Memory Loss

High-Impact

ADVISER
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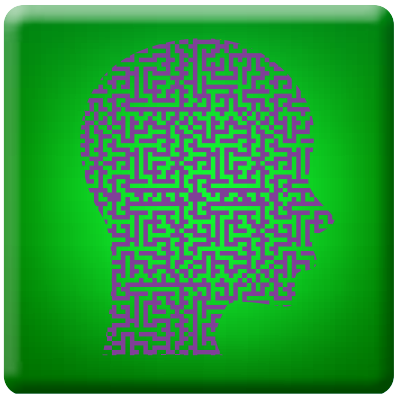

Memory Loss

Feature

Departments

Our national partner, LeadingAge, is an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging. Together, we advance policies, promote practices and conduct research that supports, enables and empowers people to live fully as they age.

LeadingAge™ New York Mission Statement

To create the future of aging and continuing care services in New York State.

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Founded in 1961, LeadingAge New York represents more than 500 not-for-profit, public and mission-driven senior care providers, including nursing homes, senior housing, adult care facilities, continuing care retirement communities, assisted living, home care and community services providers which serve approximately 500,000 people across New York each year.

Alzheimer's Disease and Mission

Alzheimer's Disease (AD) may be the greatest threat to the future of long term, post-acute services and supports. Beyond the societal and direct impact of AD to people and their families, the Alzheimer's Association says that the fiscal impact makes it one of the costliest conditions today and the impact on the national economy has the potential to become unmanageable by the middle of the century. While challenging, the issue presents an opportunity to organizations that accept the challenge as part of their ongoing missions.

Some basic facts to consider from the Alzheimer's Association (www.alz.org/facts/):

- Currently, 5.5 million Americans are living with AD, by 2050 this number could rise to 16 million. Of the 5.5 million, 5.3 million are age 65 plus and almost two-thirds are woman.
- AD is currently the sixth leading cause of death among those 65 or older.
- Every 66 seconds someone in the US develops AD and by mid-century it will happen every 33 seconds.
- Currently, one in three seniors have AD or other dementias.
- Since 2000, deaths from AD have increased by 89%.
- Total payments in 2017 for all individuals with Alzheimer's or other dementias are estimated at $259 billion. Medicare and Medicaid are expected to cover $175 billion, or 67 percent, of the total health care and long term care payments for people with Alzheimer's or other dementias. Out-of-pocket spending is expected to be $56 billion.
- By 2050, the cost could rise to as much as $1.1 trillion.
- Today, 15 million Americans provide unpaid care for people with AD. One-quarter of the care givers are from the "sandwich generation" meaning they are caring for parents and their own children under 18. In 2016, these caregivers provided an estimated 18.2 billion hours of care, valued at more than $230 billion.

This issue of LeadingAge New York *Adviser* explores some topics for thought around Alzheimer's Disease and other dementias in articles submitted by the Coalition of NYS Alzheimer's Association Chapters, Teepa Snow and the Hospice and Palliative Care Association of New York. Taking on the challenge as part of their mission, Peconic Landing shares its story of new construction to embrace the ever-increasing need in this area. Beverwyck resident, Janet T (JJ) Lijeron, rounds out the center spread with two profound poems offering a glimpse into a caregiver's perspective and that of a resident coming to terms with her move to assisted living.

LeadingAge New York is your resource for new and innovative approaches to caring for people with dementia. Access to the latest information about current and future opportunities, can help you adapt your mission to provide memory care long into the future. If you would like to hear more about this and many other topics you face every day, join us at our ***Annual Conference in Saratoga Springs, May 22 -24.*** For specific information about the stories in this issue or to discuss future *Adviser* ideas, contact Kristen Myers at **kmyers@leadingageny.org**.

As always, thank you to all of the members who contributed material for this issue and to the businesses who support *Adviser* with their advertising and educational contributions.

Sincerely,

James W. Clyne Jr.
President and CEO

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The Benefits of a Safe Patient Handling Program

Because of age or incapacitation due to illness or injury, patients in health care settings often need help performing normal daily tasks like sitting up or walking. Helping patients with these tasks requires significant physical demands, putting employees in danger of Musculoskeletal Disorders (MSDs).

MSDs – such as muscle strains, lower back injuries, rotator cuff injuries and tendinitis – are the most common workplace injuries suffered by nurses and other health care workers. Risk factors include repeated and forceful movements associated with patient care like lifting, transferring and repositioning.

All together, MSDs account for almost half of the injuries and illnesses reported for nurses and nursing support staff, and rates of MSDs for nursing assistants are almost four times higher than the average for all workers.

The use of lifting equipment is essential for a successful safe patient handling program and can reduce exposure to lifting injuries by 95 percent.

The good news is that MSDs, especially back injuries, can be prevented by implementing a safe patient handling program and using mechanical lift equipment. The use of lifting equipment is essential for a successful safe patient handling program and has been shown to reduce exposure to manual lifting injuries by up to 95 percent.

Benefits of a Safe Patient Handling Program

Safe patient handling programs reduce the risk of injury for both health care workers and patients while improving the quality of patient care. Other benefits of safe patient handling programs include the following

- More satisfying work environment and professional status
- Improved nursing recruitment and retention
- Increased patient satisfaction and comfort
- Fewer patient falls and pressure ulcers
- Reduced costs associated with injuries

Elements of a Successful Safe Patient Handling Program

The key elements of a safe lifting program include the following:

- **Commitment from management at all levels:** Gaining management support is critical for program success. Management can provide visible support by consistently communicating the importance of safe patient handling, assigning roles for various aspects of a safe patient handling program to appropriate managers, supervisors and other employees, and providing appropriate resources for implementing and sustaining the program over time.
- **A safe patient handling committee that involves front-line workers:** To design and implement a safe patient handling program, as well as to evaluate and sustain the program into the future, the front-line (non-managerial) employees who provide direct care to patients should be well-represented on the safe patient handling committee.

(See *The Benefits of* on page 6)

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The Benefits of ... (Continued from page 5)

- **Hazard assessment:** Address high-risk units, areas and patient-handling tasks. Hazard evaluation should consider factors such as types of nursing units, the physical environment of patient care areas, and existing equipment and its utilization. It is important to consider characteristics of the patient population such as level of patient mobility and cognition.
- **Technology and prevention through design:** Implement methods to control hazards such as lifting, transferring and repositioning patients. Manual lifting should be minimized in all cases and eliminated when feasible. For example, a "zero lift" program or policy minimizes direct patient lifting by using specialized lifting equipment and transfer tools.

  Establish safe patient handling policies that are based on patients' physical and medical conditions and the availability of lifting equipment and lift teams.

  Select appropriate lifting equipment in accordance with the hazard assessment, and install and maintain lifting devices according to manufacturer recommendations. The best proactive approach is through proper design of the work environment, including incorporating health hazard controls into the design of facilities during construction and remodeling.
- **Education and training:** Provide sufficient education and training so that each worker understands the elements of the safe patient handling program and how to participate. The education and training of health care workers should be geared toward the assessment of hazards, selection and use of appropriate patient lifting equipment and devices, and review of evidence-based practices for safe patient handling. Training should include when and how to report injuries.
- **Regular evaluation:** Regular program evaluation within the environment of care is critical to the success of the program. Establish evaluation procedures necessary to assess the effectiveness of the safe patient handling program and to ensure its continuous improvement and long-term success. Credible data sources, including the OSHA Recordkeeping Log 300 and forms 301 and 300A, can be used to track and analyze injuries and trends related to the ongoing implementation of the program.

Lastly, effective 10/1/17, you can qualify for up to a 2.5 percent credit on your workers' compensation premium for implementing a safe patient handling program.

If you need help implementing a program, call John Snow at Cool Insuring: 800 233-0115 or email: ***jfsnow@coolins.com.***

Spotlight

Meet Andy Cruikshank

Chairman, LeadingAge New York Board of Directors
CEO, Fort Hudson Health System, Inc.

How do you see the field changing over the next two years and how do you see yourself impacting that change through your role with LeadingAge New York?

Two themes are clearly present – risk and opportunity. Although change is a constant in our field, the pace of change and the implications of how providers respond to those changes have never been greater. What we have experienced over the past few years will be amplified in the years to come; from customer expectation to provider collaboration to shifting public policy. Many forces are creating new or more acute risk, while potentially opening new avenues for adventurous opportunity.

My role, and more importantly the role of LeadingAge NY, is to be a strong voice of leadership in guiding our members through the challenges that lie ahead; the credible and reliable educator to those developing policy; and the advocate of those in our care. If done well, and in concert with the Board of Directors and LANY staff, our members will be prepared to successfully navigate the risks and capitalize on the opportunities.

Describe your greatest skill

I would like to believe that my greatest skill, if there is such a thing, is my ability to learn from others. I often find myself evaluating situations and challenges based on how others might react; and I have been fortunate to have had a long career working with so many who were master-teachers, and they probably didn't even know it.

"My inspiration comes from the energy created by those around me who share the same passion, the same goals, the same principles, and are willing to think hard, work hard and own what they accomplish."

What is your greatest accomplishment?

I would like to think that I have not had my greatest accomplishment yet; and such an assessment is best left to those who I have worked with. After all, what I may think a masterful performance may be viewed far differently by others.

Describe a situation where you have failed at something yet learned something significant as a result?

We're in the people business – and people are imperfect. So I'm pretty sure I have a solid list of failures; but hopefully not failing at the same thing over and over. Failing at something once shows a willingness to try; taking the same approach and failing at it again shows an unwillingness to learn, which is far more dangerous.

Who is your role model? Why?

It would be very difficult, and perhaps too limiting, to identify a single role-model. We should all aspire to the qualities and character of a higher level

(See *Andy Cruikshank* on page 8)

Andy Cruikshank ... (Continued from page 7)

than where we are today; and no single individual encompasses all those various qualities. I would say to anyone who looks for a role model "do not aspire to be that person; be confident in who YOU are, aspire to the quality of character you value, and be a role model for others to aspire to." Come to think of it, that's just what my father would say – so I must have learned from the best.

Where do you find inspiration?

I enjoy challenge and tend to avoid standing still. Inspiration, in its worst form, comes out of fear; fear of doing, not doing, making mistakes, etc. My inspiration comes from the energy created by those around me who share the same passion, the same goals, the same principles, and are willing to think hard, work hard and own what they accomplish.

What would surprise people about you?

In a prior life, I held the title of "Cheese Maker." Really – I made cheese. For three years during college, I worked at a cheddar cheese plant and was responsible for turning 4,500 gallons of milk into premium cheddar every hour. You might be surprised what's in there!

ImmuNYze for Life: A Campaign to ImmuNYze all New Yorkers

Immunizations are not just for children. Whether you are 18 or 81, you need vaccines throughout your life to stay healthy.

All adults need immunizations to help them prevent getting and spreading serious diseases that could result in poor health, missed work, medical bills and not being able to care for family. In the U.S., vaccines have greatly reduced or eliminated many infectious diseases that once routinely killed or harmed many infants, children and adults. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines.

Vaccines are as important to your overall health as diet and exercise.

Like eating healthy foods, exercising and getting regular check-ups, vaccines play a vital role in keeping you healthy. Vaccines are one of the most convenient and safest preventive care measures available.

"Some people in your family, community or workplace may not be able to get certain vaccines due to their age or health condition so they rely on you to help prevent the spread of disease."

You May Be at Risk for Serious Disease

Every year thousands of adults in the U.S. still suffer serious illness, are hospitalized and even die due to diseases for which vaccines are available.

Even if you were fully vaccinated as a child, the protection from some vaccines you received can wear off. You may also be at risk for other diseases due to your job, lifestyle, travel or health conditions.

You Can Protect Yourself, Your Loved Ones and Community from Disease

Vaccines can lower your chance of getting certain diseases. Vaccines work with the body's natural defenses to safely develop immunity to disease and lower your chances of getting certain diseases. Vaccines also lower your chance of spreading disease. Some people in your family, community or workplace may not be able to get certain vaccines due to their age or health condition so they rely on you to help prevent the spread of disease. Infants, older adults and people with weakened immune systems (like those undergoing cancer treatment) are especially vulnerable to infectious disease.

