

A Bridge to Home

Finding the best
home care solutions
for seniors

Michael Dumbrell



Perissos Media

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“A man ninety years old was asked to what he attributed his longevity. I reckon, he said, with a twinkle in his eye, it’s because most nights I went to bed and slept when I should have sat up and worried.”

~ Dorothea Kent

“The smallest act of kindness is worth more than the grandest of intentions”

~ Oscar Wilde

“If you associate enough with older people who do enjoy their lives, who are not stored away in any golden ghettos, you will gain a sense of continuity and of the possibility for a full life.”

~ Margaret Mead

INTRODUCTION

My mother lived in her home until she died at the age of 96 and so I know how it feels to have a parent who wishes to remain living at home independently.

Mom was a tough, spirited matriarch who came from a large family of 12 children and grew up on a farm during the Depression. As she entered her senior years, she wanted to remain independent and manage her own affairs. She had her dog, piano, pictures, and close friends around her. It was obvious that she took great pride in caring for herself.

Her eyes would light up when we asked her to tell stories about her childhood. She

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recounted them in such detail and clarity that it was as if they happened yesterday, and yet if you asked her about something we had talked about just moments ago, her memory was not as reliable.



Eileen Dumbrell (née Brophy), my Mom

As the years passed, she needed more and more help cleaning the house, doing the laundry, keeping her appointments, and cooking her meals.

We grew concerned when she began making errors that posed a risk to her safety and well-being. Her kindness and generosity led to more than one occasion where we had to intervene in questionable transactions listed in her bank account.

One day, she stood on a slippery chair in fluffy socks to change a light bulb, and the result was a dislocated and very painful shoulder.

On another day, she left the stove on after making herself a grilled cheese sandwich.

As her adult children, we were in a difficult situation. We loved our mother and wanted to respect her wishes to remain independent, but we also wanted her to be safe and secure when we weren't with her.

We knew of retirement homes and assisted living facilities of course, but none of us liked the idea of uprooting her life and forcing her to get used to a new place with new people and new routines. After living such a long, healthy life, how would losing her independence impact her emotional well-being?

Like us, many loving families struggle with the ever-increasing physical and emotional challenges of caring for a senior. Most manage for a while, but then the helpers (the “primary caregivers”) need help.

Guilt may prevent some adult children from asking for support—but I assure you that there is no shame in reaching out. After all, how effective can you be if you have pulled a back muscle, work long hours or live

across the state? Finding the right care solution for your loved one and taking care of yourself is perhaps the most loving thing you can do for your parent and yourself.

Perhaps your father has had a fall, a recent hospital stay, or a traffic mishap, and now his doctor advises that Dad will now need help with everyday activities. Perhaps your mother is showing signs of dementia or Parkinson's and you're concerned for her safety. Or, perhaps you are the younger or healthier spouse, and it's getting more difficult to care for your loved one as you advance in age.

Navigating the world of home care is not a task for the uninitiated. It is a bit like consulting with a lawyer. You need to ask the right questions to get the right answers.

If you're not sure where to turn, or even where to begin, this book is for you. Above and beyond my personal experience as a caregiver, I own and manage Senior Helpers in Central West Florida, which specializes in assisting seniors with personal care and daily living activities so they can remain in their own homes for as long as possible. My team and I have helped hundreds of families find a personalized care solution that is more affordable than many realize.

I've written this book as a resource for those who are looking for straightforward answers to common questions about the realities of aging and home care solutions for seniors. I will help you navigate through the options available to you so that you can make informed decisions. I'll also share some helpful tips and facts.

MICHAEL DUMBRELL

From advice about how to broach the subject of home care with your loved one to guidance about the screening process, insurance, and cost of care, the information in this book can help you make more informed decisions—in essence, building a bridge of support between “home” and “care.”



Eileen at her 90th birthday with daughter Mary Jane.
Eileen went on to live to 96 years old.

“To know how to grow old is the master work of wisdom, and one of the most difficult chapters in the great art of living.”

~ Henri Frederic Amiel

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

~ Leo Buscaglia

“Old age is not a disease—it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses.”

~ Maggie Kuhn

HOME CARE DEFINED

Wikipedia defines home care as follows:

“Home care, (also referred to as domiciliary care, social care, or in-home care), is supportive care provided in the home. Care may be provided by licensed health care professionals who provide medical care needs or by professional caregivers who provide daily care to help to ensure the Activities of Daily Living (ADLs) are met.

“In-home medical care is often and more accurately referred to as "home health care" or formal care. Often, the term home health

care is used to distinguish it from non-medical care, custodial care, or private-duty care which is care that is provided by persons who are not nurses, doctors, or other licensed medical personnel.

“Home Health services help adults, seniors, and pediatric clients who are recovering after a hospital or facility stay, or need additional support to remain safely at home and avoid unnecessary hospitalization. These Medicare-certified services may include short-term nursing, rehabilitative, therapeutic, and assistive home health care. This care is provided by registered nurses (RNs), licensed practical nurses (LPNs), physical therapists (PTs), occupational therapists (OTs), speech language pathologists (SLPs), home health aides

(HHAs) and medical social workers as a limited number of up to one hour visits, primarily through the Medicare Home Health benefit.

“The largest segment of home care consists of licensed and unlicensed non-medical personnel who assist the individual including caregivers.

Care assistants may help the individual with daily tasks such as bathing, eating, cleaning the home and preparing meals.

“Caregivers work to support the needs of individuals who require such assistance, and this care helps them stay at home versus live in a facility. Often non-medical home care is paid for by the individual or family.

“The term "private duty" refers to the private pay nature of these relationships. Home care has traditionally been privately funded as opposed to home health care that is task-based and government or insurance funded.

“These traditional differentiations in home care services are starting to change as the average age of the world's population has increased. Individuals typically desire to remain independent and use home care services to maintain their existing lifestyle.

Government and Insurance providers are beginning to fund this level of care as an alternative to facility care. In-home care is often a lower cost solution to long-term care facilities.

“For terminally ill patients, home care may include hospice care. For patients recovering from surgery or illness, home care may include rehabilitative assistance.”

Source: “Home Care” Wikipedia, The Free Encyclopedia: Wikimedia Foundation, Inc., 12/2007. Date accessed (04/06/2015). This text is available under the Creative Commons Attribution-ShareAlike License: <http://creativecommons.org/licenses/by-sa/3.0/>

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*“Treasure the wisdom of old age.
Learn from elder people and be wise.”*

~ Lailah Giffy Akita

*“To keep the heart unwrinkled, to be
hopeful, kindly, cheerful, reverent—that is to
triumph over old age.”*

~ Thomas Bailey Aldrich

*“The problem with aging is not that it's one
damn thing after another—it's every damn
thing, all at once, all the time.”*

~ John Scalzi

FAMILY MATTERS

My father was not a wealthy person. He, like my mother, grew up during the Depression. He had a Grade 10 education and went off to work hard at whatever job he could find. Dad despised debt of any kind and monitored his resources carefully. Even in his later years, when the shadow of scarcity had long since passed, he insisted on paying cash. As he would say, “I am no freeloader.”



