into methods and amounts that can be given in advance without tax penalties. An accountant and an attorney may be good to consult with these questions.
- How/when to pick a nursing home, assisted living, or group home facility.

For a Nursing Home Checklist,
consult http://www.aging-parents-and-elder-care.com/Pages/Checklists/Nursing_Home.html
or <http://www.medicare.gov/nursing/overview.asp>

- Elder Mistreatment or Abuse Awareness:

Physical Mistreatment or Abuse – the use of physical force that may result in bodily injury, physical pain, or impairment.

Sexual Mistreatment or Abuse – non-consensual sexual contact of any kind with an elderly person.

Emotional Mistreatment or Abuse – the infliction of anguish, pain, or distress through verbal or nonverbal acts.

Financial/Material Mistreatment or Abuse – the illegal or improper use of an elder's monies, funds, property (including their home or real estate), or assets.

Neglect – the refusal or failure to fulfill any part of a person's obligations or duties to an elderly person.

Abandonment – the desertion of an elderly person by an individual who has physical custody of the elder or by a person who has assumed responsibility for providing care for the elder.

Self-Neglect – a behavior that threatens the elder's health or safety.

- When they should relinquish their drivers license.
- Creative ways to maintain a sense of purpose and appreciate relationships.

Another issue to consider:

Stages of grief: for surviving adults, children.



Aspects of Grief:

(Shock, Confusion, Denial, Anger, Depression, Acceptance.)

1. Shock - *I feel numb* (Beyond Surprise)

This must be what the disciples of Jesus felt when He was arrested and ultimately crucified. Even though He had told them he was going to die, they didn't seem to take Him literally. "He can't die! He came to offer LIFE!" It just didn't make sense.

It had to be a numbing shock that went way beyond surprise. When we are numbed by such a shock it stops us in our tracks, in a sense, that's good. That isn't a time to make many decisions or draw final conclusions. In reality it is a stark reminder that we, God's creation, no longer live in the Garden of Eden. Life outside the garden is hard, and often assaults us with such force that shock is the only way we can describe it.

2. Confusion - *I don't understand* (Beyond Uncertain)

The initial shock of such grief often leaves us in such deep confusion that we don't really feel sure about much of anything. This inability to understand the situation goes way beyond uncertainty. It can run so deep that it makes us doubt the Goodness of our God. It can make us suspicious that He may not be as good as we were lead to believe.

Such confusion was a key part of what originally lead Adam and Eve into sin. Satan asked them, “Has God said you shouldn’t eat of the tree?” confusing them about the Father’s truthfulness. Then he said, “You won’t really die,” causing confusion and uncertainty about His holiness. Then Satan capped off his temptation by accusing God of being unloving by implying that the reason He didn’t want Adam and Eve to eat of the tree is because they would become as powerful as God, and He didn’t want to share that.

When grief strikes us with such confusion, we need to take that as a call to turn to the One who isn’t confused and find rest for our souls. It isn’t easy to trust someone who may not presently feel all that good to us, but faith calls us to look at His track record and trust Him.

3. **Denial - *This can’t be!*** (Beyond Wondering)

Such a severe shock and such baffling confusion lead us into moments of surreal unbelief that is far beyond wondering. “This can’t be!” is all we can think. This isn’t the denial of a skeptic. This is the denial that fights for any explanation except the truth.

The apostle Peter is well known for denying Christ three times as the Lord was moving toward His crucifixion, but that isn’t the kind of denial I am talking about here. **This** kind of denial was Peter’s reaction when Christ told him that He was going to die on the cross. Peter looked right in the face of God and told Him, “God forbid it, Lord! This shall never happen to You.” But Christ turned to Peter and said, “Get behind Me Satan! You are a stumbling block to Me; for you are not setting your mind on God’s interests, but man’s.”

What an incredible scene. Peter trying to express love, courage and hope ended up missing the big picture of what his God was up to. It’s easy to do, especially when we are in the middle of shock and confusion. But God’s sovereign plan continues to unfold with or without our understanding, and God’s goodness continues to act with or without our approval.

4. **Anger - *I feel violated*** (Beyond Upset)

That’s often when we feel anger. We DON’T understand! We DON’T approve! And we can feel angry enough to make the gates of Hell shudder.

In reality, anger is often a mixed reaction though. Usually it results when something we feel we need is taken from us or when something we feel we deserve is withheld or violated. But sometimes it’s simply the understandable reaction of losing

something we deeply value. Sometimes we move to anger because it is less painful and easier to control than the hurt.

According to the Bible we should be careful to, "*Be angry, and yet do not sin.*" The passage goes on to say, "*do not give the devil an opportunity.*" How can I be angry and not sin? That's not an easy question. I know it's possible because God calls on us to do so, but I'm still learning how. Christ is the perfect example of how to do this, so the first step is getting to know Him better. And getting to know Christ better not only helps us to deal with our anger without sinning, but it keeps us from giving Satan any opportunities to trip us up.