You Can't Afford to Get Sick

You have a busy life and too much responsibility to risk getting sick. Vaccines can help you stay healthy so you don't miss work and you have time for your family, friends and hobbies.

Getting your recommended vaccines can give you the peace of mind that you have the best possible protection available against serious diseases.

Vaccines are very safe

Vaccines are tested and monitored. Vaccines go through years of testing before being licensed by the Food and Drug Administration (FDA). Both the Centers for Disease Control and Prevention (CDC) and FDA continue to monitor vaccines for safety after they are licensed.

(See *ImmuNYze for Life* on page 10)

THE CAMPAIGN TO IMMUNYZE ALL NEW YORKERS

ImmuNYze for Life ... (Continued from page 9)

Vaccine side effects are usually mild and go away in a few days. The most common side effects include soreness, redness or swelling where the shot was given. Severe side effects are very rare.

Vaccines are one of the safest ways to protect your health. However, if you are pregnant or have a weakened immune system talk with your doctor before being vaccinated, as some vaccines may not be recommended for you.

How do you know which vaccines you need?

Talk to your healthcare professional about which vaccines are right for you. The specific vaccines recommended for adults may depend on factors such as age, health conditions, lifestyle and risk factors and travel plans. The current recommended schedules are available at:
http://www.immunyze.org/patients-adult-vaccinations/

The following adult vaccines can protect you during your adult life. It is important to discuss your medical history, childhood vaccines and certain medical conditions with your doctor.

- **Seasonal Flu:** All adults should receive the flu vaccine every year.
- **Tetanus, Diphtheria and Pertussis:** The Td vaccine is a combination of tetanus and diphtheria. All adults should receive a Td booster every 10 years or after a severe or dirty wound or burn. The Tdap vaccine combines tetanus, diphtheria and pertussis. Pertussis is also known as whooping cough. Pregnant women should receive the Tdap vaccine between 27 and 36 weeks in each of their pregnancies to pass immunity to their child. Adults may also receive the Tdap booster. This is important to protect babies and young children, such as grandchildren, nieces and nephews, and neighbors, from pertussis.
- **Varicella Zoster Virus:** Also known as shingles. If you had chickenpox you are at risk for developing shingles. The zoster vaccine is recommended for adults aged 60 years and older.
- **Pneumococcal Pneumonia:** PCV13 and PPSV23: There are two vaccines currently recommended depending on your vaccine history, age and medical conditions. Please consult with your doctor to determine which vaccines you need and when you need them.

(See *ImmuNYze for Life* on page 11)

ImmuNYze for Life ... (Continued from page 10)

- **Human Papilloma Virus (HPV):** The HPV vaccine is recommended for women through age 26 and for men through age 21. Immunocompromised (including those HIV positive) and men who have sex with men (MSM) can receive the vaccine through age 26.

Were you vaccinated as a child?

Some adults may not have received all of their childhood vaccines. Talk to your doctor or health care provider if you are unsure about your immunization history. You may need the following vaccinations:

- **Measles, Mumps and Rubella:** The MMR vaccine is recommended for individuals who do not have any documentation of vaccination or laboratory blood work confirming immunity.
- **Varicella:** Also known as chickenpox. The chickenpox vaccine is recommended for adults who were not previously vaccinated and do not have any documentation of vaccination or laboratory blood work confirming immunity.
- **Meningococcal:** The meningitis vaccine is highly recommended for college aged students, military personnel, those with damaged or removed spleens, terminal complement pathway deficiency and international travelers.
- **Hepatitis A:** This hepatitis A vaccine is recommended for adults who live in communities with high rates of hepatitis A, use street drugs, are international travelers, have long-term liver disease and men who have sex with men (MSM).
- **Hepatitis B:** The hepatitis B vaccine is recommended for adults who were not previously vaccinated and do not have any documentation of vaccination or laboratory blood work confirming immunity.
- **Haemophilus influenzae type b (Hib):** The Hib vaccine might be given to adults before surgery to remove the spleen, following a bone marrow transplant or for those with sickle cell disease or HIV/AIDS.

Keeping a record of your vaccines

The New York State Immunization Information System, (NYSIIS) is a free, web-based statewide immunization registry. NYSIIS collects and stores immunization records of all New Yorkers. NYSIIS offers you a complete, accurate, secure, real-time immunization record that is easily accessible by any of your health care providers. Immunizations administered to adults 19 and older may be included in NYSIIS – with your consent. Ask your health care provider to make sure all your vaccine information is documented in NYSIIS.

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Preparing For Life's Transitions When Dementia Is Involved

Reprint from: A VOICE for Dementia Newsletter

There are several predictable transitions in the course of dementia and care is often provided by friends or family members in the earlier stages. When someone enters later stages, more support and care is needed, and additional personnel, resources and even a change in location of care may be needed. These changes frequently involve a move to one or more care settings. One transition that can cause a tremendous amount of distress and conflict is when and how to restrict driving. This is such a hot button topic that it is being addressed as a separate article. Other important transitions for those living with dementia and their families and/or care partners include the initial **diagnosis of dementia, advanced planning for financial concerns and healthcare considerations, cooking cessation, changes in where and how care is delivered** and **preparing for end of life and life after loss.**

Dementia Diagnosis: Why is seeking a diagnosis important?

An accurate diagnoses is important in order to rule out other conditions that may have similar symptoms and may be treatable. There are three major categories of possible mistaken identities:

1. **Mental health and emotional health problems –** examples: depression, anxiety, social isolation, grief and loss related to people, animals, places or health
2. **Physiological health problems –** examples: undiagnosed or poorly managed health problems (hypothyroidism, diabetes, hypertension, Chronic Obstructive Pulmonary Disease (COPD), auto-immune conditions, drug or alcohol addiction, medication toxicity, interactions or side-effects, mineral or vitamin deficiency or toxicity, sleep apnea, various infections, organ system issues and dehydration
3. **Sensory changes –** examples: loss of vision, loss of hearing, peripheral neuropathies, tremors, vestibular problems, reduced senses of smell or taste

An accurate diagnosis can provide the person or their support system with an explanation for their symptoms, removing uncertainty and allowing them to begin to adjust to their situation, seek treatment, seek legal/financial support and plan for the future.

In seeking a diagnosis, the first step is to consult with the person and their primary care provider. If the individual is unaware of the changes and is not willing to share your concern with the provider, it would be important to consider three things:

1. With HIPAA/medical information privacy guidelines, you can offer information to the care provider, however, the care provider can offer nothing back.
2. Who is the person's designated durable surrogate for health care? If there is not someone appointed, that may be the first step to consider taking. If there is someone appointed, voicing your observations and concerns to that person might be an initial action.
3. How you offer your concerns could impact your relationship with both the provider and the person for whom you are concerned. Consider trying to be objective and consider the value of a private conversation.

(*Continued*)

Evaluating someone for dementia involves four key elements:

1. Medical and Family History

Current recommendations for dementia screening involve seeking information from those familiar with the person's lifetime patterns and current abilities and behaviors, as well as seeking the same information from the person in separate interviews. The goal is to obtain a complete medical and family history, including psychiatric history and history of cognitive and behavioral changes. Ideally, a family member or other close informant will provide input. The person's ability to accurately notice changes in ability vary greatly due to both personal characteristics and the types or forms of dementia.

2. Mental Status Testing

A brief cognitive screening tool, in combination with the rest of the elements, may be sufficient to suggest a diagnosis of dementia. There are a variety of tools available. In 2003 and then again in 2014 the U.S. Preventive Services Task Force (USPSTF) reviewed existing data and studies on screening recommendations for dementia. This report indicated that the Mini Mental State Exam (MMSE), one of most familiar and popular tools, is not highly accurate and is more closely correlated to age, socio-economic status and educational level than as an accurate predictor of the

(*Continued*)

When Is It No Longer Safe to Cook?

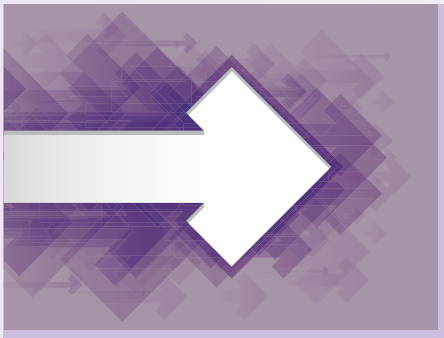
The ability to safely and successfully prepare one's own meals can be affected early for some individuals and much later for others. Much depends on the setting, the person's history, the type of dementia and the presence of other people to prompt or cue. Screening options for ability and monitoring for continued safe performance is similar to those found with driving. Many people's ability to adequately and safely shop, prepare and store food is assumed, and not assessed. This can and does result in emergency room visits due to food poisoning, scalding and burns, weight loss or gain and worsening health problems.

Because many people do not think about the risk of fires and electrocution, there is tendency to only focus on safe driving. However, preparing one's own meals can also be a challenge to address. Seeking an assessment from a skilled therapist can help with environmental, task or support alterations that can foster continued active participation without robbing the person of the retained abilities that are still possible. Meal preparation and lack of ability to determine what should be eaten and when it should be eaten can become a major determinant in seeking an alternate setting or care support system.

Families and supporters will want to become familiar with alternatives and options. Home delivered meals, nutritional sites, community center meals, pre-packaged meals and self-locking or automatic turn-off appliances can also play a role in many situations.

Here are some resources to consider:

- **CNN Article – Smart Home**
- **Kitchen Safety Concerns – agingcare.com**
- **Safety at Home – alz.org**
- **Five Tips to Make the Kitchen Safer – caring.com**



When is it Necessary to Change Care Settings?

There are three major factors to consider when you're wondering if it's time to bring in help or seek other living solutions.

1. Safety

2. Ability

3. Engagement

Safety: Primary issue – Does the person's ability to judge risk and ability match previous skills & are you comfortable with it?

- How safe is the person where they are? Physically? Cognitively? Emotionally? Socially? Spiritually?
- Do they still have good judgment? Have they shown changes over time in this area?
- Do the challenges of being where and how they are match abilities and interests? What's new?
- Is the set-up and environment secure enough and stable enough for them at this point in time?
- What appliances, equipment, or tasks are risky? Are there supports in place and plans to monitor?
- Have you checked in with other sources and people to verify and validate your beliefs and feelings?

Ability: Primary issue – Does the person still have the physical, cognitive, social, and emotional capacity to stay where and how they are?

- Are their balance, coordination, strength, endurance and motor control skills adequate for demands?
- Are their vision, hearing, sense of touch, pain awareness/responses OK for what is needed in the setting?
- Are there still people available who the person connects to and spends time with? Is the time productive?

Engagement: Primary issue – Does the person DO things, not just talk about doing it? Is their support system in place to keep it going?

- Is the person still able to go where they want to go, have fun, feel valued and productive, meet spiritual needs, have social contact and fill their time?
- Is the person able to use systems that exist to DO what they need to do and want to do? Has this changed over time?
- Is the support system becoming stressed with supporting this person?

2. Mental Status Testing (continued)

presence of dementia versus a delirium or emotional health problem. Currently, a variety of tools are available and are used. All are still limited in their evidence base, however, they are typically viewed as less time consuming and more clinically useful than the MMSE. They are also less expensive and less time consuming than a full neurocognitive evaluation, which can last more than three hours.

It's important to be aware of some of the most commonly used tools. Please keep in mind that there may be training criteria or specific guidelines on when and how they are used, as well as who administers them. Several examples of these guidelines are: Clock Drawing Test, Mini-Cog Test, Memory Impairment Screen, Abbreviated Mental Test, Short Portable Mental Status Questionnaire, Free and Cued Selective Reminding Test, 7-Minute Screen, Telephone Interview for Cognitive Status, and Informant Questionnaire on Cognitive Decline in the Elderly. Other tools include the Self-Administered Gero-cognitive Evaluation (SAGE) and the St. Louis University Mental Status test (SLUMS).