Dad would often tell the story of the day he brought my oldest brother Chuck home from the maternity ward. “Chuck was all paid for,” he would say. There was no health insurance in those days!

Parents can seem like superheroes to kids. If Mom and Dad are healthy and active role models during our childhood and adolescent years, it is difficult to imagine them slowing down or growing frail.

As our parents get older, our relationship with them tends to change. Major life transitions such as living on our own, pursuing a career, and starting a family inevitably shifts the family dynamic. We become our “mother’s mother” or our “parents’ parent,” and this is an odd role change to say the least.

Do you remember the song “Puff the Magic Dragon” by Peter, Paul and Mary? The little boy in the song, once best friends with Puff, grows up and moves on with his life and no longer depends on Puff for his friendship and protection.

The dynamic of the changing relationship between child and parent is something like that song.

Our parents may still try to care for us and offer advice, but once we reach adulthood we don't need them to look after our day-to-day lives any longer.

Other changes tend to occur as people get older. Mom might start asking for someone to drive her when she's doing errands and shopping. Dad might find it harder to lift heavy items or mow the lawn.

From one generation to the next, parental roles often come full circle—the less parents are able to manage their daily affairs, the more their adult children may need to step in.

Some changes are so gradual that you may not notice them right away. Others come on suddenly as a result of a fall, a stroke or a traffic accident. No matter what happens and whether you were expecting it or not, witnessing your parent's health and independence decline can be a difficult emotional adjustment.

Adult children of senior parents react to a decline in a parent's abilities in a variety of ways, and not always positively. It is normal to feel some degree of surprise, sadness, anger, or grief. There may even be a sense

of guilt about letting an “outsider” step in to help.

My family struggled with making the right choice. When it was clear our mother needed extra support, my siblings and I felt the most practical solution was to care for her ourselves, and so that’s what we did.

Looking back on it many years later, our remaining time with her could have been far less stressful. Although we tried our best, the reality is that none of us was qualified to help with Mom’s increasing difficulties, and all of us would have benefited from seeking out professional care.

Denial is another possible reaction. Some adult children may cope by taking the “out of sight, out of mind” approach and hope that their parents will be able to live on

indefinitely without support, just as they have always done.

Others may take a minimalist approach. They might arrange to have non-slip mats and grab bars installed in the shower or drop by to mow the lawn now and again. That may offer a short term solution, but it does little to address the inevitability of aging.

Of course there's the other end of the spectrum: Once aging seniors start needing a bit of help, their adult children might make the mistake of overreacting and push their parents into a long term care facility or nursing home, complete with 24-hour care, video surveillance, and electronic security doors.

If you have noticed a change in a parent's cognitive or physical well-being, your first

call should of course be to a medical professional. Until you know for certain what level of care is appropriate, there should be no rush to upend lives that, with a minimal adjustment, can carry on quite nicely in the home. There are many degrees of assistance that should be explored before taking the drastic step of moving to an assisted living or nursing facility.

If it's determined that all your parents need is a bit of assistance, try calling the staff at an in-home senior care agency and explaining your situation. It may come as a pleasant surprise how many options are available to help aging seniors live as independently as possible in the comfort of their own homes.

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Joseph Dumbrell, my Dad

“Our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is the way that it cares for its helpless members.”

~ Pearl S. Buck

“The years teach us much the days never knew.”

~ Ralph Waldo Emerson

“We grow neither better nor worse as we get old, but more like ourselves.”

~ Mary L. Becker

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BROACHING THE SUBJECT

Even if the realities of aging are handled gracefully, adult children should try to remember that seniors have had a lifetime of experience making decisions for themselves.

Introducing the prospect of adjusting one's lifestyle to include some level of assistance may well be met with resistance, at least in the beginning.

In my experience, the *least* effective way to approach the situation is to try to impose your good intentions.

If you insist that you are in a better position to tell them what kind of care they need—and in effect how they will live their lives

going forward—don't be surprised if the outcome is conflict, resentment, and outright refusal.

It is better to use a consultative approach. When it's time to broach the subject, choose a quiet and familiar location. Deciding who should be present is important. Does Dad prefer to have lots of loving friends and family around him, or is he too proud and might prefer fewer participants? What about Mom? What are her concerns and sensitivities? They may be far different than Dad's.

The following tips are offered to help you prepare for this meeting:

Offer safety and consultation: Mom and Dad should feel that the decision, whatever it may be, is not already made. The process

must be inclusive and acknowledge that they are important participants in whatever decision is made.

Be prepared: Reactions can vary widely. They may warm to the idea immediately. They may not. Despite your best efforts to show the benefits of home care, it is important that you prepare yourself for less-than-positive reactions.

Seniors may react with some degree of resistance, ranging from mild or passive resentment to adamant or even violent refusal.

Keep perspective: As hard as it may be in the moment, try not to take their reaction personally. Change is difficult for most of us, and admitting to ourselves that we need help *of any kind* is challenging for some and

nearly impossible for others, even if it is obvious to those on the outside looking in.

Listen carefully: Maybe they need more information. Maybe they need time to think about it. It may take some time to come to terms with the idea that they need some support, so be sure to give them that time to reflect.

Find support: Reach out to other family members or friends if you find that you need support. In addition, an accredited in-home senior care agency will have strategies for how to introduce the idea of home care and how to make it a more attractive option for a senior who is used to doing things his or her own way.

No matter what level of care your loved ones need, show them in no uncertain terms

that their participation in the decision is vital. Assure them that their dignity, wellbeing, freedom and security will be respected.

"The best and most beautiful things in the world cannot be seen or even touched—they must be felt with the heart."

~ Hellen Keller

"One person caring about another represents life's greatest value."

~ Jim Rohn

"You are never too old to set another goal or to dream a new dream."

~ Les Brown

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BEGINNING YOUR SEARCH

Once it has been established that home care is the right option, you've introduced the idea to your loved one, and most importantly, you've given your loved one the time he or she needs to buy into this significant life event, it is then time to begin your search for a caregiver.

Internet searches may be a convenient way to start your preliminary search, but they don't help narrow down the options. From one website to the next, expect to see photos of smiling seniors, attractive graphics, and glowing testimonials competing for your attention.

When your loved one's long term health and happiness are at stake, getting to know the people *behind* the computer screen is critical. Why are they in business? What are their core values? How do you know they will actually listen to concerns? Can you trust them?

It can be even more stressful if the need for assistance happens suddenly and you're not prepared. The turning point could be a phone call from the police saying that Dad drove miles from home and doesn't know where he is. It may be that Mom has been assuring everyone that she is managing just fine until she is taken to the hospital and treated for dehydration. Any number of triggering events can present the immediate need for in-home support.

Whether your search is time-sensitive or you have months to plan, finding accurate, reliable, and pertinent information requires you to be able to ask as many questions as you want.

The goal of your caregiver should be to act as a resource, answer your questions, and recommend what level of assistance will best support your loved one.