5. Depression - *I feel hopeless* (Beyond Sad)

Often after all our wrestling with the shock, the confusion, the denial and the anger, we get downright depressed. This goes beyond sadness and begins to feel hopeless.

This kind of depression may come and go. May be deeper at times and milder at other times. But when it hits, it's deeply troubling. When we're hurting this much, we can't even imagine the *final* stage of grief; that acceptance will eventually find its way into our heart. Even when acceptance does visit us, it doesn't always stay. Acceptance WILL come, but no one here is ready for it yet. And when it does come, we won't necessarily like it. At times what appears to be some measure of settled acceptance may be merely resignation. In time, true acceptance will come, but for now we're too troubled to even imagine it.

6. Acceptance – *I can move ahead* (Beyond Resignation)

Eventually we visit moments of acceptance. We may not find any settled acceptance early on, but we do start to sense brief waves that can calm and settle us with our new reality. We begin to accept that our loved one is really gone, that life will go on without them, that God is still good (*though still mysterious at times*) and that new purpose will eventually unfold.

We still may not be ready to hear that God doesn't make any mistakes or that we will be fine, but we begin to soften to the truths of living in a fallen world with our ultimate hope focused on a Holy, Loving God.

DEATH

What a Wonderful Way to Explain It...

A sick man turned to his doctor as he was preparing to leave
the examination room and said,
'Doctor, I am afraid to die. Tell me what lies on the other side.'

Very quietly, the doctor said, 'I don't really know.'

'You don't know? You're, a Christian man,
and don't know what's on the other side?'

The doctor was holding the handle of the door;
on the other side came a sound of scratching and whining,
and as he opened the door, a dog sprang into the room
and leaped on him with an eager show of gladness.

Turning to the patient, the doctor said, 'Did you notice my dog?
He's never been in this room before. He didn't know what was inside.
He knew nothing except that his master was here,
And when the door opened, he sprang in without fear.
I know little of what is on the other side of death,
but I do know one thing...

I know my Master is there and that is enough.'

Additional Thoughts & Insights on Older People:

Risky Behavior

Lisa Anderson

Director of Boundless/Young Adults

Focus on the Family

The other day I was at my rheumatologist's office, and in walked Marvin. I had never met Marvin, but I immediately summed him up as a patient—a man about 70 years of age with a diagnosis of rheumatoid arthritis and several other ills. He wore a plaid flannel shirt, faded jeans, work boots and a scruffy white beard. He sauntered in with an oxygen tank hanging across his shoulder and a box of donuts on his arm. He asked my name and offered me a donut.

Within minutes, I learned that Marvin lives in a small mountain town over 50 miles from Colorado Springs and drives here for each one of his appointments, stopping for donuts along the way. He's lived in the mountains for over 65 years and knows every family in his town. He has eight grandchildren and two great-grandchildren, one of whom was just born; his name is Evan. Marvin is remodeling his house, and his wife keeps asking why it's taking so long; he tells her it's because she keeps sending him to doctor appointments. He assured me that our doctor has taken good care of him since 1984, and he wouldn't go to anyone else.

There is something I absolutely love about talking to (or in this case, listening to) older people. I find them in turn fascinating, hilarious, adorable and inspiring. I almost never pass up an opportunity to meet and listen to an elderly person, and I am rarely disappointed with my choice. I was reading a book when Marvin walked into the room, but I soon put the book away. I wondered if he waits for his trips to the city to unburden himself of his tales and related news, and I was this trip's captive audience—it certainly seemed to be the case.

My visit with Marvin got me thinking how grateful I am for every encounter I have outside my well-worn sphere of acquaintances. Sure, I love my friends and family, but the Marvin's of the world give me fresh eyes. They make me stop and give them my full attention, in part because they're new and in part because they're different. Sometimes I'll meet a Marvin in the business of my day (as I did in my trip to the doctor's office), but sometimes I have the privilege of cultivating a relationship with a Marvin over time. These are the friendships that truly bless me—but they're not without sacrifice. They force me to step out of my normal routine; they put me in different surroundings; they can even expose me to sadness and loss. More often than not they make me stop focusing

on myself (is that even possible?) and listen to someone else.

But they're worth it. Without these friendships I wouldn't know Olga's recipe for a good marriage (hers lasted 71 years) or Emil's funny stories or the lessons Carol had learned in the Great Depression or what it was like for Minnie to become a Christian at age 75. I've peppered these friends with questions and have gained wisdom that would be difficult to glean elsewhere. Yes, it's been a good investment.

Do you have an area where you could grow relationally, perhaps by befriending someone different from yourself and serving them at the same time? Maybe, like me, you're drawn to the elderly. The opportunities are many, so give it a try.