Montreal Cognitive Assessment Test (MOCA): A recent alternative to the MMSE is the MOCA test, developed under the auspices of the Canadian Institutes for Health Research and others. MOCA is distributed free for clinical or educational use.

There are also tools being developed and tested that allow for self-administration. This option may be useful to both encourage the individual to actively participate in the process as well as offer a comparison of at home versus office performance. In all cases the greatest challenge is typically that there is not a baseline measure of ability available for ready comparison and at this time the only time most individuals are screened is when the symptoms are already marked.

Geriatric depression is widespread and older adults with depression often report problems with memory. Some studies have found that a subjective sense of memory loss may be more closely linked to depression than to dementia. Many experts recommend that a standard workup for cognitive problems include screening for depression. Additionally, the Geriatric Depression Scale Short Form is a widely used screening tool that's recommended.

(*Continued*)

Advance Planning; Financial and Healthcare

Planning for the future is important, especially when it involves someone living with dementia. The sooner planning starts, the more the person with dementia may be able to participate. Legal planning includes making plans for:

- **Health care and long-term care**
- **Finances and property**
- **Naming another person to make decisions on behalf of the person with dementia**

For more information, tips and resources visit **alz.org – planning ahead**.

3. Physical and Neurological Exam

The physical and neurological exam should focus on ruling out medical illnesses other than dementia that can cause cognitive decline. It should also identify diabetes and cardiovascular risk factors that are associated with Alzheimer's and vascular dementia, as well as other forms of dementia.

4. Laboratory Tests

The American Academy of Neurology recommends specific laboratory assessments for the evaluation of dementia. Depending on the outcome, you may be referred to a Geriatrician and/or a Neurologist for additional support and/or testing.

- **What is a Geriatrician?** These are physicians who specialize in physical illnesses and disabilities associated with aging and in the care of older people. If the person being assessed has multiple health concerns or is frail or in poor general health, they may be referred to one of these specialists to see whether their symptoms are due to a chronic or treatable illness. It is also possible that both dementia and health problems exist. This type of physician can offer support with both types of care.
- **What is a Neurologist?** These are physicians who specialize in diseases of the brain and nervous system. Some neurologists have particular experience in diagnosing dementia. They tend to see younger people and those with less common types of dementia.

Assessments may take place in the home, in an outpatient's department at a hospital, in a day hospital over several weeks or, very occasionally, while the person stays in the hospital as an inpatient. The specialist will carry out their assessment via the following steps:

- **Taking a history –** As with the General Practitioner (GP), the specialist will talk to the person being assessed and those close to them.
- **Physical examinations and tests –** A physical examination and/or tests will be undertaken, if they have not already been carried out by the GP. In many cases the blood tests will already have been done before referral.
- **Tests of mental abilities –** The person will have a more detailed assessment of memory and other thinking processes. This assessment consists of a range of pen-and-paper tests and questions. These will test things like memory, orientation, language and visuospatial skills (ex: copying shapes). These tests can be very good at helping to determine the type of problem a person may have, particularly in the early stages. The assessment can also be used as a baseline to measure any changes over time, which can help with making a diagnosis. The test is often given by a trained professional such as a mental health nurse or occupational therapist. In more complicated cases the person will be assessed by a clinical psychologist or neuropsychologist (professionals whose specialty includes the diagnosis of mental health problems).

(*Continued*)

- **Scans –** The person might be sent for a brain scan. Depending on where they live, this may involve a wait of several weeks. There are several types of brain scan:
  - CT (computerized tomography), CAT (computerized axial tomography) and MRI (magnetic resonance imaging) scans are widely used. They all show structural changes to brain tissue.
  - SPECT (single photon emission computerized tomography) and PET (positron emission tomography) scans are less widely used. They show changes in brain activity.

CT and MRI scans can identify conditions with similar symptoms to dementia such as a brain bleed, tumor, or build-up of fluid inside the brain. If the person has dementia, these scans may show that the brain has shrunk in certain areas. An MRI in particular may also show changes caused by diseased blood vessels in the brain, indicating stroke or possible vascular dementia. A scan showing no unexpected changes in the brain does not rule out conditions such as Alzheimers disease. This is because in the early stages of the disease the changes can be difficult to distinguish from those seen in normal ageing.

SPECT and other more specialized scans can show areas where brain activity (blood flow or metabolism) is reduced. These scans are mostly used if the diagnosis of dementia type is still unclear after a CT or MRI scan.

To make the diagnosis, the consultant will bring together all the information from the history, symptoms, physical exam, tests, and any scans. The combined picture will often allow a diagnosis to be made. If the diagnosis is dementia, the consultant should also be able to determine the type. In some cases the consultant may diagnose mild cognitive impairment rather than dementia, especially if the symptoms are mild or could indicate depression. Mild cognitive impairment is when the person has problems with memory or thinking but these are not severe enough to be diagnosed as dementia. The specialist may then discharge the person back to their GP and ask the GP to re-refer them if they are significantly worse after a further six–12 months. Sometimes the brain scan will not show any significant changes and a further scan is arranged.

Preparing for End of Life

Because the end of life is hard to predict, it is best to plan ahead. You might want to start by asking yourself or a loved one, "What is the best way to plan for the end of life?" The answer will differ from person to person. Some people want to spend their final days at home, surrounded by family and friends. Others may prefer to be alone or to be in a hospital receiving treatments for an illness until the very end. The answer may also change over time -- the person who wanted everything possible done to prolong life may decide to change focus to comfort. Someone else who originally declined treatment may agree to an experimental therapy that may benefit future patients with the same condition.

No matter how a person chooses to approach the end of their life, there are some common hopes – nearly everyone says they do not want to die in pain or to lose their dignity. Planning for end of life care, also known as advance care planning, can help ensure such hopes are fulfilled. To learn more about advance care planning, see NIH Senior Health – Planning for Care.

A VOICE for Dementia (September 2016) newsletter is reproduced with permission from Positive Approach, LLC.

Sources:
- *Alzheimers UK – Dementia Diagnosis*
- *ALZ Association – Essentials of a Diagnostic Workup*
- *NIH Senior Health – Planning for Care*
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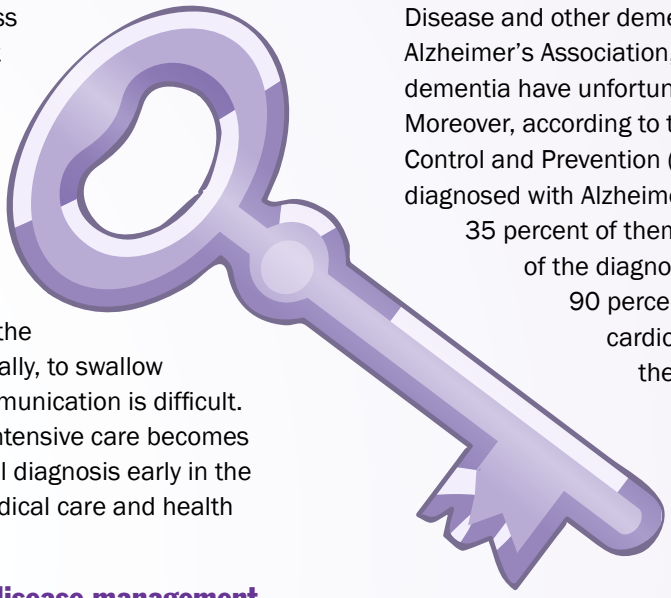
Early Detection and Diagnosis of Alzheimer's and Dementia are Key to Managing the Disease

By: The Coalition of NYS Alzheimer's Association Chapters

Alzheimer's is a degenerative disease that gradually destroys brain cells and is ultimately fatal.



In the mild stage, memory loss and confusion begin to affect people's everyday activities. In the moderate and severe stages, the progressive destruction of nerve cells not only causes memory failure but also changes behavior and personality. Physical abilities – including the ability to walk, sit and eventually, to swallow – become impaired and communication is difficult. Ultimately, round-the-clock, intensive care becomes necessary. Receiving a formal diagnosis early in the disease enables the best medical care and health outcomes.

Early diagnosis = better disease management

Even without a way to cure or slow the progression of Alzheimer's, early diagnosis provides individuals and their caregivers with access to available treatments and support services and the opportunity to enroll in clinical trials. The care team can better manage co-occurring conditions and reduce the risk for falls and injuries. Better management may also lessen secondary disorders and enhance quality of life. Individuals with an early diagnosis can also create advance directives for their care and finances.

In the dark

Early detection and diagnosis – a core public health service – are essential to protecting the wellbeing and safety of people with Alzheimer's Disease and other dementias. According to the Alzheimer's Association, as many as half of people with dementia have unfortunately never received a diagnosis. Moreover, according to the Centers for Disease Control and Prevention (CDC), of those who have been diagnosed with Alzheimer's or another dementia, only 35 percent of them or their caregivers are aware of the diagnosis. In contrast, more than 90 percent of seniors with cancer or cardiovascular disease have been told their diagnosis.

What can facility staff do to help?

Early detection and diagnosis are part of the public health response to Alzheimer's Disease. Facility staff can take three basic steps to help individuals discuss memory problems with their health care providers.

- Educate yourselves on the 10 warning signs of Alzheimer's – the Alzheimer's Association has free brochures and educational training sessions.
- Build public awareness about the warning signs of dementia and promote the benefits of early diagnosis at your facility, such as distributing the 10 Warning Signs brochure for residents and families.
- Be on the front line of referring residents to their physician if you notice anything unusual.

For more information on dementia, early diagnosis or care planning, please contact the Alzheimer's Association at 800-272-3900 or www.alz.org.

Helping Dementia Residents Remain In The Most Appropriate Setting

By: Coalition of NYS Alzheimer's Association Chapters

Those in the world of long term care facilities know that not only is it the law (Olmstead v. L. C., 1999), it's best practice for residents to be in the least restrictive environment that's required for their medical conditions. It keeps people happier, healthier and more responsive.

Many individuals with dementia successfully reside in assisted living residences for many years, where they receive support in a generally secure space. Unfortunately, some spend the bulk of their resources during their tenure and become unable to afford the private-pay assisted living rate.

Sometimes, facilities are able to keep them right where they are. However, more often than not, these residents must go on Medicaid and find a new residence that accepts Medicaid, unless the facility has operational and available Assisted Living Program (ALP) Medicaid-eligible beds. This results in a move, usually to a skilled nursing facility – even though they may not medically require that level of care. This option is contrary to long-standing best practices to keep people with dementia in a familiar, less restrictive setting.

Creative ideas for retention

Various states, including New York, are brainstorming ways for people with dementia who aren't yet ready for nursing homes to remain in assisted living. Some ideas include:

Offering state-funded voucher payments to these private-payers to avoid premature discharge. The state would support the difference in what the resident is able to pay vs. facility fees to keep people with dementia in the best place for them.

Following the home- and community-based guidelines for residential living outlined in the *Creating a Dementia-friendly Memory Care Facility* article on page 28 in this issue. Understanding the behavior of those with dementia and making their living situation as familiar and home-like as possible could help retain residents longer in less restrictive settings.

Establishing facility scholarship funds to help residents who are no longer able to afford the facility's full rate.

The Coalition of NYS Alzheimer's Association Chapters is the leading statewide organization advocating for all New Yorkers affected by Alzheimer's and dementia. The Coalition is actively researching funding options for those with dementia in assisted living to ensure this population remains in the most appropriate setting to avoid unnecessary, disruptive changes. *For further discussion on this matter, please call the Coalition at 518.867.4999, ext. 208.* HOPE

Memory Support: One Community's Journey to Innovative Care

The future of memory support services is here. Studies have outlined the benefits, and forward-thinking providers are integrating novel approaches into residents' everyday lives. A variety of factors impact the decision to move forward with offering such services – space, training and costs to name a few – and the planning and implementation of these programs does not happen overnight. The one driving factor where all long-term providers agree: A better world is available for those living with dementia.