Flexibility and knowledge are two of the best resources that can be offered to families seeking assistance. There is an old saying that goes, “*if your only tool is a hammer, then everything looks like a nail.*”

Having access to an entire “toolbox” of flexible options, supported by an experienced caregiver who knows how and when to recommend them, will ensure the

in-home senior care solution is adaptable enough to support a senior's transitioning needs.

Another priority during your search should be consistency. Most people want the familiarity that comes with having a reliable caregiver—a person who knows routines, habits, preferences, and quirks.

Does she like sugar? Does she take cream? Where is the laundry room? Where is the local food store?

In time, the new relationship will stabilize and a level of trust and familiarity will grow, deepening the bond between the caregiver and senior.

MICHAEL DUMBRELL

“Whether sixty or sixteen, there is in every human being’s heart the lure of wonder, the unfailing childlike appetite of what’s next, and the joy of the game of living.

In the center of your heart there is a wireless station; so long as it receives messages of beauty, hope, cheer, courage and power from men and from the infinite, so long are you young.”

~ Samuel Ullman 1840 - 1924

“Every time I think that I’m getting old, and gradually going to the grave, something else happens.”

~ Lillian Carter

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“I am an old man, but in many senses a very young man. And this is what I want you to be, young, young all your life.”

~ Pablo Casals

CONSIDERATIONS AND RISKS

While researching in-home senior care options, you will come across a rather significant range of costs for what appears to be a similar service.

Do not make the mistake of calling an agency or independent care provider and simply asking for the cost of services or hourly rate without explaining in detail what service you need.

It is important to remember what was said earlier: you must ask the right questions to get the right answers. Caring for a senior whose needs are simple and straightforward

is one thing; caring for someone who requires more complex care that must be performed by more experienced and qualified caregivers is quite another.

If you use price as your only criterion at the beginning of your due diligence, you significantly reduce the quality, limit the scope, and diminish the flexibility of the care provider you are seeking.

Before enquiring about cost, it is important to have a firm understanding of the provider's ability, qualifications, credentials, and history of care.

If one provider is significantly less costly than another, there is probably a good reason. For example, you may be dealing with a private contractor, even if he or she is

being referred through a nurse registry service. A nurse registry is a referral organization that has no responsibility for the ongoing conduct of the private contractor after it has referred that provider to you. A nurse registry is not an employer.

Hiring a less expensive contractor or a less qualified agency may seem like a practical option, but doing so carries significant risks that impact not only the health and safety of your loved ones, but also your family's financial security.

Consider the following:

Who are they? Private contractors can make a great first impression. They may seem friendly, enthusiastic, and genuine in their offer to provide quality care.

The reality is that private contractors have no one monitoring to make sure they deliver precisely what is expected of them. This is troubling if you live out of town and can't check in regularly, or if the senior receiving care has difficulty remembering specifics to relay to you during your next phone call.

Are you prepared to take a private contractor's word at face value? Whom do you call if you have a concern? What action can you take that will not interrupt service to your loved one if a concern needs to be addressed?

If your potential provider is from a nurse registry, remember that nurse registries do not exercise direct control over that private contractor because that individual is not an employee. In other words, once the nurse

registry has referred the contractor to you, it has fulfilled its obligation to you. Its only ongoing contractual obligation is to invoice you for its portion of the hours that contractor provides.

If you hire a contractor from a nurse registry, you become that contractor's employer. Make sure you understand your responsibilities and the consequences of that role.

Are their skill levels adequate? Without the security of a company that specializes in home care, it is difficult to gauge a private contractor's level of skill with managing mental, emotional, and physical vulnerabilities and issues that are prevalent among seniors.

How much real-world experience does this caregiver or agency have? How up to date are the caregiver's skills? Can he or she demonstrate how to transfer an adult from a bed to a wheelchair safely?

Can he or she operate a hooyer lift if necessary? Can you be sure that first aid, CPR or a defibrillator will be administered properly during a medical emergency?

How reliable are they? As the only caregiver, what happens when he or she has car troubles or gets sick? Will he or she expose your loved one to illness by reporting for duty while sick because he or she needs the paycheck? Will the private contractor take unexpected days off? What if he or she wants to go on vacation?

How long will it take to make alternative arrangements? Will there be a disruption in service? How can you be sure that a substitute in-home senior care provider has the same level of skill and is appropriately trained and briefed not just on what kind of care your senior needs, but the senior's preferences? What if a better job offer comes along?

How long will they stay? Because a private contractor is one individual, the entire process of searching for, interviewing, vetting, and orienting a new caregiver will need to start again from the beginning if the contractor should be terminated, either at your request or the contractor's.

Think of how much time you would have to spend finding a suitable replacement. And

who will care for your loved one in the meantime?

What kind of insurance do they have? If you take nothing else from this book, please understand this clearly: many independent contractors are uninsured or underinsured, particularly in the case of caregivers from nurse registries. This topic is so important that an entire chapter has been dedicated to it, (see Chapter 6).

After considering all of these factors, if you still decide to hire an independent contractor as your employee, you will incur additional obligations and costs as an employer. For example, you will be responsible for submitting payments for social security, unemployment insurance, and income taxes to the Internal Revenue Service.

The private contractor or the nurse registry representative is not required to point out your additional responsibilities and exposures to you, and so it is your job to understand exactly what you are subscribing to when you hire an independent contractor.

Insist on seeing a copy of his or her liability insurance and workers' compensation insurance.

If the caregiver will be transporting your parent(s) either in his or her vehicle or in your parents' vehicle, ask to see the third party automotive insurance.

For additional peace of mind, it would be wise to consult with a lawyer, financial professional, and/or insurance agent to help

you answer any additional questions regarding your responsibilities as a private contractor's employer.

“Education is what you get from reading the small print; experience is what you get from not reading it.”

~ Pete Seeger

“If you fear to know the cost, the value will definitely be lost. Focus your attentions on the product, not the price.”

~ Israelmore Ayivor

“As I approve of a youth that has something of the old man in him, so I am no less pleased with an old man that has something of the youth. He that follows this rule may be old in body, but can never be so in mind.”

~ Marcus Tullius Cicero

INSURANCE IS VITALLY IMPORTANT

Insurance is one of the most important and defining factors to consider when deciding whom to hire as an in-home senior care provider.

Proper insurance should protect the caregiver, the senior, *and* the senior's property in the event of an unforeseen circumstance. Anything less could result in an extremely costly liability claim.

As mentioned in the previous chapter, many private contractors are uninsured or underinsured. A few may say they have insurance and produce a slip of paper, but if

the policy was purchased on the Internet for a few dollars from an unrecognized insurance provider and is presented without detailed coverage facts, that's a red flag.

If a nurse registry claims that it is insured, it may not be to your benefit. By law, a nurse registry is not permitted to include independent contractors under its own liability insurance because contractors are not employees. The insurance a nurse registry is referring to protects it from whatever legal action that you, as a client, may try to take against the nurse registry if you have a bad experience with one of the contractors it referred to you.

If the nurse registry claims its contractors are insured, to what extent? For example, the insurance may only cover the in-home

senior care provider and not the senior, it may not cover the in-home senior care provider specifically while working in the senior's home, or it may not cover damage to the senior's property.