50 Secrets a Nursing Home Won't Tell You

*What you need to know—but probably don't
to ensure that your loved one is happy, cared for, and safe.*

By Michelle Crouch from Reader's Digest Magazine | April 2013

- **How do you know it's time to start looking at nursing homes for a loved one?**

"If you have concerns about safety, about his being able to keep track of his medications, about whether he's eating enough and eating healthfully, he's probably ready to go. It gets to a point where you have to say, 'This can't go on any longer.' "—Richard L. Peck, former editor of *Long-Term Living* magazine and author of *The Big Surprise: Caring for Mom and Dad*

- **"The best time to visit a nursing home you're considering is 6 p.m. on a Saturday.** Dinner has been served, few if any managers will be in the facility, and it's likely that no marketing people will be there. You'll get a true picture. Talk to staff and family members of residents about what they like and don't like."—A California nursing home administrator

- **"Consider the noise level.** Most nursing homes have double rooms, with two patients, each with her own TV, often with dueling channels on, blaring. Sometimes you'll hear odd cries and calls from residents. Older homes have overhead paging systems that everyone can hear; newer ones have wireless devices that are much less obtrusive. Take a moment on your tour to just listen."—Richard L. Peck

- **"What should you look for?** I always say staffing, staffing, staffing. Our recommendation for a daytime staff-to-patient ratio is one to five. One should be a direct caregiver, like an aide. We recommend one to ten during the evening shift, and one to 15 overnight. If you have residents with dementia who need lots of monitoring, you need to staff up."—Robyn Grant, director of public policy and advocacy at the National Consumer Voice for Quality Long-Term Care

- **"If it smells like urine, that's obviously a bad sign.** But if all you smell is pine cleaner, I'd be a little suspicious about that, too, wondering what odors it's covering. What you want the place to smell like is a clean home, with no strong scent that's good or bad."—Richard L. Peck

- **Make sure you also visit during mealtime, since in some places it's so busy that it's common for residents to not get enough food or drink.**

"Otherwise, it may take several weeks for you to figure that out, and your loved one may already have lost weight and be undernourished."—Charlene Harrington, RN, PhD, professor emerita of sociology and nursing at the UCSF School of Nursing

- **“Check out the activity calendar. It shouldn't have only bingo and movies with popcorn.** I personally love to see entertainers listed, especially comedians and musicians. And the musicians should sing more than ‘Row, Row, Row Your Boat’ and other children's songs.”—Marc Halpert, vice president of business development at Extended Care Consulting in Evanston, Illinois, who works with 15 nursing homes

- **“Hospital discharge planners will tell you you've got 24 to 48 hours to find a nursing home and get out.** That's not true; they need to give you time to make appropriate arrangements. They're trying to get you out the door because the hospital is paid a flat fee, so if you stay five days instead of three, it's going to cost the hospital more money. Take the extra time to find a place that offers high-quality care.”—Charlene Harrington

- **“The marketing person or admissions director will probably give you the tour, but try to meet the director of nursing, the administrator, and the executive director too.** Ask how long they've worked there. Ask how long their predecessors were there. If it's less than six months, and you see a pattern, that should be a concern; high administrator turnover can be an indicator of a lower quality of care.”—Jody Gastfriend, Vice President of Senior Care Services at Care.com

- **"Nonprofit nursing homes and government-owned facilities have better staffing, pay better wages, and offer better quality care than for-profit nursing homes.** I analyzed all types of nursing homes across the country, and the large, for-profit chains had the worst staffing and were cited for the highest number of deficiencies and severe deficiencies.”— Charlene Harrington

- **I've worked at for-profit and nonprofit nursing homes.**

"If a resident of a for-profit facility says, ‘I'm a Medicaid recipient, and I need a new battery for my wheelchair,’ I have to go through an extensive process—and, in the end, Medicaid still might not cover it. At a nonprofit, I can just go buy it.”—Matthew Maupin, health facility administrator at Lutheran Life Villages in Fort Wayne, Indiana

- **“They say you’re not supposed to become attached, but you can’t help it.** You do. A lot of times, the CNAs [certified nursing assistants] are fighting for the resident’s rights. If a resident needs help walking, we’ll be the ones pushing for physical therapy.”—A CNA in Wisconsin

- **“There was one lady who came from a very poor family.** The only gift they’d been able to buy her growing up was rock candy. Because she remembered that so clearly, every time we would give her a sucker, she was absolutely delighted. So we got a giant bag of suckers and gave her one at least three times a day because we loved to see her eyes light up.”—A CNA in Wisconsin

- **“I had a patient with ALS, or Lou Gehrig’s disease.** She couldn’t talk, had difficulty swallowing, and was on a pureed diet. But she loved crab Rangoon, and we would order Chinese food. We weren’t supposed to give it to her, but she knew the risks and that’s what she wanted. She was always so thankful, and her family thanked me too. Sometimes, at the end, you have to go for quality of life, not quantity of life.”—Registered nurse who worked in a Massachusetts nursing home for two years

- **“Right now, federal law requires 75 hours of initial training for a CNA, though some states require more.** Dog groomers get more training; nail technicians get more training.”—Robyn Grant