That was the motivation for Peconic Landing, a Continuing Care Retirement Community on the East End of Long Island. The community recently opened a state-of-the-art memory support neighborhood known as Harbor South. Now, more than eight months after welcoming its first "neighbor," the community has some encouraging results to share, and a poignant story of its journey to this point. It's an effort that started nearly eight years ago.

A Growing Need

"Ultimately, we knew we could do better for the people we serve," said Gregory J. Garrett, Peconic Landing's executive vice president and administrator of health services. "The number of individuals living with dementia is growing exponentially, and there was a need that we didn't believe was being met the way it should be."

During this time, the community was providing dementia care services in its long-term skilled nursing center, a standard for much of the industry during this period.

"We provided specialized training and brought in outside consultants to train our team on dementia care," Garrett said. "But it's difficult to maintain that momentum with a team that is caring for a diverse senior population."

By providing all levels of care within its health center, Garrett said there was a clear segment of residents living with dementia – those who had surpassed early onset but hadn't progressed to the advanced stages – which was in need of another setting.

This challenge, he said, made it clear the organization must look to alternative care options to better provide for these members.

Peconic Landing President and CEO, Robert J. Syron, said community leadership began researching and visiting care centers throughout the country known to be providing innovative types of care.

(*Continued*)

Memory Support: *(Continued)*

"The results we witnessed were inspiring. We saw individuals living active and rewarding lives, enjoying moments of clarity and purpose. We knew we needed to bring these standards to our community, and we needed to do it as soon as possible," he said. "But to do this, we needed the backing of our community that such a sizeable investment was warranted."

Unique to CCRCs, and important to Peconic Landing, is involving members as active participants when advocating for expanded care services. As members of a cooperative, their support was key, Syron explained.

"We have long-term relationships with our members, as they join us independently before they are in need of care," said Syron. "It's motivating to know we have the opportunity to change lives for the better; we just have to show them how."

What happened next was a cultural shift within the community itself, spearheaded by leadership, to educate members on the future of memory support and the quality of care they deserved.

The Paradigm Shift

With financing the costs of bricks and mortar in flux, community leadership focused on a more attainable goal for the present: Changing the way the community talked about and perceived its members living with dementia.

"The very first thing we did was create a philosophy which emphasized living instead of the care. It is a focus on the person and their abilities, as opposed to the diagnosis and their deficits," said Jennifer Ackroyd, assisted living administrator at Peconic Landing. Ackroyd helped open the community's memory support center, training providers and helping to design person-centered programming to help members successfully transition to their new home.

(*Continued*)

"It's motivating to know we have the opportunity to change lives for the better; we just have to show them (members) how."

— Robert J. Syron, president and CEO, Peconic Landing

"The very first thing we did was create a philosophy which emphasized living instead of the care."

— Jennifer Ackroyd, assisted living administrator, Peconic Landing

"So much of creating purpose for individuals living with dementia is being able to focus on their abilities and allowing them to do the things they can," she said. "By changing the way we think about these individuals and the diagnosis itself, members from the independent side of our community could see the life still meant to be enjoyed by these members and their families."

The cultural shift included presentations about the benefits of expanded care options, and it was reinforced by striking negative clinical terms surrounding the diagnosis – including demented, suffering, and unit – from the vocabulary. Instead, the community focused on the many positives a new neighborhood home could bring to the lives of those living with dementia.

As hope for the future of dementia care began to spread throughout the community, leadership weighed community buy-in with a survey in 2013 about the types of care they wanted to see in the future.

"There was an overwhelming response, and it was exactly the response we wanted. Our community was aligned with the vision of leadership," said Syron.

Survey results show that 90 percent of the community felt it was "important" or "very important" to provide members with a new memory support neighborhood, with 76 percent interested in learning more about dementia and cognitive care.

"The results showed that community members wanted specialty services in memory support in a less restrictive setting, allowing for greater quality of life," said Garrett. "We were elated by the response and possibility of what was to come."

While some organizations provide memory services at a skilled nursing level, Peconic Landing believed the assisted living level would allow for more freedom in programming, benefiting the targeted segment of residents living with dementia, all the while providing cost savings in care.

(*Continued*)

Memory Support: *(Continued)*

Building a Design with Purpose

In 2014, the community received the necessary approvals to move forward in creating a new state-of-the-art memory support center, breaking ground on the project as part of a community-wide expansion that September.

The result was a 12,000 square foot, $9 million memory support neighborhood which opened in May 2016. It provides private accommodation for 16 residents living with dementia, including Alzheimer's. The neighborhood features a "Great Room" with a community kitchen and living room. A sunroom offers space for group activities, and a library offers privacy for family visits and individuals hoping to learn more about dementia care.

The highlight of the community is an outdoor discovery garden complete with rocking chairs, a waterfall and sun swing, and even a garden featuring tactile plants cared for by the members themselves.

"The floor plan features a continuous design, so individuals can always move on to the next destination, whether it be a garden, library or sunroom, never reaching a dead end, so to speak," said Garrett. "It was specifically designed to help our members find a sense of purpose, offering multiple places for comfort and interaction with staff and friends."

Understanding the value of partnering with specialists, the community engaged experts in the industry to help guide it through the build to implementing care. It also sought out a training partner to help prepare its team for a lifestyle yet to come.

"We identified a partner who had a similar philosophy, Dementia Care Specialists. We felt that since they had the training and supports we needed, it was in our best interest to work with them," Garrett said. "It was a key partnership designed to make Peconic Landing self-sufficient in the end."

Syron said he believes the success of the program is dependent on the commitment and passion of the care team, and the ability to show the members who would be living there that the new neighborhood was truly their "home." Starting with leadership and moving down the line, the community ensured all active participants of the neighborhood received the proper training.

"We took what's known as the 'Train the Trainer' program, giving us the foundational skills needed to prepare our team for interacting and assisting those living with dementia," said Ackroyd. "The care team is key to any successful memory support program, and this gave us the knowledge needed to keep the philosophy and culture of the neighborhood moving forward."

(*Continued*)

The Results So Far

Eight months after welcoming the first "neighbor" to Harbor South, the community has reason to celebrate. Residents are now fully engaged in life, making new friends and participating in meaningful activities, everything from enjoying family dinners and making home cooked meals, to participating in crafts and games with friends and staff.

"By tailoring the types of offerings to what's personally meaningful to each member, engagement has doubled and even tripled for some individuals," said Ackroyd. "We have one notable resident who didn't enjoy leaving his room while in the health center, he now participates in more than 130 events and activities a month. It's incredible to see these members enjoying a vibrant life again."

Peconic Landing has made a commitment to work toward decreasing the need for antipsychotic medications for members.

"Since opening, we have eliminated the use of antipsychotics without negative effect, with one member's cognition score actually improving due to the changes," said Garrett. "Seven out of eleven members showed a marked increase in cognition scores overall, with one remaining at baseline."

They have also seen physical changes in the members as well, with strengthened mobility eliminating the need for one individual's walker and physical therapy for two other members, Garrett said.

"After seeing these unbelievable changes in our members, we know that this is the future for individuals living with dementia," said Syron. "It is our job as providers to ensure individuals have access to the best quality care possible, and we are committed to helping others access these unique types of services."

HOPE

"Since opening, we have eliminated the use of antipsychotics without negative effect...Seven out of eleven members showed a marked increase in cognition scores overall..."

— Gregory J. Garrett, executive vice president and administrator of health services
Peconic Landing

Caring for Dementia Patients at End of Life

By: Hospice & Palliative Care Association of New York State (HPCANYS)

There are more than five million Americans living with Alzheimer's Disease and it is the sixth leading cause of death in this country. In fact, in 2014, 14.8 percent of patients admitted to hospice had a primary diagnosis of dementia. Dementia is defined as a group of disorders involving mental decline that typically interferes with activities of daily living and affects at least one core mental function, such as memory, language, visuospatial or executive functioning; Alzheimer's disease accounts for 70% of all dementias.

Being a caregiver for someone with Alzheimer's requires flexibility and patience. It can require making changes in everyone's lifestyles in ways that they don't like and can't imagine. As the abilities of a person with Alzheimer's change and functioning independently becomes more difficult, caregivers take on greater responsibility. Sadly, Alzheimer's only gets worse. There will be good days and bad days, but the bad days will get worse and the good days will become more and more rare.

While it is important for everyone to plan for the future, it is especially critical for those with an Alzheimer's diagnosis to consider advance care planning. Early planning allows the person with dementia to be involved and express his or her wishes for future care and decisions. This eliminates guesswork for families, and allows for the person with dementia to designate decision makers on his or her behalf. In addition to sharing the patient's wishes with family, advance directives should also be discussed with doctors and other health care providers to ensure they're aware of their patient's wishes.

People with cognitive impairment may require both drug treatment and other types of support. The National Institute on Aging supports a team approach integrating the services of physicians, nurses, other health care professionals, social workers and community organizations. This approach may improve medical and behavioral outcomes for both the patient and caregiver.

The advanced stages of Alzheimer's disease last on average between 1.5 and 2 years, but for 20 to 30 percent of patients, the disease can manifest symptoms for as long as 15 years.

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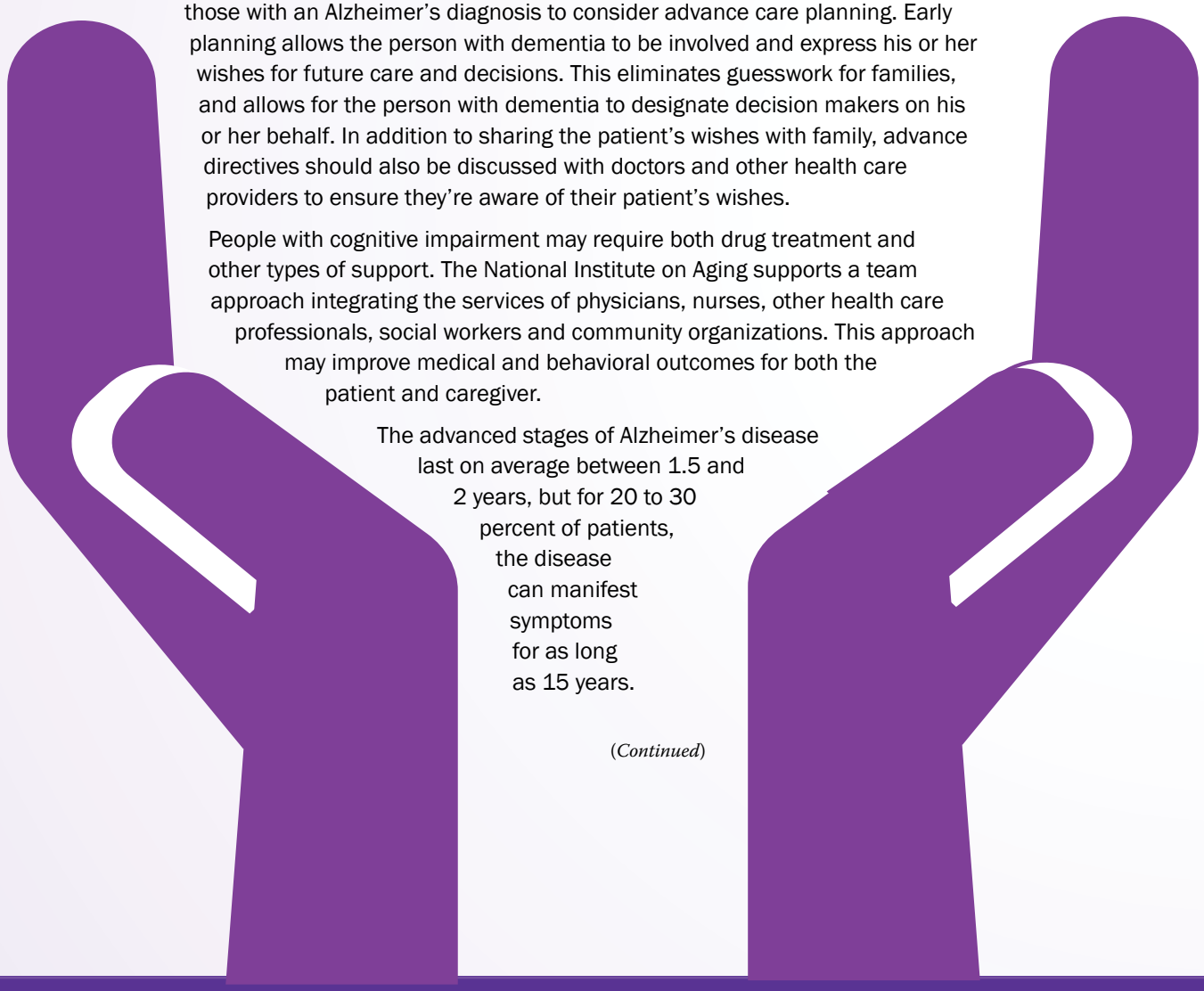

During the late stages of Alzheimer's disease, the patient generally loses the ability to walk, speak and even swallow. At this point in the disease progression, the role of caregiver can shift to focus on preserving quality of life and the dignity of the individual. Since care needs are extensive during the late stages of the disease, this may mean moving the individual into a skilled nursing facility where intensive, around the clock care can be provided. Additionally, because these patients are by and large elderly, they may suffer from one or more complicating conditions. Approximately 80 percent of all people with Alzheimer's disease live in a nursing home.