An accredited and licensed in-home senior care agency will have adequate insurance coverage to protect itself, its home care employees, and its clients and their homes.

A critical category of insurance that any caregiver entering a home environment must have is Workers' Compensation Insurance.

If a caregiver injures himself or herself while in your or your parents' home, you will be held responsible unless the caregiver has workers' compensation coverage.

Recently, we had a very competent caregiver going about her duties in a client's home and as she bent over to offer a cup of coffee, she pulled a muscle in her back and needed to be taken to the hospital.

This resulted in an \$85,000 workers' compensation claim that, because we were her employer and covered by our workers' compensation policy, we were able to shelter our client from any financial damages.

No matter whom you choose as your in-home senior care provider, always obtain a copy of the master liability policy showing the in-home senior care provider's name and all appropriate details. You are entitled to this information and must insist upon it.

There is no shortage of lawyers who have built a lucrative career by advising workers and contractors who may have injured themselves, no matter how slightly, to make a claim.

Since many of these lawyers work on contingency, there is nothing stopping a private contractor from making a claim, no matter how frivolous it may seem—and you will have to defend it.

“There is a fountain of youth; it is your mind, your talents, the creativity you bring to your life and the lives of people you love. When you learn to tap this source, you will truly have defeated age.”

~ Sophia Loren

“To be happy in this world, especially when youth is past, it is necessary to feel oneself not merely an isolated individual whose day will soon be over, but part of the stream of life flowing on from the first germ to the remote and unknown future.”

~ Bertrand Russell

“We've put more effort into helping folks reach old age than into helping them enjoy it.”

~ Frank A. Clark

THE SCREENING PROCESS

No matter whom you choose—an independent contractor, a nursing student, a family friend, or an accredited and licensed in-home senior care agency—it is important to ask not only lots of questions, but also the *right kind* of questions in order to get a clear picture of who these potential caregivers are, what experience they have, and why you should choose them to take care of your loved one.

Put another way, there are the FAQs (Frequently Asked Questions) that one will find on the Internet but then there are the SAQs (Should Ask Questions).

Here are a few things to screen for during your first interviews with a potential in-home senior care provider or agency:

Type of care: What type of care do you provide? Companion? Licensed? Home health or private duty home care?

Ask for a copy of the state license.

Specifically ask the person you are speaking to if he or she is a representative of a nurse registry and then look for a direct “yes” or “no” reply.

If the representative is affiliated with a nurse registry, the state license will contain the letters “NR” followed by a number. If you decide to hire that person, YOU become that person’s employer and are subject to the

responsibilities of an employer. You become responsible for submitting income tax to the IRS, providing worker's compensation in the event the caregiver is injured in your home and providing liability insurance in the event of negligence on the part of your new employee.

Beware of misleading terminology. So-called "nurse registries" do not, in fact, provide registered nurses.

Bona fide national organizations like the American Association of Registered Nurses and state organizations such as The Florida Nursing Board have not yet objected to this infringement. No wonder families struggle to understand the difference between home care providers!

Contact information: What is your full name, address, telephone number, cell number, and the best time to call?

Employment history: Where was your last place of employment? What kind of work did you do there? What did you like and dislike about your past jobs? Why did you leave? How can we contact your previous employer(s) and what is their contact information?

General health: Do you smoke? Do you have any conditions that might prevent you from performing the tasks required for the job such as heavy lifting?

Background screening: Are you or are your caregivers subject to Level 2 criminal background screening (criminal record

screening at the federal, state and county levels)? Are you or are your caregivers bonded?

Accreditation: Is your in-home senior care agency associated with an accreditation body such as The Joint Commission? Accreditation ensures the highest level of training and care standards in the industry (www.jointcommission.org).

Insurance: What type of insurance do you carry to protect my parents from liability issues that may arise as a result of a caregiver being in their home (fire, theft, negligence, abuse, etc.)? Ask for a copy of the policy for your records. The representative's word will be of no value if at some point in the future you need to pursue an insurance claim.

Workers' compensation: What type of workers' compensation coverage do you have? Ask for a copy.

Income tax: Is income tax deducted from your wages and submitted to the IRS? If not, why not? (Note: If income tax is not deducted from the caregiver's wages, you will be responsible for submitting said tax to the IRS.)

General training: What formal training have you received (first aid, CPR, defibrillator, etc.)? When did you receive it?

Senior-specific experience and training: Do you have previous experience caring for seniors? What diagnoses have you worked with? Do you have experience caring for a senior who presents with behaviors

associated with Parkinson's, dementia, or Alzheimer's?

Drug testing: Do you or are you willing to conduct drug testing for any care provider you send into my parent's home?

Care plan: Do you provide a written plan of care which is left in the home for the family, senior, and other caregivers to follow? Can you provide a sample of a care plan you have written or followed?

Oversight: Who monitors your adherence to the care plan (such as unannounced supervisory visits)? Is there follow up reporting to the family?

If you don't work through an accredited and licensed in-home senior care agency, how

do you work with families to assure us that you are adhering to the care plan?

Alternative arrangements: What arrangements, if any, could be made if you are ill or otherwise unable to perform your duties? How can you ensure uninterrupted care for my parent? What experience does your substitute have?

Transportation: Do you or your caregivers own a vehicle, and if so, will you provide a copy of your driver's license and insurance information? Whose vehicle will you use to transport our loved one to conduct errands or attend appointments?

If you are planning on using our vehicle, do you carry third party auto insurance to protect us from claims exceeding our policy

limits? Do you have a report of your driving record for the past three years?

Incident reporting and prevention: How do you protect against falling? What is the procedure if my loved one does fall or is involved in an unforeseen incident?

Supervision: If my loved one asks you to drop him or her off at a place not specified by the care plan, will you do so?

Gifts: What is your policy if my loved one wants to give gifts or money to you?

Meal preparation: If meal preparation is required, how comfortable are you with cooking? Do you have experience cooking for others? What kind of food do you cook? Do you have experience cooking food that

complies with allergies or dietary restrictions? Have you ever cooked for someone with diabetes?

Pet policy: Are you comfortable working around pets? To what degree are you willing to perform pet-related tasks such as changing a litter box or walking the dog and associated clean up?

Communication style: How will you communicate with our family? How often?

Commitment: How long are you planning to stay in this position? What protection is in place to ensure the contract is adhered to?

Terminating the contract: What is the procedure if I wish to terminate our contract for services? How much notice would you

provide before terminating a contract? Are there financial considerations if we terminate the contract?

During the screening process, it is equally important to be forthcoming about the nature of the job and what you are looking for in a caregiver. Here are a few topics to cover during the interview:

The basics: Schedule, number of hours, pay and overtime pay, vacation days, length of contract, etc.

Living arrangements: If live-in care is required, where the caregiver will sleep and where he or she can put personal affects.

Duties: The kinds of tasks required, as well as those not required. If you want a

caregiver to take the trash to the curb and walk the dog, make sure you say so.

Future plans: Any upcoming events that may disrupt the schedule, such as a family vacation.