- **The staffing information collected by Medicare and included in the Nursing Home Compare database is self-reported and not audited.**

"That’s like asking people to self-report their highway driving speeds.”—A California nursing home administrator

- **“Many nursing home employees are so poor they receive Medicaid for their own health care.** The low salary forces a lot of them to work two jobs, so they may finish the day shift at one nursing home and report to another facility to work the night shift.”—A California nursing home administrator

- **“Find out if the nursing home uses agency nurses and how often.** Nursing homes usually use them when they’re desperate for staffing. Sometimes, the nurses have never been oriented in that facility, and they come in and have to care for 30 or 40 residents they’ve never met before.”—Registered nurse who worked in a Massachusetts nursing home for two years

- **“Some facilities have an unwritten rule that if a nurse or CNA calls in sick, that person is not replaced.** That saves facilities money on their largest expense: staffing.”—A California nursing home administrator

- **“We have to do something about wages.** These are the people who are responsible for the lives of our parents and grandparents, and we’re paying them as little as \$8.50 an hour.”—Martin Bayne, a longtime advocate for the aging who entered an assisted living facility at 53 after he was diagnosed with Parkinson’s disease

*A nursing home should never tell you
that you need to hire your own private aide.*

"The home is required to provide all necessary care. If you need extra help, administrators are obligated to provide it."—Eric Carlson, directing attorney with the National Senior Citizens Law Center

- **“Nursing homes certified for Medicare and Medicaid are not supposed to discriminate based on ability to pay.** But they’re allowed to take only people for whom they can provide adequate care. So if you say your mother can afford only one month of private pay, and someone else says he can do private pay for six months, who do you think they’re going to take?” —Pat McGinnis, executive director of California Advocates for Nursing Home Reform

- **“People don’t realize that Medicare does not cover most nursing home stays, just acute-illness episodes [after hospitalization] up to 100 days.** If your loved one needs anything more than that, she’s paying out of pocket, almost \$90,000 a year—basically until she’s poor and qualifies for Medicaid.”—Richard L. Peck

- **“Long-term-care insurance can make sense, but, unfortunately, it’s best to buy it in your 40s, when you have kids to support, college tuition to save for, and the inevitable home and car payments.** By the time you really start thinking about it and you’re around 60, you’re talking about \$3,000 a year in premiums or more. And then it really pays only \$150 a day, which often is not adequate.”—Richard L. Peck

- **“In some states, a nursing home can say, ‘We have 100 beds, and we want only 20 of them to be in the Medicaid program.’** So if you run out of money, and those 20 beds are full, you may have to leave, even though you’re in a Medicaid- certified facility. So as you get closer to the time when you need to apply for Medicaid, talk to staff about whether there will be a bed available.”—Robyn Grant

*If your mom goes into a nursing home,
it can't require you to pay out of your pocket for her.*

"Still, nursing homes will send relatives a bill and say, 'You have to pay us,' and families don't know—so all too often, they pay."—Robyn Grant

- **"My No. 1 piece of advice?** Visit often. Research shows that residents whose families are involved get better care."—Jody Gastfriend
- **"The nursing home has to develop a care plan for each resident.** Ask the staff to hold care plan meetings, and make sure you participate. Have them put into the plan any promises they make, even simple things like giving your loved one a baked potato once a week."—Brian Lee, executive director of Families for Better Care
- **"Elect one family member to be the representative to the nursing home, even if that person doesn't legally have power of attorney.** Otherwise, we're not sure whom to communicate with."—Matthew Maupin
- **"At some nursing homes, your loved one may see a different caregiver almost every day.** What you want is the same caregivers assigned to your loved one on an ongoing basis. When that happens, the aides get to know the resident's needs, and it translates into better care." – Robyn Grant

Medication errors are a big issue

"Residents who are mentally competent should ask before they ingest anything, 'What is this? How much are you giving me?' Know what your relative is taking, how often they're supposed to get it, and who's giving it to them."—Pat McGinnis

- **"Nursing home doctors can have hundreds of patients; they usually visit each nursing home once a month.** So the nurses line up the charts, and the doctors sign a bunch of orders and make quick visits. Most of the medicine practiced in nursing homes is over the phone."—A California nursing home administrator
- **"Families and residents talk themselves out of complaining because they don't want to create trouble.** Remember, the nursing home is getting paid thousands of dollars a month by you or someone on your behalf. You shouldn't apologize for wanting some attention and a high level of care."—Eric Carlson

- **“Once you go into a nursing home, you probably won’t be able to see your favorite doctor anymore.** Usually, the physician assigned to the facility takes over. Ask how often the physician sees residents, what happens if there’s an emergency, and if the physician is easily available.”—Jody Gastfriend

- **“Ask about the pain management policy.** Some nursing homes are wary about giving strong medications for pain, and unnecessary pain is a common problem. You want to hear that they do take active steps to decrease pain and that they’re not afraid to use narcotic medications in cases of acute need.”—Richard L. Peck