Nursing homes choose differing strategies for meeting their residents' end of life needs. Many U.S. nursing homes have chosen to partner with hospice programs to help them address the end of life palliative care needs of their residents and their families. Hospice includes an interdisciplinary team, such as that recommended by NIA, comprised of physician, nurse, social worker, home health aide, spiritual counselor and trained volunteers. They work together to address the physical, emotional and spiritual care of the person as well as the family. Family members of nursing home residents have noted improvements in care after hospice admission, such as fewer hospitalizations and lower levels of pain and other symptoms, as well as enhanced quality of life.

Even in the last stages, patients with Alzheimer's disease communicate discomfort and pain. Pain and suffering cannot always be totally eliminated, but the hospice team can help make the patient comfortable.

Managing pain and discomfort for a patient with late-stage Alzheimer's disease requires careful monitoring and reassessment of subtle nonverbal signals. Slight behavioral changes can signal unmet needs. The hospice team, from the physicians to the volunteers, are experts in recognizing symptoms of distress and experiences in both pharmacological and non-pharmacological interventions to manage pain. The soothing properties of touch, massage, music, fragrance and a loving voice can help ease distress. Hospice team members can utilize a variety of techniques, traditional and non-traditional, to keep the patient comfortable.

The impending death of a family member is an emotional time for everyone and hospice professionals are there to provide support for the family during the very last stages of the disease. They also provide bereavement support for up to 13 months after the patient's death. This is because the families may

(*Continued*)

Caring for Dementia Patients at End of Life *(Continued)*

find that they need bereavement support up to and through the one year anniversary of their loved one's death.

Bereavement counselors can make recommendations of various local support systems throughout the community, a resource that caregivers may not realize is available to them. Whether it is through direct conversations, support groups or various remembrance ceremonies, hospice professionals can help caregivers connect with the support system that's right for them.

Caregiving for a friend or relative with dementia can be overwhelming. Memories of how a loved one used to be and the stress of the current demands placed on the caregiver may make the caregiver feel sad, angry or guilty. Caregiving can be socially isolating as well as mentally and emotionally stressful. People often feel intensely uncomfortable talking about death and dying and this is further intensified if the loved one is suffering from Alzheimer's. The anxiety this causes may mean that the caregiver is avoided - further increasing the feeling of isolation. Well-meaning friends and acquaintances may also avoid conversation about the patient to "protect" their friend from further pain, or may inadvertently say insensitive things.

Ironically, the extended journey of a disease such as Alzheimer's gives families the gift of preparing for, and finding meaning in, their loved one's end of life. When death is slow and gradual, many caregivers are able to prepare for its intangible aspects, and to support their loved one through the unknown. Even with years of grief, others find themselves unprepared and surprised when death is imminent.

Talking with family and friends, consulting hospice services, bereavement experts and spiritual advisors can help caregivers work through these feelings and focus on the loved one. Hospice and palliative care specialists and trained volunteers are able to assist not only the dying person, but also caregivers and family members.

Caring for a loved one with Alzheimer's disease is a long and difficult road. Even with years of experience, caregivers often find the last stages of life uniquely challenging. A hospice team working either in a private home or nursing home setting, can provide medical, emotional and spiritual support according to the wishes and beliefs of the patient. They also offer emotional support to the patient's family, caregivers, and loved ones, including grief counseling.

Creating a Dementia-Friendly Memory Care Facility

By: The Coalition of NYS Alzheimer's Association Chapters

People with dementia often have trouble making sense of the world around them. The environment (physical, social and cultural) and design features of a care facility should support the functions of people with Alzheimer's, accommodate behavioral changes, maximize abilities, promote safety and encourage independence.

Maximize awareness and orientation

Dementia often creates confusion with respect to time and place, particularly in unfamiliar settings.

- Keep signs simple and place at eye level (48 to 52 inches from the floor; lower if there are many wheelchair users).
- Use bright contrasting colors to distinguish furniture from the floor/rug.
- Personalize room entry to make it more relevant and understandable to the residents (e.g., hang favorite photos or small mementos on the bedroom door).
- Create a regular schedule by doing an activity in the same place, at the same time of the day.
- Create purpose-specific rooms so residents always know what to expect when they enter.
- Make key destinations, such as the dining room, bathroom and living rooms, easily visible.

Ensure safety and security

Each care setting should consider safety versus allowing and encouraging resident autonomy and person-centered care. Please consult the recent rules from the Centers for Medicare and Medicaid Services (CMS) on home and community-based services regarding wandering/unauthorized exiting, and reflect on the following:

Understand reasons for exit-seeking behavior

- It may simply be an attempt to have a pleasant walk, to get outside or to get some exercise.
- It may be motivated by unmet needs that the person can't communicate, such as the need for human interaction or hunger or pain.
- It may be related to patterns of daily routines that were disrupted by the move to a facility.
- It may be an attempt to express distress at aspects of the environment, such as noise, boredom, other residents or staff members.

Consider security issues

- Exits that lead to unprotected areas should be easily monitored or protected with some kind of alarm.

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Creating a Dementia-Friendly Memory Care Facility *(Continued)*

- Decrease visibility of doors that residents should not use, such as utility rooms or staff spaces. If possible, have exit doors not intended for resident use situated parallel to the hallway so they are less visible, rather than at the end of the hallway.

Provide appropriate physical support

- Install handrails (or a ledge to lean on) in the hallways and grab-bars in the bathrooms.
- Minimize obstacles in hallways.
- Make sure floors are not slippery.
- Provide gradual transitions when changing flooring materials (hard surface to carpeting) to minimize falls, and provide handrails or other support in these areas.
- Minimize sharp color contrasts in flooring, and avoid borders and strong, busy patterns, which can be visually challenging to someone with dementia.
- Install motion detectors in rooms of residents prone to falls.

Adjust the amount of stimulation

People with dementia have a decreased ability to deal with multiple and competing stimuli and may be overwhelmed when there is too much activity. Rather than simply reducing all forms of stimulation, focus on minimizing those sources of stimulation that have a negative impact on residents. Care settings for people with dementia should provide positive, therapeutic stimuli.

Acoustic stimulation

- Eliminate overhead public address systems.
- Avoid playing music throughout the facility.
- Minimize noise from necessary institutional support systems, such as ice makers, carts and pill-crushers.
- Consider policies regarding caregiving staff talking loudly to each other.
- Regulate the amount of noise generated by group activities; activity rooms should have doors that can be closed or left open.

(*Continued*)

- Use sound-absorbing materials in public areas.
- Equip a few bedrooms with extra soundproofing for residents with disruptive vocalizations.
- Use pleasing sounds as cues (bird songs as residents are rising, or show tunes or hymns before meals).

Visual stimulation

- Minimize glare from windows and lights by using carpeting, low-gloss floor waxes and sheer curtains.
- Provide even lighting as much as possible; avoid pools of light and dark.
- Emphasize important signs that help orient the resident and minimize or eliminate unnecessary signs, such as signs noting the utility room.
- Vary design and décor in each room (bedrooms and shared areas) so the experience of one room is different from another.
- Position non-ambulatory residents so that they have interesting views – either a window looking out to a busy street or a view of an active area.

Some of the above design considerations may involve modifying an existing structure, making it difficult to implement them in your facility. However, finishes and fixtures can often be modified for little or no cost. It is important to recognize that the physical world does not exist in isolation, but interacts with the activity program, level of resident capability, staffing, constraints of budget and organizational policies and procedures.

The Alzheimer's Association is happy to confer with your facility and advise on these issues. Call the 24-hour Helpline at 800-272-3900 to speak to trained dementia experts and/or locate the nearest chapter. HOPE

Article citation: Designing a Care Facility on alz.org

ALZHEIMER'S AWARENESS

Know the 10 Warning Signs of Alzheimer's Disease

By: The Coalition of NYS Alzheimer's Association Chapters

Given that almost 400,000 people in New York State have Alzheimer's disease (AD), it's important for healthcare facility staff to be aware of the disease's warning signs. It may be hard to know the difference between age-related changes and the first signs of Alzheimer's. To help identify problems early, the Alzheimer's Association® has created a list of warning signs for Alzheimer's and other dementias. Individuals may experience one or more of these in different degrees.

1. Memory loss that disrupts daily life

One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events, asking for the same information over and over, and increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things that were handled independently. *What's a typical age-related change?* Sometimes forgetting names or appointments, but remembering them later.

2. Challenges in planning or solving problems

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. *What's a typical age-related change?* Making occasional errors when balancing a checkbook.

3. Difficulty completing familiar tasks at home, at work or at leisure

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, they may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. *What's a typical age-related change?* Occasionally needing help to use the settings on a microwave or to record a television show.

4. Confusion with time or place

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. *What's a typical age-related change?* Getting confused about the day of the week but figuring it out later.

5. Trouble understanding visual images and spatial relationships

For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving. *What's a typical age-related change?* Vision changes related to cataracts.

6. New problems with words in speaking or writing

People with AD may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue, or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock"). *What's a typical age-related change?* Sometimes having trouble finding the right word.

(*Continued*)

10 SIGNS

7. Misplacing things and losing the ability to retrace steps

A person with AD may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. *What's a typical age-related change?* Misplacing things from time to time and retracing steps to find them.

8. Decreased or poor judgment

People with Alzheimer's may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. *What's a typical age-related change?* Making a bad decision once in a while.

9. Withdrawal from work or social activities

A person with Alzheimer's disease may start to remove themselves from hobbies, social activities or work projects. They may have trouble keeping up with a favorite team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. *What's a typical age-related change?* Sometimes feeling weary of work, family and social obligations.

10. Changes in mood and personality

The mood and personalities of people with AD can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset when they are out of their comfort zone. *What's a typical age-related change?* Developing very specific ways of doing things and becoming irritable when a routine is disrupted. Note: Mood changes with age may also be a sign of other conditions. Consult a doctor if you observe changes. HOPE

If your residents are experiencing any of the 10 warning signs, please refer them to a doctor to determine the cause and connect them and their families with the Alzheimer's Association at 800-272-3900 or www.alz.org. Early diagnosis gives a chance to seek treatment and plan for the future.

Strategies to Communicate With Those With Dementia

By: The Coalition of NYS Alzheimer's Association Chapters

It might feel challenging to communicate with people at varying stages of Alzheimer's disease and other dementias. Keeping the following communication strategies in mind at any stage can help ease the task.