Select, client-specific information: If the senior dislikes certain food or prefers to put his own socks on, best to let the caregiver know before work begins.

It is important not to rush the intake assessment interview. Ask as many questions as you like. It's not only *what* they answer, but *how* they answer that will help you determine the right course of action.

Pay close attention to how willing potential caregivers are to share information. Do they

hesitate or avoid questions? Are they vague or uncertain? How do they refer to their previous clients? Do they communicate effectively?

Seniors have a particular need for someone that they can clearly hear and understand. It can be difficult and frustrating for some seniors—especially those with hearing impairments—to understand someone with a soft voice or a strong accent.

Do they seem friendly and authentic? Are they attentive and good listeners? Do they seem trustworthy? How patient are they no matter how many questions you ask?

Matching caregiver and client personalities is more of an art than a science. If your loved one is more serious and cerebral, and

prefers not to have much distraction, you would want to consider a caregiver who is naturally more quiet and discrete. Similarly, if your loved one is more outgoing and loves to chat, you would want a caregiver who has a more vivacious personality.

If you choose to work with an in-home senior care agency, ask about its hiring, screening and training practices and programs. Find out what the agency's process is for matching caregivers with seniors.

It is important to speak up if you have any reservations about your candidate. Trust your instincts and only agree to hire the person or agency with whom you feel total comfort.

If you are unsure, tell the representative that you need more time to think about it.

Delay the decision until you are convinced that the caregiver or the agency is the best candidate. After all, choosing the right care for your loved one is very important.

“As we grow old...the beauty steals inward.”

~ Ralph Waldo Emerson

“Of all the self-fulfilling prophecies in our culture, the assumption that aging means decline and poor health is probably the deadliest.”

~ Marilyn Ferguson

“Those who love deeply never grow old; they may die of old age, but they die young.”

~ Benjamin Franklin

“Getting old is not for sissies.”

~ My 96-year-old Mom,

Eileen Dumbrell

THE COST OF CARE

The cost of care is an important and often confusing issue for families to come to terms with. Let's discuss the difference between two categories of in-home care and what Medicare does and does not pay for. This will help you understand when you will need to turn to your own resources.

Prescribed, in-home medical care during a recovery period (covered by Medicare Home Health): When a person is discharged from hospital or rehab, it is not uncommon for the discharging physician to write a prescription for what is loosely termed "home health care." In this case, home health care could cover physical

therapy, occupational therapy, speech therapy, or perhaps wound care or injections performed by a professional. It could even be intended to cover training family members to perform various non-medical therapies.

This type of “home health care” will carry on for a limited period. While the caregiver is in the home, he or she will conduct specific therapy, complete forms, and submit paperwork to Medicare. The caregiver will eventually be paid by Medicare at no cost to the patient.

There is a limit to what the caregiver can and will do while in the home and how long this care will last. This is not the type of home care that most people are seeking when what they want is assistance with the

normal ADLs or Activities of Daily Living (i.e. the level of home care discussed in this book).

Most Americans older than 65 are eligible for the federal Medicare program. To qualify for Medicare home health care, your loved one must meet the following requirements:

1. A physician must determine and order that your loved one needs a skilled home health service.
2. A physician must develop and sign a plan of care.
3. Your loved one must be homebound. This means leaving home requires a considerable and taxing effort.

Occasional absences from the home are permitted as long as they are of short duration. For example, medical

appointments, family reunions, funerals, religious services, and graduations will not disqualify a senior from home health care services as long as he or she does not have the ability to obtain services in a setting other than his or her home.

4. The senior must need one of the following services intermittently (part time): skilled nursing / physical therapy / occupational therapy, or speech therapy.

The services that Medicare Home Health covers are:

- Skilled nursing (RN or LPN)
- Physical therapy, speech therapy, and occupational therapy if the doctor determines that a senior can benefit from therapy.
- Home health aide services for assistance with personal care such as dressing,

bathing, or toileting as long as the senior is also getting other skilled services listed above.

- Medical social services to assist with social and emotional issues related to the senior's illness.
- Certain medical supplies, like wound dressings, but not prescription drugs.

Private duty home care (non-medical) is *not* covered by Medicare Home Health:

The second category of home care is referred to as “non-medical home care” or “private duty home care.”

Many are under the impression that their secondary insurance provider will help fund in-home care and are surprised to find that in the vast majority of cases, that is not the role of the secondary insurance provider.

Examples of what is *not* covered:

- 24-hour care/ live-in care
- Prescription drugs
- Meals delivered to the senior's home
- Homemaker services such as laundry, cleaning, shopping, companionship, transportation, and cooking.

The costs for private duty, non-medical in-home care will vary depending on location, types of service, medical conditions, level of care, and the amount of care required.

Long term care insurance policy: Take stock of the resources available to the senior. Did he or she purchase a long term care insurance policy in the past? If so, locate the policy and read it carefully. It will have what are known as “qualifying periods” which means you will need to fund the home

care for 30, 60, or 90 days before the benefits outlined in the policy are activated. Every policy is different and so read it carefully.

Some policies will insist that the in-home care should be provided by a registered in-home senior care agency. A companion care agency or private contractor are unlikely to qualify.

Once the benefits start to flow, the agency will bill the long term care provider on your behalf. You'll be reimbursed for your out-of-pocket expenses for the cost of care according to the terms of your policy.

In some cases, and depending on the reputation of the long term care insurance agency, the in-home senior care agency may

accept “assignment” of the benefits so that the long term care insurance provider will pay for the service directly with no out-of-pocket expenses required on your part.

Veteran benefit: If your loved one is a veteran or the surviving spouse of a veteran, he or she may be eligible for tax free financial benefits from the U.S. Department of Veterans Affairs that are specifically designed to pay for home care for the balance of his or her life. These benefits cannot be used for other expenses such as groceries, rent, or car payments.

Meeting the requirements to begin receiving these veteran benefits may prove difficult or time-consuming. If you face frustrations or delays with the application process, consider approaching an accredited in-home senior

care agency for guidance and assistance. Many are familiar with the process and would be pleased to assist you at no cost.

In general, veterans must meet certain criteria in order to qualify for home care assistance. He or she must:

- Have served at least one day during an active war and at least 90 days of active service
- Have an Honorable Discharge or a document known as the “DD-214”
- Be at least 65 years of age or permanently or totally disabled
- Require assistance with ADLs
- Have monthly *medical* expenses that exceed combined family income

The following documents will need to accompany the application.

In the case of the veteran:

- Honorable Discharge
- Examination for Homebound Status
(a medical performed by your doctor)
- Completed VA application
- Voided bank check where the benefit
will be deposited electronically every
month

In the case of the veteran's spouse or a
surviving spouse:

- The same documents as above, plus:
- Marriage certificate
- Death certificate of the veteran
- Birth certificate of the surviving
spouse
- The surviving spouse needs to have
been married to the veteran at the time
of the veteran's death

Whether the veteran or the surviving spouse
is seeking the benefit, it must be fully spent

on health care. Any balance remaining must be returned to the U.S. Department of Veterans Affairs by the end of year.