*When you’re moving in loved ones,
make sure they bring their own pillows and their own bedding*

"I’ve even had families bring an entire bed or a much-loved recliner. Whatever they love most in their home, bring those things if you can.”—Marc Halpert

- **“Try to display interesting items in the room to stimulate conversation.** That way, when a staff member comes into the room, he’s not just talking about care and when the next shower will be. He can ask about your loved one’s military service or the dog she has a picture of.”—Matthew Maupin

- **“It’s a good idea not to visit for the first two weeks, especially if your relative has dementia.** Just call, or write a letter if you want to. That gives her time to build relationships with the staff and other residents and get used to the fact that this is her home. Otherwise, every time she sees you, she’ll think she’s going home, and when you leave, she’ll get really upset. It ends up taking longer for her to adjust.”—A CNA in Wisconsin

- **“This is your loved one’s home.** He should be able to get up and go to bed when he wants to, to eat dinner when he wants to. A big difference between a mediocre or bad nursing facility and a good one is the extent to which residents have their preferences accommodated.”—Eric Carlson

- **“We can anticipate with reasonable certainty when we’re going to have our next annual inspection.** So some facilities staff up and buff up—paint, wash the windows, get flowers—because they know they have company coming.”—A California nursing home administrator

That paperwork we do? It's really useless.

"The way it's supposed to work is that every time you do something, you check it off a list. But there's no time for that. So you do your job all day long, and then, at the end of the day, you try to remember everything you did so you can go back and check each thing."—A former CNA who worked in nursing homes in North Carolina and Massachusetts

- **"Theft and loss are a big problem in nursing homes.** Rings are taken off people's fingers. Or you give your relative a new nightgown for Christmas, and then it's gone. Make sure you put your loved one's name on everything, and that everything is listed in inventory and in the records."—Pat McGinnis

- **"Here's a big secret:** Some nursing homes don't tell families that having a hospice worker come in is an option because the reimbursement rate goes down if the home has to share the money with hospice."—Diane Carbo, RN, a nurse in California who worked in nursing homes and assisted facilities for over 20 years

- **"Some nursing homes don't have liability insurance, so it's difficult to make a recovery if your loved one is harmed or killed, even if you have a good case.** Also, the way these facilities are set up makes it difficult to recover anything from the owner. Often, the guy who's making millions from the facility is virtually untouchable."—Jonathan Rosenfeld, a Chicago attorney who specializes in nursing home cases

- **"When you receive your stack of admissions paperwork, you'll find the nursing home has snuck in these things called binding arbitration agreements.** Basically, the home asks you to sign away your constitutional right to due process, your right to sue if anything happens. So don't sign it, or say you'll sign it only after your attorney reviews it."—Brian Lee

*One of the best-kept secrets
is the long-term-care ombudsman program.*

"There's one in every state, and the ombudsman is your personal advocate to help you in these situations and answer your questions. All the services are free."—Brian Lee

- **"The baby boomers as a growing aging population have very different expectations from the residents we were accustomed to taking care of.** We've had to start serving stir-fry and taco salads in the dining room, and I have residents who come in with iPads and cell phones who listen to rock 'n' roll and hip-hop music."—Matthew Maupin

- **“One of the big trends in nursing homes is changing the culture to get away from the institutional perception.** We don’t use the word facility, we’re a community. We don’t have a dietary department, we have a dining services department. And instead of units, we have neighborhoods.”—Matthew Maupin

- **“People have this image of the nursing home as cold and institutional, and they think, ‘I’m not going there.’** But some are excellent, and I’ve thought, ‘I could live here myself.’ There is warmth and support, company, decent food, and activity directors who keep people engaged and active.”—Richard L. Peck

- **“The notion that you get to a certain age and lose your capacity couldn’t be further from the truth.** All you have to do is sit down and talk to some of our residents, and you’ll be blown away by their knowledge. I played Scrabble against a 107-year-old resident last year. She was one of my most challenging opponents ever.”—Matthew Maupin

Planning a Funeral or Memorial Service

Things to Know:

1. The following suggestions are in keeping with the traditions and culture here at F.B.C. and not required for all families to follow.
2. Funeral directors distinguish between “funerals,” where the body is present, and “memorial services,” where the body is not.
3. The memorial service or funeral should be an expression of the deceased and his or her loved ones, in accord with their wishes. As such, it is up to you what form your event will take, unless the wishes of the deceased are being followed.
4. Funerals are typically held several days following death. It may be difficult to coordinate the event if it has not been preplanned, so consider some advanced planning.
5. Bodies are typically displayed at the visitation in a mortuary, usually held the evening before burial so that the bereaved can pay their final respects.
6. If you choose cremation as opposed to burial but still wish to view the body to better facilitate the grieving process, you can still have a funeral. Many cremation providers allow griever to view the body before cremation, and they may have facilities for on-site services with the body present.
7. By holding services at a later date, it is easier to gather the family and friends who want to attend. With enough preplanning, before the death, a more personal service may be able to proceed more quickly.