Respect and empathy are key

Remember that the essence of the person continues. Respect the person as the adult he or she is, and adjust your communication based on what is meaningful to the person today, regardless of the stage.

Join the person's reality to uncover the source of reactions and to connect

Keep in mind that behavior is a form of communication, and by seeing the world through his or her eyes, you can get clues about what the person is thinking and responding to. This connection also provides soothing and reassurance for the person with dementia.

Understand and accept what you can and cannot change

You cannot expect the person with the disease to behave as he or she might have in the past, with a reasonable response. If one of your communications isn't getting the desired response, focus on what you can change in your own behavior or words to alter the situation.

Focus on feelings, not facts

Responding to a person's feelings first can help avoid resistance, especially if the facts aren't adding up.

Try to decode the person's communications

The emotion behind the words or behavior being expressed is your most powerful tool when attempting to decode communication and connect with the person with dementia.

Recognize the effects of your own mood and actions

We all convey our moods through actions and tone of voice. People with dementia are sensitive to these moods and will often pick up and react to the feelings, sometimes causing feelings to escalate. Bringing self-awareness to each encounter can help mitigate conflicts.

Help meet the needs while soothing and calming the person

Provide what you can to meet the person's needs, remembering to help the person feel safe and content.

For more specific suggestions on how to directly respond to a person with dementia, the Alzheimer's Association offers various trainings for professional caregivers. Please call the 24-hour Helpline at 800-272-3900 or visit alz.org for more information on training options near you.

Professional Care Consultations Can Help at Various Stages of Dementia

By: The Coalition of NYS Alzheimer's Association Chapters

The Alzheimer's Association provides care consultations to those with dementia and their families – critical, in-depth, personalized meetings for those facing decisions and challenges pertaining to the diagnosis of Alzheimer's disease or a related dementia.

These consultations help people navigate the difficult decisions and uncertainties they might face at every stage of Alzheimer's, including educational, support and planning needs, and using community resources. Care consultants assess the needs of those involved and create action plans to address concerns. And although it's very helpful to have these discussions and assistance during the early stage of dementia, consultations can be beneficial for those in later stages who might be living in various types of residential facilities or for those participating in adult day programs.

Care consultants will guide the person with dementia and caregiver(s) through a discussion about the disease to ensure that the caregiver(s) and family understand dementia and caregiving issues, and help them with problem-solving techniques and coping strategies. Perhaps most importantly, consultants can provide emotional support that is at times desperately needed by those affected by Alzheimer's and dementia. The care consultants' tools include:

- Disease education.
- Familiarity with community resources.
- Assessment of caregiver stress.
- Support groups.
- Supportive interventions.
- Action step recommendations.

Please contact the Alzheimer's Association if you feel your resident(s) could benefit from a care consultation. Visit www.alz.org for more information, or call the Alzheimer's Association at 800-272-3900.

A care consultant will complete a thorough assessment and create an action plan with the family, if desired. They will explore, among other things:

- Past and current physical and mental health of the person with dementia and involved family.
- Disease stage and relevant symptoms/behaviors.
- Cultural values and beliefs.
- Family structure.
- Social supports.
- Financial resources.
- Legal issues, including power of attorney, guardianship, living will and advance directives.

After the assessment, the constituent/family and the care consultant can create specific and measurable goals to address the needs identified. The plan will enhance connections to community resources and support, and identify goals for the person with dementia and the caregiver. The action plan can be modified and adjusted as the family moves through different phases of the disease. HOPE

A Life Worth Living

by Janet T. Lijerón

An unexpected tear made its way slowly down her face.

As she reflects on aging, a 95 year-old widow, having recently given up her home, reveals her innermost thoughts and probes a thin skin syndrome as she comes to terms with her deafness and its affect on her as she navigates her way in an assisted living community. Her review of life in the 20th century signals how a strong New England work ethic and patriotic spirit have sustained her and she realizes, finally, that living longer means living life to its fullest potential.

She wiped it with the back of her hand.
She hadn't meant for it to be seen; she was proud.

If the little accident hadn't happened,
if she hadn't needed to use a walker, she'd have made it
from the dining room to the restroom in time.

Instead, ever so quietly, she told an aide her problem.
"Why didn't you tell me sooner? Here, I'll take you."
The reply couldn't have been louder if it had been shouted!

Did everyone in the dining room hear? It felt like it to her.
She knew she was hard of hearing
and probably people needed to speak loudly,
But isn't there a way to be more discreet? She wondered.

The aides are so young. What do they know about feelings?
In my day, communicating about private matters would have
meant going around the corner from prying eyes and ears.

She still smarted remembering her embarrassing moment.
She was thankful the aide quickly whisked her away
and kindly helped her cope with it.

She hadn't been in assisted living very long.
Maybe she needed to learn and understand the way of things.
If I could tell them how to talk to me, I would say this:
If you bend down to face me, I can understand.
I hear better if I watch lips move.

What happens to our feelings as we become older?
After a pause, she thought to herself: I think I know.
For one thing, we become thin-skinned.

Feelings are sharpened, sensitivity increases.
Words directed to us sometimes feel like criticism.
Does our inner world shrink?
What makes it this way?

Being rather deaf shuts me out of the loop.
I think I react differently than hearing-people
because I miss most of the conversation.
Hearing aids only help me a little bit.
If I don't know what's going on,
I begin to worry.

I think there might be something important to know
but words are spoken so fast, they just run together;
it's how television sounds – rat-a-tat-tat
I should remember, she rebuked herself,
that I'm made of stouter stuff.

Since I can recall, life was about being self-sustaining.
We tried not to have to ask for anything;
New England roots go deep.

My mother's favorite saying was:
Use it up, wear it out, make it do or do without.
My own household was built on those words.

I guess I'm just tired of following the old adage:
When the going gets tough, the tough get going.
I was born in 1921. I'm 95 and learned a few lessons in life!

Oh sure, we women were tough once.
But tough had a different meaning
for life back then.

Our toughness came from living through
the Big Depression;
incomes and jobs were either nonexistent or sorely limited.
My parents and I learned to barter.

We lived through hard times and harder times.
Women manned the home front as husbands
marched to World War II.
Our duty was to join the war effort in all ways possible.

Whatever cards we were dealt, well,
we played on the positive side.
We were proud and patriotic.
We believed in our country.

We thought we had fought the war of all wars.
Victory was tinged with heartbreak and loss.
It was unraveling to live through Korean,
Vietnam and Iraq wars.

In our realm of 20th century, many women had careers.
Once, home telephones were party lines
and dictaphones were "high technology"
for office secretaries.

Little by little, the simplicity in life slipped away.
Technology charged into our homes and workplaces:
from radios to televisions, from typewriters to word processing;
from our princess phones to cell phones.

We got older. That's the simple explanation.
With aging, changes were harder to accept.
It was overwhelming to learn about computers
and even worse, how to navigate them.
Although retirement came before we were ready,

(*Continued*)

we learned to embrace the time that was just for us.
All of a sudden this ailment or that disability
warned us that the third stage of life loomed large.

Here's how I think of the stages in life:
In the first stage, we are nurtured and cared for.
We chafe at the bit until we finish our education and get married.
It is all so wonderful to be young, cocky and ambitious.

In the second stage, we rear our families.
Under watchful eyes, our children mature.
In a flash, we become the empty nesters.

In our third stage, all goes well, until the unexpected happens.
Physical or mental changes alter our independence.
It means we must depend on our children or someone else.
This we cannot bear.

I don't remember when my hearing loss began--it was gradual.
By the time I retired, though, I had much difficulty hearing.
Nowadays, my eyesight suffers, too.
Striking a balance between the two is what I must do.

As a widow, I adjusted to living alone. I was in my own world.
It's as though I got used to not hearing well.
I didn't socialize much and now, I realize
it might have been because I couldn't hear.

A bit of stubbornness comes with aging.
Our independence is connected
with wanting to live in our homes.
"It's just a house," they say, but I know it's more.

A home isn't where you hang your hat.
It's where you leave your imprint.
It's where traditions form;
where families and memories grow.

Now I am in assisted living.
I'm glad cherished possessions came with me.
I didn't bargain for all the regulations and interruptions.
I'm just learning new ways to negotiate with life.

I'm one who shrinks from asking too many questions.
I think it has to do with being polite.
It's also because explanations do not sound clear.
Perhaps my thin skin gets in the way.
My loss of hearing makes me feel abandoned,
not a part of things.

It might be that I'm fearful of being overlooked.
I think it comes from being alone...no family anymore to
come to my aid or fight my battles.

I keep feelings to myself, for the most part.
Sometimes I notice anger creeping into my comments.
I really want to shout: Please hear me.
Listen to me. Understand me.

Where does my impatience come from?
Perhaps it is because I am a resident among many,
and who I am, who I was, is not known.
It upsets me that I am perceived as just one of the others.

When the staff engages me in conversation,
I can tell about my past, my rewards and triumphs.
I don't want my loss of hearing to define me.
Let's take the time and forge a bond together.

Thin-skin gets healthier when we know each other well.
Aides, nurses, residents and administrators
Are on the same team;
It just needs to be more personal.

Sadly, there comes a time when we do need extra care.
We don't want to admit it.
Thank goodness there are welcoming communities
where we can thrive.
Living longer means living to your fullest potential.

She held her head a little higher
as she proceeded with her walker.
"It's time to work the muscle of my brain," she declared
as she greeted others on her way to the library.

She got over the little incident with the restroom.
She knew she would. In her heart she understood.
It's called getting on board, she said to herself
and then she smiled.

We cringe when we hear what we called gutter talk
freely spoken on TV and in films.
Our parents called us to higher standards.

Thin-skin gets healthier
when we know each other well.
Aides, nurses, residents and administrators
are on the same team;
it just needs to be more personal.

This Is My Mother's House

by Janet T. Lijerón

A daughter, caregiver of her retired parents, visits them daily and notices the changes dementia causes in her mother's behavior.

I watch my mother looking
out her window.
She stares at something I can't see.

She stands, leaning her elbow
on the kitchen sink.
I notice more stands of gray in her hair.

She's petite, my mother is,
but only in stature.
Her love of family reaches to the heavens.

Faith and strength explain how she
battled breast cancer.
She doesn't talk about it now.

What does she look at
outside her window?
There's very little we have in common.

I cook the meals and take them home
to her and daddy.
She presides over her kitchen as always.

She doesn't remember where things are
if I leave my pots and dishes.
So I pack them up each day after delivery.

I'm kind of a meal on wheels for
my parents, but I don't mind.
She did a lifetime of cooking for me.

I might happen to mention that
a certain pan is mine.
"It isn't and this is my house."

She balks at bathing and hair styling
and getting dressed.
They are normal reactions of dementia.

Going to church on Sundays means
starting three hours early.
She'll say she doesn't need a bath.

Carefully the clothes are put on and
the shoes are matched.
She warms to the transformation.

Sometimes she chooses
the earrings and scarves.
Perhaps she recognizes the familiar sequence.

Then she walks into the church all gussied up
and acts like she owns it.
That's the mother I want to remember.

I have glimpses of the woman hiding
behind blank eyes.
Her personality was always lively.

We still manicure our nails together,
though not talking much.
It's almost the way we used to be.

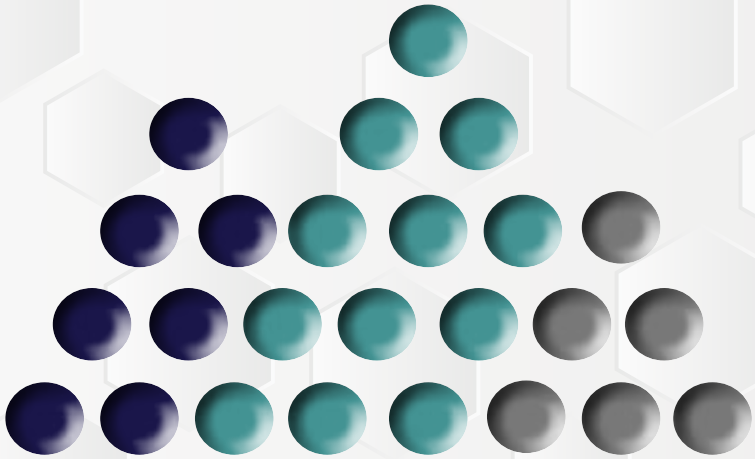
She watches out her kitchen window
such a long time.
I'll ask her to sit and rest.