Life Insurance Policy: If an individual has a whole life insurance policy that is current, it is a valuable asset. After years of paying premiums, many people come to the point where they no longer wish to continue making these payments. They often believe they have only two options: stop paying and abandon the policy, or seek to recover the “cash surrender value” from the insurance company.

There is a third option known as a “life settlement.” This option is not widely known, but can be beneficial for persons who are over the age of 65.

A life settlement is the sale of a life insurance policy by the owner to a third party for an amount that is often substantially larger than the cash surrender value. Investment funds that purchase life insurance policies pay not only a principal amount to the policy holder, but also relieve him or her of the monthly premiums. We have experience on this subject and would be pleased to assist with further information.

Other sources: If your loved one does not have long term health insurance to cover home care, does not qualify for veteran benefits, or does not have a life insurance policy, there may be other strategies to consider.

It may be appropriate to draw on the senior's savings in order to cover the cost of home

care. Another option is to split the cost with siblings. Sometimes a combination of methods is the best approach.

If you're still unsure how to pay for senior home care, consider consulting a financial professional.

Although the cost of care can be substantial—no matter what kind of care is needed—keep in mind that many seniors require only occasional assistance rather than full time care. An adequate level of care could be as little as 12 to 20 hours per week.

When you meet with a caregiver or in-home senior care agency to develop a care plan, your loved one's needs *and* your budget need to be taken into consideration.

The best home care solutions will ensure that no family should have to deal with a complicated or cumbersome payment process. For example, you have a right to a clear agreement with a predictable and regular billing and payment schedule.

If you have long term care insurance, ask whether a copy of the invoice and related documentation can be sent to your insurance provider at the same time so that you are reimbursed with minimal delay.

Remember: You deserve to feel supported and informed by your service providers as you and your family manage this challenging period of adjustment. Don't settle for anything less.

“Some days there won't be a song in your heart. Sing anyway.”

~ Emory Austin

“Aging is not ‘lost youth’ but a new stage of opportunity and strength.”

~ Betty Friedan

"Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant with the weak and the wrong. Sometime in your life you will have been all of these."

~ Dr Robert H. Goddard

“It was once said that the moral test of government is how that government treats those who are in the dawn of life, the

children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.”

~ Hubert Humphrey

THE RIGHT LEVEL OF CARE

An effective home care solution should be flexible enough to ensure that seniors get the assistance they need while allowing them to do what they can on their own and at their own pace.

The level of support may be temporary if your loved one is recovering from an injury such as a hip fracture, or progressive if he or she has a health condition such as arthritis, glaucoma, or dementia.

Put simply, a competent caregiver should be doing what a caring and compassionate adult child would do if he or she was home visiting Mom or Dad.

Here is a brief description of the types of services that in-home senior care providers may provide.

Check-in visits: Sometimes, all that's needed is peace of mind that the senior is managing well.

A brief check-in visit each day or a few days per week can give seniors something to look forward to or allow them to delegate a task they might be having difficulties completing. The caregiver will report any incidents or concerns that may signal it's time to make adjustments to the level of

care.

Companion care: Companions provide basic services such as, meal planning and preparation, light housekeeping, laundry, medication reminders, companionship, and other general assistance in the senior's home.

Personal care: For a more advanced level of care, some caregivers provide companion care plus assistance with basic, non-medical self-care tasks referred to as Activities of Daily Living (ADL).

ADLs are usually learned in childhood but may become more difficult to perform as seniors age. Examples include bathing, dressing, grooming, toileting, and ambulation assistance. These services

should initially be assessed and regularly monitored by either a client service manager, social worker or registered nurse (RN), depending on the regulations of the state in which the service is offered.

It is important to note that caregivers do not provide medical services such as giving injections or providing wound care. Caregivers also do not offer physical, speech, or occupational therapy. If your loved one requires assistance with medication administration or wound care, this should be performed by a Registered Nurse.

Transition Assistance: It can be challenging for families to care for seniors who are recently discharged from hospital. Knowledgeable caregivers can provide

transition assistance to seniors throughout the outpatient surgery and recovery period. This includes support prior to surgery and transportation to post-surgery, follow-up doctor visits.

Respite Care: Respite care is a unique program in which caregivers provide care to seniors for a short, defined period of time. Respite care provides family members who are primary caregivers some well-deserved time away to run errands, catch up with friends, or just relax and watch a movie.

Live-in care: A live-in caregiver would be available to provide ongoing support, as long as he or she can sleep for eight hours per night and receive appropriate breaks.

Live-in care is generally provided for a

minimum of two consecutive days, up to seven days per week indefinitely and is less costly than 24/7 care.

This level of care is not to be confused with 24/7 care, where an aide must be awake and alert at all times. 24/7 care would therefore require at least two caregivers working 12 hour shifts, such as when hospice palliative care or close observation following a recent hospital discharge are required.

Supervisory visits: If you choose to work with a licensed and accredited in-home senior care agency, you will benefit from the support of an entire team of caring people who are monitoring the health and well-being of your loved one. In addition to the day-to-day service provided by a dedicated caregiver, repeated supervisory visits offer

an additional level of expertise and monitoring.

During a supervisory visit, a care manager or Registered Nurse will observe the senior doing normal activities and note any changes or opportunities to improve the level of care.

If, at any time, the supervisor feels as though the senior's health has progressed to a level beyond the agency's ability to provide adequate care, he or she will communicate these concerns to the family, provide recommendations, and offer assistance in finding an appropriate service provider.

An alternative care arrangement could include transferring the senior to an assisted living facility, a skilled rehabilitation center,

a nursing home, or other arrangement that seems appropriate based on the senior's needs.

Sitter services: Caregivers sit with and monitor clients in hospitals, rehabilitation facilities, nursing homes, assisted living centers, or continuing care retirement communities when the family is not able to visit and facility staff shortages do not allow for individual care.

Hospice palliative care: Caregivers can also assist with palliative care by working in conjunction with hospice care teams to provide an extra level of comfort and support.

Given the nature of the profession, it is therefore not uncommon for a caregiver to

be present when the person they are caring for passes through the final stage of life.

During this time, a qualified caregiver will be focused on making sure the loved one is as comfortable as possible while this natural phenomenon runs its course. This caring presence often helps the senior feel calmer and more at peace until his or her passing.

Providing quality care to seniors in their homes is a deeply personal experience. It can be difficult for a caregiver to witness or learn of a client's passing.

Ideally, a caregiver should have training and access to a support network so he or she is as prepared as possible to deal with difficult circumstances and transitions of this nature.

Through all stages of senior and end-of-life care, a bond forms between caregiver and senior—a form of companionship based on familiarity and trust. When the right caregiver is matched with your loved one, the whole family’s quality of life and peace of mind will improve even during the most difficult of times.

“It is a mistake to regard age as a downhill grade toward dissolution. The reverse is true. As one grows older, one climbs with surprising strides.”

~ George Sand (1804 – 1876)

“Old age is an excellent time for outrage. My goal is to say or do at least one outrageous thing every week.”