Planning a Funeral or Memorial Service

1. **Decide on the type of service.**
 - Did the deceased have a known preference for a funeral or memorial service?
 - If the deceased preferred for their body to be present at their service, then you must have a funeral, and will need to quickly make the necessary legal and logistical arrangements for handling the body.
2. **Make the date, time and location known through the obituary in your local newspaper.**
 - For those who aren't local you can compile a list of people who should be invited. Remember to consult any of the deceased's preplanned invitation lists.
 - Decide how to notify invitees. Do you have enough time to mail the announcements, or should you e-mail them? Should you invite them by telephone? You may wish to design a paper or electronic announcement or have one designed, and again, remember to consult any preplanned preferences documented by the deceased.
 - Consider group invitations, such as to the members of a book club, a volunteer pet rescue group, or a yoga group.

3. **Select a location.** The location will need to be appropriate to the service, the season, the number of attendees, and any special considerations. Refer to any preplanned arrangements or preferences documented by the deceased. It may help to use this location checklist:

Location Checklist:

___ Reservations

Must the location be reserved? If so, how long in advance?

___ Weather

If outdoors, is it practical for the season? If not, is there an alternative?

___ Space

Is the location large enough? Will there be enough parking? Will the location be accessible for everyone?

___ Special Considerations

Will the location accommodate any special considerations? If you plan to scatter the ashes you will need a location where scattering is legal. Is the location pet friendly? Is it wheelchair accessible?

4. **Identify one or more facilitators.**

- Whether the funeral or memorial service was preplanned or not, you may need one or more facilitators to aid in implementation. You may designate someone other than yourself to speak or make introductions at the funeral or memorial service. Facilitators may be family members, friends, or one of the pastors.
- Determine who should facilitate the various tasks. For example, you may designate a relative to select music, a friend to make speeches and introductions, and someone to reserve a location and arrange for catering, while you handle the invitations yourself.

5. **Commit the details to writing.** Write down the details, especially if your event is in only a few days and you find yourself straining to remember the various logistical concerns. You may find the following checklist helpful:

THE WHO, WHAT, WHERE, WHEN, AND WHY MASTER LIST

Who will facilitate the funeral or memorial service and what will they be responsible for?

- Remember to refer to any preplans left by the deceased.
- Who will facilitate any prearranged details?
- What details will the facilitator(s) handle?
- Are certain friends or relatives needed to provide transportation and/or lodging for out-of-town guests?
- Will a particular friend or family member gather mementos of the deceased's life and bring them to the funeral or memorial service?

Who will speak at the funeral or memorial service?

- Which family members or friends would the deceased have asked to speak? Did the deceased specify any particular people?
- Will there be any guidelines for the subject matter?

What should be read at the funeral or memorial service?

- Do you, or did the deceased, want a eulogy, some particular scripture, a funny story, or something else?

What music will be played?

- Did the deceased want traditional church music, favorite contemporary music, or some mix of the two?
- Did the deceased want musicians to be hired to perform?

What should invitees bring to the funeral or memorial service?

- Should invitees bring flowers, or make donations to a pre-designated charity?
- Did the deceased want everyone to participate in some particular way, such as by sharing a memory?
- Did the deceased want favorite photos, images, memorabilia or artworks displayed?
- Will you hire a caterer with a list of pre-selected items, or do you want friends and family to each bring a dish, potluck style? Did the deceased have any favorite foods or drinks?

Where will the memorial service or funeral be held?

- Which location or locations would the deceased have preferred? If outdoors, have you made contingent plans in case of bad weather?
- Do you need to reserve this location? Are you able to do so with the time remaining? Will it accommodate all necessary special considerations?

Where will out-of-town guests stay?

- Will you need to arrange for anyone to stay in your home or with friends?
- Have you reserved hotel rooms for out-of-town guests?

When will the funeral or memorial service be held?

- Would you prefer a funeral shortly after death with the body present, or would you rather conduct the visitation at the mortuary prior to cremation?

- Will you be able to allow time after death to accommodate travel plans and airline ticket purchases for some invitees?
- What time will the funeral or memorial service be held, and how long will it last?

Why are you having a memorial service or funeral?

- Although this may be clear to you, it may not be clear to those who will help facilitate the funeral or memorial service, and you should specify your reasoning in the invitation.
- Did the deceased want a memorial service focused on the spirit after death, a life celebration to give family and friends a joyous occasion for remembrance, or a traditional funeral in keeping with their religious beliefs? Be sure to tell your facilitator(s) the motivation behind these choices.
- Did you want to create a record of your loved one's life? Do you want family and friends to bring certain items to the memorial service or funeral, such as a photo or an object associated with a story or memory?
- Do you want to make a video of the funeral or memorial service available online for friends and family? If so, you may consider hiring a professional videographer.