Her response is that she's not tired
and "It's my kitchen."
She'll do what she wants in her house.

Is it her urge for independence that
manifests itself this way?
I experience this as I try to cope.

I see how dementia is taking over
my mother and her life.
God gives her back in heartfelt moments.

Introducing...



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LeadingAge™ New York

New York State Implements Innovative Model to Deliver Adult Day Services

Under new regulations governing adult day health care (ADHC) providers, managed long term care (MLTC) plans now have the flexibility to purchase adult day services according to the specific needs of plan members.

Adult day health care programs, all certified by the New York State Department of Health (DOH), provide skilled nursing services, physical, occupational and speech therapy (restorative and maintenance), clinical and case management, personal care, medication management, nutrition and health education, socialization and therapeutic activities. Until recently, the complete bundle of services was delivered under one inclusive rate, making the program inflexible for both providers and plans.

Now, MLTC plans can purchase adult day services in three levels that fall into basic, standard and intensive categories; plans will negotiate a price for each level of service. ADHC providers also have the ability to create custom packages that draw on the strengths or capabilities of the program, such as home delivered meals, caregiver or participant support groups, palliative care, locating affordable housing, language and literacy or other social determinants of health.

Appealing to the MLTC plan, individuals won't need to move between different levels of care or split time between a social adult day care program and a medical adult day health care program during the course of the week. As an individual ages and requires even more services, they can stay in the program and delay nursing home placement. With one team of individuals caring for the participant, one care plan and one contract, the administrative burden on plans will likely decrease.

In 1969, New York State was the first in the nation to enact legislation governing medical model adult day health care programs. Unbundling the services and rate for ADHC services is voluntary for ADHC providers.

For more information on adult day services in New York State, contact the Adult Day Health Care Council at 518-867-8383 or visit **www.adhcc.org**.

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Social Workers Play Vital Role in Long Term Care

Contributed by Clare L. Horn, former chair, LeadingAge New York, Directors of Social Work, South Council

In 1984, the White House officially recognized National Professional Social Work Month and it has been celebrated in the month of March ever since.

National Professional Social Work Month is an opportunity for social workers to turn the spotlight on their profession and highlight the important contributions they make to society.

In long term care, social workers make many contributions to the lives of residents and their families, staff in their facilities, their organizations and the communities they live in. Social workers play an important role in the fields of service delivery, education, advocacy, community organizing and research.

Social workers pursue growth and social change with and on behalf of vulnerable and oppressed individuals and groups of people (National Association of Social Workers Code of Ethics). Those who serve the frail, vulnerable older person believe that they have power and strength to learn, grow and better their lives, fulfill dreams and find meaning in the light of age, illness and loss.

For an older person and family transitioning from home to a hospital and then a sub acute rehabilitation program is an emotional and traumatic experience. An older person's decrease in functional ability often results in feelings of hopelessness and depression. The change in environment and in caregivers creates social and emotional discomfort. Social workers focus on the effect these have on the individual and family. They listen, assess strengths and frailties, develop a therapeutic relationship helping the individual and family recognize their own strengths and resources and develop a realistic plan in preparing for the future. And for those with no available family, support system and/or community resources the social worker accesses available resources, and building on the individual's strengths develops the optimal plan of care.

Those who serve the frail, vulnerable older person believe that they have power and strength to learn, grow and better their lives, fulfill dreams and find meaning in the light of age, illness and loss.

As compassionate, dedicated professionals skilled in nourishing and building strengths, social workers help older persons and their families meet challenges. They do this by guiding them through today's complex health care system, obtaining resources to ensure a safe home and community environment, resolving family problems so an older person can remain at home as long as possible and accessing adequate and affordable housing in light of limited housing and financial resources. They advocate with community groups to obtain funding for needed services. Social workers make a distinctive difference in the lives of these vulnerable individuals treating them with dignity, respecting their self-determination and providing opportunities to learn skills and use their own strengths.

(See *Social Workers* on page 42)

Social Workers ... (Continued from page 41)

Social workers help build strengths of individuals and families through education, support and advocacy groups. When there are family crises social workers help resolve the issues through ethics consultations and mediating of conflicts. Social workers are leaders in palliative and end of life care. Reaching out and bringing families together they help others on their emotional journey as they prepare for the death of their loved one. They provide an understanding of the dying process, offering comfort to families so they can find peace in those last moments.

Social workers are leaders in palliative and end of life care. Reaching out and bringing families together they help others on their emotional journey as they prepare for the death of their loved one.

Please take time to thank the social workers in your life, and the lives of your parents, your children, your organization and community. Give recognition to their professional commitment and dedication in service delivery, research, education and legislative advocacy.

As part of an ongoing effort to include as many member stories and photos as possible and to make access to member news easy, dates have been added to each member story headline. These dates refer to the release dates as posted on the LeadingAge New York website. All Noteworthy stories will link to the main "Member News" page where stories are listed by date, with the most recent postings first. Send us your news stories and be featured in the next issue of *Adviser*.

MEMBER NEWS
NOTEWORTHY

Mayor de Blasio Comes to Bayside to Talk About the Ever-increasing Cost of Living Mayor Bill de Blasio visited the Selfhelp Clearview Senior Center in Bayside to discuss city cost of living concerns with senior residents. 12/14/2016

HEBREW HOME AT RIVERDALE

How the Hebrew Home Is Reinventing the Dating Game for Seniors The Hebrew Home is the first senior residence of its kind to institute a sexual expression policy, which allows residents to engage in any form of consensual sexual activity they wish. 11/8/2016

When Retirement Comes With a Daily Dose of Cannabis The Hebrew Home at Riverdale continues its tradition of identifying non-pharmalogical alternatives for residents. In a recent edition of The New York Times, its introduction of medical marijuana to residents with qualifying conditions is featured on the front page. 2/21/2017

PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION

Parker Jewish Institute to Establish New Indian Cultural Unit Parker Jewish Institute for Health Care and Rehabilitation plans to establish an innovative Indian Cultural Unit, dedicated to celebrating India's cultural heritage, while delivering the excellent care Parker is known for in the community. 1/3/2017

Parker Jewish Institute Launches New Social Adult Day Care Center Parker Jewish Institute for Health Care and Rehabilitation is proud to announce a new innovative senior center in Hempstead, called Parker On Madison. 1/9/2017

Parker Jewish Institute's Community-Based Services: Expanding Horizons for 21st Century Health Care Parker Jewish Institute for Health Care and Rehabilitation proudly announces the expansion of its renowned health care services into the neighborhoods and homes of Nassau and Queens. 2/21/2017

Interview With WWII Unsung Hero Adele Danon
Meet an unsung hero of WWII, Adele Danon. The former nurse, retired at age 85 and a resident at Gurwin Jewish Nursing & Rehabilitation Center tells Smithtown Today all about her career and life's journey, during the peak of the Women's Equality Movement. 3/8/2017

(See Noteworthy on page 45)

PAWS IN: 82-Year-Old Owner, Dog at Westminster After 20 years of traveling without a four-legged companion, Marge and Tony Yonda of Endwell, decided to get a dog. That decision brought Marge, 82, and her black standard poodle, Maggie, ten, to one of the show-dog world's biggest stages: the Westminster Kennel Club Dog Show in New York City, where the duo competed along with 329 other dogs. 2/14/2017

Grand Opening of the Movie Theater Room at The Brookmeade Community: A dedication in memory of Anne Hauser The Terraces at Brookmeade held a ribbon-cutting ceremony for the grand opening of the Movie Theater Room, which has the ambiance and amenities of a movie theater and all the great classics enjoyed by residents. The Movie Theater Room was dedicated in memory of Anne Hauser, who passed away in January. 2/27/2017

MEMBER NEWS

NOTEWORTHY

Peconic Landing

N.Y. Apartment Complex Applauded for Green Expansion

Peconic Landing has seen the future — and it's green. The Greenport apartment building's new expansion has received a platinum-level Leadership in Energy and Environmental Design, or LEED, certification from the U.S. Green Building Council. 1/17/2017

Edna Tina Wilson Living Center Celebrates Valentine's Day Employees at the Edna Tina Wilson Living Center in Rochester gave residents a chance to celebrate Valentine's Day in a special way. The staff organized and held a dinner dance for couples living at the center to enjoy the holiday together. 2/21/2017

Strong Female Leadership Team at Woodland Pond Leads with their Hearts Woodland Pond is home to many strong female leaders who spent a lifetime serving in executive positions and who have a wealth of knowledge to share. The leadership team at Woodland Pond is comprised of a majority of females, and the residents are supportive of a female-led workplace given their history. 1/3/2017

(See Noteworthy on page 46)

Bethel Springvale Inn Holds Food Drive for Croton Caring Committee The Bethel Springvale Inn Assisted Living Residence in Croton-on-Hudson once again held a food drive to benefit the Croton Caring Committee. 11/23/2016

SELFHELP COMMUNITY SERVICES

A Virtual Senior Center Spreads Across the US The VSC system, which was designed and is offered by New York City-based Selfhelp Community Services, Inc., has provided seniors for the past six years with a simplified computer and internet access system that lets them pick from a menu of some 30 instructor-led classes and other activities. 11/28/2016

Seeking Intellectual Buzz, More Senior Citizens Audit College Classes Nine residents of the Hebrew Home at Riverdale audit classes for free at the College of Mount Saint Vincent, located right next door. The collaboration is a perfect reflection on the Hebrew Home's belief that learning has no age limits. 3/9/2017


Angela Ciminello

WARTBURG

Wartburg's Angela Ciminello Receives Prestigious Women In Business Award From 914INC. Magazine Angela Ciminello, recently promoted to vice president of development and marketing at Wartburg, received one of 914INC. magazine's annual **Women in Business Awards** for 2016, honoring Westchester's most powerful executives, entrepreneurs and government and nonprofit leaders. 1/5/2017

Gratitude Through Creativity – An Andrus on Hudson Resident Art Show In honor of National Gratitude Month and residents, Andrus on Hudson is hosting a creative art exhibit curated by Michelle Olson, a licensed, board certified and registered art therapist and visual artist. 11/14/2016

ST. MARY'S HEALTHCARE

Pediatric Acute Care through Simulation The St. Mary's Healthcare Emergency Department Team recently worked with the Yale School of Medicine Training team to help improve health outcomes and survival for critically ill and injured infants and children through simulation-based interventions. 11/3/2016

Healthcare Association of New York State Presents 2016 Auxiliary of the Year Award to St. Mary's Healthcare Auxiliary The Healthcare Association of New York State (HANYS) presented its 2016 Auxiliary of the Year Awards to auxiliaries in New York State that have demonstrated outstanding achievement in community outreach and advocacy. St. Mary's Healthcare Auxiliary in Amsterdam, New York was selected as the winner in the small healthcare facility classification. 11/14/2016

(See Noteworthy on page 47)

JEFFERSON'S FERRY

Kaylin Peterson

Jefferson's Ferry's Kaylin Peterson Named Among Forty Under 40 A group of enthusiastic Jefferson's Ferry board members and managers were in attendance as Jefferson's Ferry Foundation Director of Philanthropy Kaylin Peterson was recognized as one of the select Forty Under 40 group by Long Island Business News, Long Island's business weekly. 2/8/2017

Anthony Comerford

Jefferson's Ferry Names Anthony Comerford Vice President of Health Services Anthony G. Comerford joined Jefferson's Ferry Lifecare Retirement Community as vice president of health services and administrator for The Vincent Bove Health Center. 11/16/2016