~ Maggie Kuhn

“The great secret that all old people share is that you really haven't changed in seventy or eighty years. Your body changes, but you don't change at all. And that, of course, causes great confusion.”

~ Doris Lessing

CARING FOR LOVED ONES WITH DEMENTIA

The natural aging process can bring on fatigue, weakness, frailty, decreased mobility, loss of appetite, and loss of body mass that render a senior more susceptible to deterioration, injuries, infections, and illnesses.

Seniors may also develop more chronic conditions and diseases. These include such illnesses as arthritis, diabetes, Parkinson's, Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure, cardiovascular disease, or cancer.

While much can be written about home care solutions for a wide range of health challenges, I am most often asked about approaches to caring for loved ones with Alzheimer's disease and other dementias.

Managing uncharacteristic behavioral and personality changes above and beyond the physical consequences of dementia can be acutely challenging for families.

Here are some facts from the Alzheimer's Association at www.alz.org:

- The number of Americans living with Alzheimer's disease is growing quickly.
- 5.3 million Americans are living with the disease. Of these, 3.2 million (66%) are female.

- Someone in the United States develops this disease every 67 seconds.
- Most people living with the disease have not been diagnosed.
- The projected cost for 2015 for those with dementia will be \$226 billion.
- Dementia is not just memory loss. It will eventually claim the life of its victim.
- Dementia and Alzheimer's are the only causes of death among the top 10 in America that cannot be prevented, cured, or even slowed.
- Nearly 60% of people who care for others with Alzheimer's and dementia rate the emotional stress of caregiving as high or very high. About 40% suffer from depression.

- Three quarters of dementia caregivers report they are “somewhat” to “very” concerned about maintaining their own health since becoming a caregiver. In fact, due to the physical and emotional toll of caregiving, dementia caregivers account for \$9.7 billion in health care costs of their own in 2014.

From these facts, it is not difficult to understand why dementia is a growing concern among adult children caring for elderly parents.

In the very early stages of the disease, it may be difficult to distinguish between ordinary forgetfulness commonly associated with aging and the beginning of a larger, more progressive cognitive impairment that

eventually will impact a senior's ability to safely take care of himself or herself.

If you think your loved one is showing symptoms of forgetfulness or confusion, we encourage you to discuss your concerns with a medical professional. He or she may suggest a referral to a specialist who can determine the exact diagnosis.

Home care can be an excellent option for seniors with early and mid-stage dementia. Living in a familiar environment and having the structure and consistency of home care will reduce confusion. It can also reduce stress by offering a sense of stability.

If your loved one is presenting symptoms of dementia, getting the right caregiver with the right training and temperament is imperative. Exercising patience will need to

be a top priority—and this advice also applies to family members.

Many older people, especially those who are dealing with dementia, process information differently than other adults. They often don't remember the conversation they just had. Resorting to stern or harsh corrections is not only ineffective, but embarrassing to them. They may not remember what they just said, but they will know the unpleasant feelings associated with embarrassment and humiliation.

For example, avoid saying, “Oh, Mom, I just told you what day (time, year, etc.) it is five minutes ago,” or “Dad, don't you know David doesn't live here anymore?” Doing so serves no useful purpose. In fact, it reinforces to Mom that there really is

something wrong with her, or can lead Dad to feeling confused or upset.

A gentler approach is preferred where statements and questions offer guidance. For example, “Mom, it’s Tuesday today and on Tuesdays, we play cards. Would you like to play cards?”

You might also try this: “Dad, David won’t be coming for dinner. I’m making lasagna for you, your favorite. Would you like some lasagna?” Re-directing the conversation is far more effective.

Although their short term memory is unreliable, seniors with dementia often have excellent long term recall.

Families and caregivers can focus on the positive abilities and play to their strengths

by reminding them of a time in the past.

You may wish to ask Mom about a time when she was growing up or ask Dad about his first vehicle. You may be pleasantly surprised with the results.

Using gestures in a skillful manner to supplement or replace verbal communication can also help get daily tasks accomplished while keeping everyone relaxed and safe.

For example, if you are helping a senior with dementia brush his teeth, placing his toothbrush in his hand and holding his hand while bringing it to his mouth can show him, rather than tell him, that it's time to brush his teeth.

Such an action is often enough to trigger automatic skills acquired over the years. The senior may suddenly understand that he is about to brush his teeth.

Above and beyond customizing a level of care that keeps seniors with dementia safe and as active as possible, you need to consider the overall needs for your loved one.

The most comprehensive in-home senior care solutions will also offer community dementia programs that provide a safe, supportive environment in which family members can learn more about dementia, share their experiences with others who have been there, and get access to resources.

Our colleague, Teepa Snow, is a renowned Dementia Care expert who travels the

country educating family members and primary caregivers about how best to effectively care for those who are living with dementia.

She has a wonderful website that offers excellent advice about this disease. I encourage you to visit www.TeepaSnow.com.

“Aging is not ‘lost youth’ but a new stage of opportunity and strength.”

~ Betty Friedan

“Grow old with me! The best is yet to be.”

~ Robert Browning

“It is an absolute human certainty that no

one can know his own beauty or perceive a sense of his own worth until it has been reflected back to him in the mirror of another loving, caring human being.”

~ John Joseph Powell

MICHAEL DUMBRELL

OLD AGE IS A PRIVILEGE

There is a proverb that says, “Do not resent growing older. It is a privilege that many are denied.”

While life itself is a gift, growing old enough to witness new generations, decades of changes, and a wealth of experiences is a treasure.

Wanting to live with dignity is a universal human goal. Seniors deserve respect, compassion, and companionship so that they may continue to live as independently as possible for as long as possible.

What is important to remember is that how we age and how we *feel* as we age can make an enormous difference in our quality of life.

MICHAEL DUMBRELL

OTHER FAVORITE
QUOTATIONS ABOUT AGING

“You are as young as your faith, as old as your doubt; as young as your self-confidence, as old as your fear; as young as your hope, as old as your despair.”

~ Douglas MacArthur

“Old age is ready to undertake tasks that youth shirked because they would take too long.”

~ W. Somerset Maugham

“The old—like children—talk to themselves, for they have reached that hopeless wisdom of experience which knows that though one were to cry it in the streets to multitudes, or whisper it in the kiss to one's beloved, the

*only ears that can ever hear one's secrets
are one's own!"*

~ Eugene O'Neill

"Live your life and forget your age."

~ Norman Vincent Peale

*"Like a morning dream, life becomes more
and more bright the longer we live, and the
reason of everything appears more clear.
What has puzzled us before seems less
mysterious, and the crooked paths look
straighter as we approach the end."*

~ Jean Paul Richter

*"To be happy in this world, especially when
youth is past, it is necessary to feel oneself
not merely an isolated individual whose day
will soon be over, but part of the stream of*

life flowing on from the first germ to the remote and unknown future."

~ Bertrand Russell

"None are so old as those who have outlived enthusiasm."

~ Henry David Thoreau

"The longer I live the more beautiful life becomes."