*This material was adapted from www.sevenponds.com

PREPARING FOR DEATH: A *Checklist*

Adapted from OktoDie.com

This checklist is a summary of much that has already been said above, but gives you a form to use so that no important details are overlooked. We all die, whether expectedly or not. When we prepare for our own death in advance, we are able to relieve the decision-making burden on those whom we love and create the opportunity for a peaceful end of life. Do not miss this opportunity. Start working through the checklist today.

Health Care Issues, Opinions and Options

- ☐ If you have been told you have a terminal illness, have you gotten a second opinion about the diagnosis?
- ☐ What are your treatment options? Ask your doctor to explain the risks and benefits of each option. What alternative treatments are available? Be bold about this so you don't cave to popular opinion without exploring possible alternatives.
- ☐ Ask your healthcare provider to explain the typical course of your illness including how and when you might die from this condition. How much time do you have left?
- ☐ Ask about symptom control and management (*example: pain control—"palliative care"*) in advance. Find out if you have local palliative care services which provide in-home visits and care.
- ☐ Ask about options and timing for hospice and end-of-life care in advance. What hospice providers are available in your community? Choose one in advance. What are your "goals of care"? Ask your doctor to help you select medical therapies which will help you to accomplish the goals you have for your life.
- ☐ Think about where/how you would like to die; in what surroundings; with what things (*music? videos?*); with which people present?
- ☐ Would you rather die at home? Is it acceptable to you that you die in a nursing home, hospital or dedicated hospice unit? If so, select the provider in advance.
- ☐ Prepare your Advance Directive form. An advance healthcare directive, also known as living will, personal directive, advance directive, medical directive or advance decision, is a legal document in which a person specifies what actions should be taken for their

health if they are no longer able to make decisions for themselves because of illness or incapacity. A lawyer can help you with this.

☐ Fill out a **Personal Self-Assessment Scale - PSAS** (*include in your Living Will*). The PSAS will help you answer questions such as: “Are there situations in which you would ever want artificial nutrition by feeding tube? When would you ever want to be on an artificial respirator? When would you want CPR or to allow natural death to occur?” Your family, surrogate medical decision-maker, and physician should all have updated copies of your PSAS.

My Required End-of-Life Paperwork (*Medical and Legal*)

☐ Do I have an advanced directive(s) included in my living will? Is it legal for my state? (*Include a PSAS to help your healthcare provider and proxy/family to know at what stage of illness you choose to forgo certain medical interventions.*)

☐ Have I selected a Health Care Proxy and executed a Health Care Power of Attorney? Please specify 1 or 2 alternative proxies as well. (*Health Care Proxy is a legal term for surrogate medical decision-maker, the person who will make medical decisions for you should you become unable to make them for yourself.*)

☐ Have I set up a POLST (*Physician Orders for Life Sustaining Treatment*), if the POLST program is legal in my state? Or, if the POLST is unavailable, have I asked my physician to sign a state-approved Do Not Resuscitate/Allow Natural Death order, if desired?

☐ Have I executed a legal DNR (*Do Not Resuscitate*) Order? The DNR is a medical order signed by a physician instructing health care workers not to perform CPR on you, but instead to allow you to die naturally and in comfort.

☐ Have I executed a legal DNI (*Do Not Intubate*) Order? The DNI is a medical order signed by a physician instructing health care workers not to intubate you or place you on an artificial ventilator if your breathing is failing.

☐ Have I executed a legal DNH (*Do Not Hospitalize*) Order? The DNH is a medical order signed by a physician instructing health care workers not send you to a hospital from your home or nursing home facility unless needed for comfort.

☐ Does my Health Care Proxy have a copy of my Living Will containing my advance directives such as POLST, PSAS, DNR, etc.? Make certain to keep handy your copy of

these documents. Tell family members where you keep the originals and your handy copy. Family members, surrogate medical decision-makers and your physicians should all have copies of these items as well.

- ☐ Do I need to update my trust? (*Contact an Estate Attorney.*)
- ☐ Have I set up my estate plan? (*Contact an Estate Attorney.*)
- ☐ Is my will up to date?
- ☐ Have I executed a Financial Power of Attorney?

Personal Communications with Your Family and Friends

- ☐ Have I discussed my condition with my family/friends in complete honesty?
- ☐ Have I told my loved ones EXACTLY what medical interventions that I want and do not want? Do they know at what stage of illness I would choose to forgo certain therapies or artificial life support? Share your PSAS and/or POLST, DNR, DNI, DNH papers with them.
- ☐ My family needs to know who I have put in charge of my medical decisions when I can no longer make them. My health care proxy or surrogate medical decision-maker needs to understand and agree to carry out my wishes and desires regarding my end-of-life care.
- ☐ Do I need a private discussion with anyone, if it would help them to accept my decision? (*If I'm OK to die, are they?*)

Am I OK to Die?