JEFFERSON'S FERRY

Jefferson's Ferry installs high efficiency LED lighting The darker days of mid-winter are now a bit brighter at Jefferson's Ferry Life Plan Retirement Community, thanks to the installation of more than 2,750 LED light bulbs in hallways and resident apartments in conjunction with the PSEG-LI rebate program. 2/8/2017

Local Non-Profit to Reactivate Commack Chapter After Six-Year Hiatus GlamourGals, which recruits teen volunteers to provide companionship and complimentary beauty makeovers to women in senior homes, hosted the first makeover since 2011. Volunteers from Commack High School brought a day of fun and beauty to seniors at the Gurwin Jewish Nursing and Rehabilitation Center in Commack, where the first ever GlamourGals makeover took place. 2/21/2017

GURWIN JEWISH NURSING & REHABILITATION CENTER

Memory Care Unit Opens at Gurwin Jewish Nursing & Rehab Center Gurwin Jewish Nursing & Rehabilitation Center has announced the opening of its Memory Care Unit, a secured, 60-bed first floor unit located in the facility's Schachne Pavilion. 12/28/2016

New Affordable Senior Housing Comes to the Bronx A ribbon cutting was recently held to announce the opening of Van Cortlandt Green, an affordable senior housing development located at 6469 Broadway in the Riverdale neighborhood of the Bronx. The project was developed by Selfhelp Community Services, Broadway Mosholu LLC and Urban Builders Collaborative LLC, along with Enterprise Community Partners. 2/8/2017

THE COMMUNITY AT BROOKMEADE

Dr. Michael Jaeger

Brookmeade Strengthens Resources With Certified Physician Through American Board of Family Medicine (ABFM) Karen Zobel, CEO/administrator of The Brookmeade Community and its board of directors are pleased to announce the recertification of Brookmeade's physician Dr. Michael Jaeger with the American Board of Family Medicine (ABFM). 2/27/2017

ST. MARY'S HEALTHCARE

Dr. Kurt Konieczny

Konieczny, Interfaith Among Attendees for St. Mary's Event

Longtime Amsterdam pediatrician Dr. Kurt Konieczny, and Interfaith Partnership For The Homeless, were honored by the Foundation of St. Mary's Healthcare at the 21st annual Celebration of Healthcare Excellence, on Monday, Feb. 27. 2/3/2017

(See Noteworthy on page 48)

Selfhelp Community Services Holocaust Survivors Find Joy With Coffee, Friends and Dancing at Brooklyn Soirees Approximately 50 elderly men and women gathered to eat and kibitz with their friends inside the Flatbush Jewish Center. The gatherings are organized by Selfhelp Community Services, which was created in 1936 to help those who escaped Nazi persecution. 1/6/2017

Rita Mabli

UNITED HEBREW OF NEW ROCHELLE

Rita Mabli Honored as 2016 'Woman in Business' by 914INC. Magazine United Hebrew president & CEO, Rita Mabli, was recognized as one of Westchester County's most successful businesswomen by 914INC. magazine. 1/10/2017

MEMBER NEWS

NOTEWORTHY

Making Elder Homes More LGBT-Friendly In 2016, the New Jewish Home in New York City sponsored what may be the first-ever float by a nursing home in the city's annual Gay Pride Parade. 1/13/2017

JEWISH SENIOR LIFE

Three Considerations When Implementing a New Model Jewish Senior Life CEO Mike King recently had a column in McKnight's discussing three considerations when implementing a new Green House model. 11/16/2016

Jewish Senior Life Hosts Renowned Speaker on Reframing the Mindset on Aging Marc Middleton, winner of multiple Emmys and a passionate broadcaster, journalist, filmmaker and author, spoke to more than 40 leaders in senior services organizations as part of an ongoing movement at Jewish Senior Life to help residents live even more meaningful lives. 2/17/2017

WARTBURG

Wartburg Completes $1M in Renovations to Meadowview Assisted Living Facility With Low-Cost Bond Refinance Through Westchester LDC Wartburg's Meadowview Assisted Living Residence (ALR) underwent a million-dollar renovation this past year. 2/8/2017

Celebrating 150 Years of Caring: Wartburg Looks Back on Year-Long Commemoration of Milestone Throughout 2016, Wartburg sponsored several initiatives, informative programs and fun events to highlight its historic 150th anniversary. 2/8/2017

Osborn Home Care Opens Greenwich Office; Services Now Available in Connecticut Osborn Home Care received a warm welcome from the Town of Greenwich at the ribbon cutting for its new office on 125 Mason Street in downtown Greenwich. 11/10/2016

(See Noteworthy on page 49)

Senior Living Options Community Event at Methodist Home for Nursing & Rehabilitation
The Methodist Home for Nursing & Rehabilitation held a community Lunch & Learn event: "Senior Living Options" in January. 1/23/2017


Lynette Rutherford

GURWIN JEWISH NURSING & REHABILITATION CENTER

Gurwin Jewish Nursing & Rehabilitation Center Appoints Chief Nursing Officer
The Gurwin Jewish Nursing & Rehabilitation Center is pleased to announce the appointment of Lynette Rutherford, RN, BSN, MSA, MSN to chief nursing officer. 12/8/2016

Peconic Landing Residents Send Valentine's Day Love to Sick Children About a dozen Peconic Landing residents signed up to participate and spent an afternoon painting, coloring and drawing a total of 30 cards, which were then mailed to Stony Brook Children's Hospital. 2/15/2017

Presbyterian Homes & Services Celebrates Employees
On Thursday, December 8, Presbyterian Homes & Services hosted its 38th annual employee recognition dinner at Vernon Downs Hotel and Casino. Forty-nine employees were honored for 5, 10, 15, 20, 25, 30 and yes, even 35 years of service! 12/29/2016

MEMBER NEWS
NOTEWORTHY

UNITED HEBREW OF NEW ROCHELLE

Dr. Nora O'Brien Named New Head of Willow Gardens Memory Care Nora O'Brien, PT, DPT, has been named executive director of Willow Gardens Memory Care, Westchester County's premier assisted living facility dedicated exclusively to caring for those with memory impairment. Dr. O'Brien brings to her new role the same compassion and leadership she has exhibited at Willow Towers Assisted Living, where she will continue to serve as executive director. Both residences are located on United Hebrew of New Rochelle's Campus of Comprehensive Care, where Dr. O'Brien has served for over a decade. 2/1/2017

United Hebrew of New Rochelle Wins Eli Pick National Healthcare Leadership Award United Hebrew of New Rochelle has been selected by the American College of Healthcare Administrators (ACHCA) to receive its 2017 Eli Pick Facility Leadership award. The recognition honors top-performing facilities and the leaders who help them excel. 2/22/2017

St. Francis Commons

SUNY Oswego, St. Francis Commons Health and Wellness Project Under Way SUNY Oswego students from Dr. Minjung Seo's Health Promotion Program Planning class spent an afternoon at St. Francis Commons Assisted Living Residence interviewing residents, as part of a multi-semester class project that focuses on the development and implementation of evidence-based health promotion programs. 2/13/2017

(See Noteworthy on page 50)

Kings Park Students Perform at St. Johnland The residents at St. Johnland Nursing Center in Kings Park were treated to a special concert by the orchestras from three different area schools. 12/28/2016

PEOPLE, INC.

Ex-Rep. Reynolds Lobbies for Cause Close to his Heart: Funding for Developmentally Disabled

Former U.S. Rep. Thomas M. Reynolds donned a new hat as a public speaker Tuesday, one that says "Parent." Reynolds served as the unofficial emcee and head cheerleader for a raucous rally inside the Buffalo Museum of Science, demanding a living wage for the 110,000 workers across the state who provide direct services for the developmentally disabled. 11/30/2016

St. Johnland Nursing Center

Art Therapy at St. Johnland St. Johnland resident Mary Howard has had one of her watercolor paintings chosen for the 2017 Patient Art Calendar published and distributed by the Greater New York Hospital Association. 12/9/2016

The IDNYC pop-up comes to Selfhelp in Flushing

Assemblywoman Nily Rozic announced the opening of the IDNYC enrollment pop-up site at Selfhelp in Flushing. 3/1/2017

ST. ANN'S COMMUNITY

Dr. Diane Kane

Dr. Diane Kane, Chief Medical Officer for St. Ann's Community, Named Health Care Achievement Award Winner

Diane Kane, MD, chief medical officer of St. Ann's Community, will receive the 2017 Health Care Achievement Award for Senior Care from the Rochester Business Journal in March. 2/22/2017

Chad Estabrooks

Vanessa Falzarano

FRIENDLY

Friendly Senior Living Announces New Hires Friendly Senior Living, a continuum of caring communities, is pleased to announce two additions to our team. Chad Estabrooks, of Webster, has joined the leadership team of Cloverwood Senior Living as the life enrichment director; and Vanessa Falzarano, of Greece, has joined the leadership team of the Friendly Home in the newly created position of director of quality. 10/25/2016

SENIOR LIVING

Build It At Brookmeade!™: Building and sharing The Brookmeade Community started a free community program, Build It At Brookmeade!™, that provides exciting activities for children and families. 3/13/2017

(See Noteworthy on page 51)

NOTEWORTHY

LEADINGAGE NEW YORK NEWS

Welcome New Members

Primary Members:

AHEPA 37 Senior Apartments

AHEPA 67 Senior Apartments

AHEPA 67 II Senior Apartments

Lifespan

St. Luke's Hospital RHCF

Associate Basic Members:

Jacob Beniawski, partner, Marks Paneth LLP

Associate Plus Members:

Stacie Cox, account coordinator, IPPC Pharmacy

Joseph Frohlinger, principal, Marks Paneth LLP

Vic Kingsley, director of business development, Unidine

Corporate Associate Member:

Rehab Services, Susan Krall, VP of strategic partnerships; Freda Mowad, president of rehab solutions; Emily Briggs, director of clinical compliance; Deepti Bajaj, regional rehab director

LEADINGAGE NEW YORK STAFFING UPDATES

LeadingAge New York would like to welcome the newest members of our team: **Laura Grimm,** accountant; **Karen Puglisi,** policy analyst/consultant, LeadingAge New York ProCare; and **Sherrie Turano,** policy analyst/consultant, LeadingAge New York ProCare.

Upcoming LeadingAge New York Events & Education

Conferences

April 20-21, 2017
ADHC Annual Conference
Embassy Suites, Saratoga Springs

May 22 – 24, 2017
Annual Conference & Exposition
The Saratoga Hilton & Saratoga Springs City Center, Saratoga Springs

Aug. 29 – 31, 2017
Financial Professionals Annual Conference
The Saratoga Hilton, Saratoga Springs

November TBA
Nursing & Social Work Professionals Conference & Exposition

November TBA – *New this year!*
2017 Recreation & Activity Professionals Conference & Exposition

April 10-12, 2018
2018 Annual Housing Professionals Conference
Marriott Syracuse Downtown, Syracuse

May 22-24, 2018
2018 Annual Conference & Exposition
The Saratoga Hilton & Saratoga Springs City Center, Saratoga Springs

Educational Events

AANAC RAC-CT Certification Workshops
Aug. 8 – 10, 2017
Maria Regina Residence, Brentwood
Oct. 17 – 19, 2017
Monroe Community Hospital, Rochester

HR Summit
May 22, 2017
The Saratoga Hilton, Saratoga Springs

Facilities and Operations Managers Training
June 12, 2017
Comfort Inn & Suites, East Greenbush

Best Practices in Dementia Care Workshop
June 21, 2017
Wartburg, Mt. Vernon

AANAC MDS Essentials: An Introduction to the MDS 3.0 – A 10-Session Virtual Workshop Series
March 31 – June 9, 2017
Discount code available!

Leading-U is offering additional audio conferences and seminars. Check out our full line-up by **clicking here.**

To feature your news items with LeadingAge New York send press releases to Kristen Myers at *kmyers@leadingageny.org*