~ Frank Lloyd Wright

"Age is whatever you think it is. You are as old as you think you are."

~ Muhammad Ali

"Young love is a flame—very pretty, often

MICHAEL DUMBRELL

very hot and fierce, but still only light and flickering. The love of the older and disciplined heart is as coals, deep burning, unquenchable.”

~ Henry Ward Beecher 1813 - 1887

“When it comes to staying young, a mind-lift beats a face-lift any day.”

~ Marty Bucella

“You can't help getting older, but you don't have to get old”

~ George Burns 1896-1996

“Some people, no matter how old they get, never lose their beauty... They merely move it from their face into their hearts”

~ Martin Buxbaum 1912-1991

“The older I get...the more of my mother I see in myself.”

~ Nancy Friday

“If wrinkles must be written upon our brows, let them not be written upon the heart. The spirit should never grow old.”

~ James A. Garfield 1831-1881

“The secret of genius is to carry the spirit of the child into old age, which means never losing your enthusiasm.”

~ Aldous Huxley 1894-1963

“Old age is fifteen years older than I am.”

~ Bernard M. Baruch

“To be seventy years young is sometimes far

more cheerful and hopeful than to be forty years old.”

~ Oliver Wendell Holmes, Sr. 1809-1894

“We do not quit playing because we grow old. We grow old because we quit playing.”

~ Oliver Wendell Holmes, Sr. 1809-1894

“While we've youth in our hearts, we can never grow old”

~ Oliver Wendell Holmes, Sr. 1809-1894

And finally,

*“Live a good, honorable life.
Then when you get older and look back,
you'll be able to enjoy it a second time”*

~ His Holiness, 14th Dalai Lama

CONCLUSION

Before I launched my second career at Senior Helpers, I had enjoyed success building homes and small buildings for more than 30 years. Then my good friend Tom became terminally ill.

Tom and I had been buddies for 25 years. He was a great believer in eastern medical techniques, yoga, and meditation. Earlier in life, he had been an accomplished motocross rider who competed professionally. When I heard about his terminal illness, I thought, *I am not going to wait until Tom dies. I'm going to spend time with him now.*

I took time off work to be with him in hospice. I learned that Tom had missed a

number of annual medical appointments, had been diagnosed with inoperable prostate cancer, and was nearing the end of his young life. He was only 55 at the time.

While I was there, I did simple, everyday tasks, which I now know are referred to as Activities of Daily Living or ADLs. I would get Tom up in the morning, help him to the washroom to shower, help him shave, do his banking, and drive him to the drugstore. At night, I would sleep on the nearby couch so I was always there for him.

To see Tom confined to his bed was difficult and it was clear that he was in a great deal of pain. I couldn't take the pain away, but I could make life a little more tolerable by helping him do the everyday tasks that perhaps made his life a little more

“ordinary.” He told me at the time that one of the most important things I did was to listen.

Eventually, I had to go back to my normal life and responsibilities, and we needed to say goodbye. It was a touching and powerful occasion because we both knew it would be the last time we would ever see each other.

I headed to the airport thinking that in my 30+ years of working in development, my career had not fulfilled me the way caring for another human being did. I asked myself: *How can I carry this feeling of making a difference into my professional life?*

In 2008, I switched careers and have made caring for others my life's work. Whether Tom realized it or not, his final gift was to

show me that serving others has the power to transform not only those who receive support, but also those who give support.

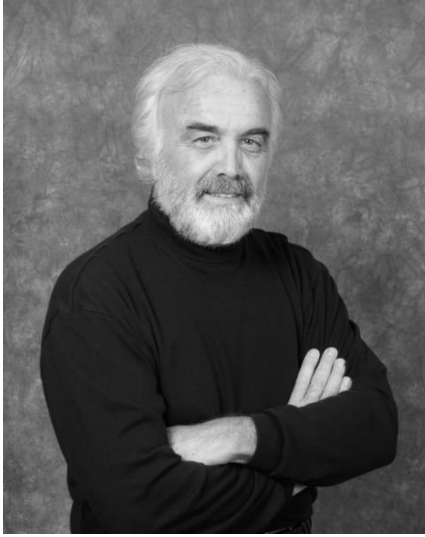
My goal in writing this book has been to emphasize how powerful and valuable the human connection is at every stage of our lives. As your loved one's age and begin to need assistance, it's important to provide them with patience, support and encouragement so that they don't feel abandoned or neglected through this transition.

Long term care facilities are necessary in some cases, but usually all that is needed is a little extra help so that aging seniors can continue enjoying their lives in the comfort and familiarity of their own homes.

To care for those who once cared for us is a great honor. When even the helper needs help, and this applies to each of us, it's important to do your research, ask the right questions, understand the risks and costs, and make informed choices.

Above and beyond the advantages of ensuring the aging senior in your life is receiving compassionate and personalized quality care, the bond between the caregiver and your loved one will deepen through companionship and service. Through that human connection, the family also benefits from feeling supported and can enjoy greater peace of mind.

ABOUT THE AUTHOR



Michael Dumbrell and his entire staff of caregivers, nurses, and office personnel are focused on providing high quality dependable safe care in the home.

Without a doubt, Michael's heart is in his work, and he knows that each of his team

needs to be naturally drawn to this type of occupation in order to best serve their clients.

Senior Helpers was started in 2002 and has grown into a network of over 300 locations. During that time, we have helped many thousands of seniors to regain their dignity, independence and sense of well-being.

Our mission is to support seniors in a healthy, happy and independent environment in their homes, at an affordable cost for whatever time remains for them.

Our measure of success comes from seeing significant improvement from when we begin to work with our client.

If we can accomplish this goal, we will have fulfilled our mission: **CARING** for them,

and CARING about you.

Please contact Michael for an informal chat about your current family situation.

Michael is also available for speaking opportunities on the subject of caring for senior loved ones in the home.

ABOUT SENIOR HELPERS

History

Senior Helpers was founded in 2002 to address the need for quality care in the home. The first office opened in Baltimore in 2002 when it was evident that there was a demand for quality in-home care, something more than a “sitter service.”

Senior Helpers began building a reputation as a professional organization with a dedicated staff of caregivers.

The Baltimore location was a success, leading to expansion which began in 2004 with the opening of an additional office in Orange County, CA.

With the success of these Senior Helpers branches on both coasts came increasing demand.

Senior Helpers now includes over 300 independently owned territories in the United States with recent expansion into Australia and Canada.

This unusual degree of success is attributable to excellent people with a strong work ethic and a focus on:

- Dependability of Service
- Continuity of Caregivers
- Peace of Mind for the Family
- Quality of Life for the Client
- Independent Living in the Home

For more information and a personal consultation, please contact:

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EXPAND your reach and income...

Perissos Media helps business owners, speakers, consultants, professionals, sales teams, ministry leaders and inspired individuals to **PUBLISH** books, audio and video training products and other marketing materials.

The purpose is to **BUILD** your platform and **ELEVATE** you to Expert Status in your field—with all the financial and lifestyle benefits that come with it.

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Jerry Kuzma
Director
PerissosMedia.com