- ☐ Say the "10 Things" you need to say to your loved ones, friends and enemies. It is never too early to say these things. (*There may also be other things you know you should say or discuss.*)

"God is good."

"I'm sorry."

"I was wrong."

"Please forgive me."

"I forgive you."

“Thank you.”

“I love you.”

“I’m ready to die.”

“I have appreciated or valued you for _____.”

“Goodbye (or “see you later).”

- ☐ What are my beliefs about death? Do I need to make peace with myself or the Lord?
- ☐ Do I need psychological, emotional, spiritual care, counseling or support?
- ☐ Have I left a legacy? Identify life lessons, advice, hopes and dreams that you would like to pass on to family and friends. Begin now to write or record these. Identify a person who can pass these along to the people to those whom you wish to receive your legacy.
- ☐ Have I written my personal history? You can write it down, or record on audio or video tape, etc. Who is to get my personal history?

Personal Clean-up

- ☐ Do I have anything amiss with my family/friends to fix? Can I fix them now?
- ☐ Do I have letters to write? Calls to make? Make a list of all old grudges, enemies, etc., and attempt to settle those affairs. You may use the “6 things” above as a guide.
- ☐ Have I created a “bucket list”? What am I able to accomplish with the time I have left? This list should include your “goals of medical care.”

Insurance Issues

- ☐ In order to prepare, do I need to buy life insurance--at least a death benefit policy to pay for funeral/burial if I don’t have the money for it.
- ☐ If I have life insurance, are my policies all in order? Have I placed original policies with my important papers in a safe place where my family and/or executor knows where to find them?
- ☐ Do I have/need long-term care policy, or a disability policy?

☐ Contact my life insurance company--sometimes they pay out in advance of death for a terminal disease, so I can pay for arrangements/details or maybe even a last fling.

☐ Who will be in charge of discontinuing services no longer needed which are in my name? *(such as phone, cable, newspaper, gym membership, etc.)*

Business Arrangements – *If you own or are a partner in a business*

☐ Complete a “business survival” plan.

☐ Do I need “key man” insurance? *(This insurance covers the loss of a business owner or partner so that the business can continue.)*

☐ Do I need to sell or transfer my business interests?

Personal Effects

☐ Who do I give my personal belongings to? If you are married, most likely all of your belongings will transfer to your spouse or family. If you are single, then you must specify what you want done with these items

☐ Who gets my special items, such as photos, mementos, etc.? *(Be specific with the person’s name and the item)*

☐ Have I labeled *(I.D. ’d)* the people in my photos? Who do my photos *(pictures, negatives, discs, etc.)* go to?

☐ If I am single and have kids, have I set up a guardian for my young children for the immediate time after my death? Short-term money for them? Cash that’s safely kept somewhere?

☐ Have I set up the paperwork for where my young children will go permanently?

☐ What should I sell before my death? House? Car? Furniture? Land?

☐ Have I made arrangements for the care of my pets?

☐ What unfinished projects around the house, at work, or in the community would I like to complete? Will I need help to complete these?

- ☐ If I have young children, have I left letters or videos to them?
- ☐ Are all my digital photos/videos in one place? What about my computer(s)? Passwords?

Financial Issues

- ☐ Complete my financial checklist. (*A complete financial checklist is too long to be included here. You should consult with an accountant or lawyer to create and complete such a checklist.*)
- ☐ Who will pay my bills during the immediate time after my death? Spouse? Accountant? Lawyer? Estate Manager? Executor?

Funeral Planning and Logistics

- ☐ Where do I want my body to be taken? Which funeral home/mortuary?
- ☐ Do I want to be embalmed? Buried? Cremated?
- ☐ What are my Burial/Casket preferences?
- ☐ Who do I want notified of my death?
- ☐ Do I want to write my own obituary? If so, write it and make it available to the person in charge of finalizing your plans.
- ☐ Do I have burial plot? If cremated, where should my ashes be scattered or interned?
- ☐ Do I want/need a headstone/grave marker? Have I written out what I want inscribed on it? Design?
- ☐ Do I want a Funeral service? Program? Do I have specific wishes for what should be included in such a service?
- ☐ Do I have special needs for my ceremony? Military? Religious?
- ☐ Who will deliver the eulogy? Ask him or her in advance.
- ☐ Should I pre-pay funeral expenses?

- ☐ Do I want to identify a charity “in lieu of flowers”?
- ☐ Do I want a memorial service instead of a funeral?
- ☐ Who needs to be made aware of my death? Make a contact list for your funeral or memorial notices.

Planning for your own death—whether that is expected or not—takes a lot of time and energy to complete. It is much better to take the time now, while you have it, to lay out your plans, wishes, directions and desires, so your passing will be peaceful, for you, your family and friends.

*This checklist merely contains suggestions. Before making important decisions, you will need to consult with your own professional financial, legal, medical, etc. advisors.