

Resources and tools to help you navigate the aging process!

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THE Aging HANDBOOK™

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- LOCAL AGING ADVISERS DIRECTORY
- FORMS, ARTICLES, CHECKLISTS, WORKSHEETS & MORE!

COUNTIES COVERED:

- LOS ANGELES
- ORANGE
- SAN DIEGO

1st
Edition

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Evaluate your current medical and prescription needs



Understand the many Medicare plan options available in your area



Gain the knowledge to make your own informative choice

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Jaime Gonzalez

I have been in the Medicare industry for 12 years. I represent many top Medicare carriers and my services are all at no cost to you!

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jaime@senior-plans.com

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A "Comprehensive Estate Plan" will be different for every family. One thing is certain: Planning and documenting your wishes will give your family a guide to follow. Handling this process today will prevent your loved ones from having to make difficult decisions at a very emotional time. Lack of planning often creates arguments among family members which can be costly, can cause further grief, and can cause unnecessary government interference.



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| 18. Aging Life Care Professional | 20. Senior Insurance Specialist |
| 19. Estate Planning Attorney | 21. Seniors Real Estate Specialist |
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Emergency? Call 911

Call 211 if you need assistance finding food, paying for housing bills, accessing free childcare, or other essential services.

IMPORTANT PHONE NUMBERS

Report Elder Abuse or Neglect

NAME :	Adult Protective Services	PHONE :	(833) 401-0832
NAME :	Long-Term Care Ombudsman	PHONE :	(800) 231-4024
	CA Department of Social Services		
NAME :	CCLD Complaint Hotline	PHONE :	(844) 538-8766
NAME :	National Elder Fraud Hotline	PHONE :	(833) 372-8311

Crisis & Hotlines

NAME :	988 Suicide & Crisis Lifeline	PHONE :	Call or text 988
NAME :	The Disaster Distress Helpline	PHONE :	(800) 985-5990
			Dial 988 then Press 1
NAME :	Veterans Crisis Line:	PHONE :	or Text 838255
NAME :	RAINN National Sexual Assault Hotline	PHONE :	(800) 656-4673
NAME :	National Domestic Violence Hotline	PHONE :	(800) 799-7233
	Substance Abuse & Mental		
NAME :	Health National Helpline	PHONE :	(800) 662-4357
NAME :	LGBTQ+ National Senior Hotline	PHONE :	(888) 234-7243

Memory Care Hotlines

NAME :	Alzheimer's Association 24/7 Helpline	PHONE :	(800) 272-3900
NAME :	Alz Foundation of America Helpline	PHONE :	(866) 232-8484
NAME :	Dementia Society of America	PHONE :	(800) 336-3684
NAME :	Lewy Body Dementia Association	PHONE :	(800) 539-9767
NAME :	Assoc. for Frontotemporal Degeneration	PHONE :	(866) 507-7222

Warmlines/Non-Urgent

NAME :	California Peer-Run Warmline	PHONE :	(800) 845-6264
NAME :	Friendship Line	PHONE :	(888) 670-1360
			(800) 950-6264 or Text
NAME :	National Alliance on Mental Illness	PHONE :	"Helpline" to 62640

Get Emergency Alerts

- Go to CalAlerts.org and sign up for free emergency alerts.
- Sign up for earthquake alerts and information using the MyShake app.
- CalOES.ca.gov has the latest emergency information.
- Response.ca.gov has information about active wildfires, power shutoffs, shelters, and road closures.
- Ready.gov has safety information for individuals and families.

HOME FALL PREVENTION CHECKLIST

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BEDROOM

- ☐ Place a flashlight and lamp close to the bed where it's easy to reach.
- ☐ Add motion-sensor night lights.
- ☐ Add non-skid rugs or place non-slip pad or rug tape under rugs.

BATHROOM

- ☐ Install grab bars next to the toilet and along the bath/shower walls.
- ☐ Install handheld shower head that can adjust height.
- ☐ Add a non-slip rubber mat or self-stick strips on the floor of the bath.
- ☐ Add non-skid rugs or place non-slip pad or rug tape under rugs.
- ☐ Replace glass shower enclosures with non-shattering material.

KITCHEN

- ☐ Add non-skid rugs or place non-slip pad or rug tape under rugs.
- ☐ Move items you use often to waist-high shelves.
- ☐ Use a step stool with a bar to hold on to. Never use a chair as a step stool.

STAIRS

- ☐ Add overhead lights at the top and bottom of the stairs.
- ☐ Add a light switch at the top and bottom of the stairs.
- ☐ Fix loose handrails or add new ones.
- ☐ Add handrails to both sides of the stairs.
- ☐ Attach carpet to every step, or add non-slip rubber treads to the stairs.
- ☐ Apply color contrast or texture change on the top edge of all steps.

OTHER

- ☐ Schedule a yearly eye exam and update eyeglasses.
- ☐ Have your doctor or pharmacist review all prescription and over-the-counter medicines you take.
- ☐ Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- ☐ Non-impact exercises can improve your balance and make your legs stronger.
- ☐ Put a phone near the floor in case you fall and can't get up.
- ☐ An alarm device that will bring help in case you fall and can't get up.

Are you tackling one of life's biggest transitions?

Your home is your castle and your biggest asset and everyone would love to stay at home forever... but not everyone can. How do you navigate the waters of knowing what is best for you and your family? As a Senior Real Estate Specialist and Certified Relocation and Transition Specialist with 36 years of experience, Abby can help answer your questions and guide you through the process of looking at all aspects of whether to stay or move even during tough times like the Pandemic.

Most of her clients have lived in their homes for many years so there are typically downsizing and home improvement issues that pop up. Through the exclusive Compass Concierge Program, Abby can help with services to get your home ready for sale in short order and maximize the sales price.



**ABBY
WADDELL**

MBA, Realtor®
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310.753.0770
DRE 00892590
<https://www.agingparentshomes.com/>

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COMPASS

The Basics of: MEDICARE

Costs shown are for 2024.

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See Page: 2

PART A - Hospital Insurance



\$1,632 deductible per service period; days 1-60 \$0, days 61-90; \$408 copayment per day, days 91+: 816 copayment per day.
www.medicare.gov/coverage/inpatient-hospital-care

Skilled nursing facility, no cost for days 1-20, \$204 copayment per day for days 21-100, all costs for all days after 100.
www.medicare.gov/coverage/skilled-nursing-facility-snf-care

PART B - Medical Insurance



The standard Part B cost is \$174.70 each month (or more depending on income). However, most people who get Social Security benefits will pay less than this amount.

\$240 annual deductible. After deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services.
www.medicare.gov/your-medicare-costs/part-b-costs

PART C - Medicare Advantage (HMOs and PPOs)



Medicare Advantage Plans are an alternative option to coordinated care, that covers Parts A and B and may include Part D (Prescription Drug plans).

www.medicare.gov/media/10991 (page 5)

PART D - Prescription Drug (Rx)



Costs vary depending on plan choice. \$545 annual deductible.

Initial coverage limit is \$5,030 and TROOP is \$8,000. Catastrophic coverage assures you only pay a small coinsurance/ copayment amount for drugs for the rest of the year.

www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage

MEDICARE SUPPLEMENT - Medigap

Medicare Supplement, also called Medigap, helps pay for costs Original Medicare does not cover like copayments, coinsurance, and deductibles.

Does not offer prescription drug coverage. You pay a monthly premium in addition to Part B and Part D premiums. - www.medicare.gov/media/10991 (page 75)

You must continue to pay your Medicare Part B premium. The plan information provided is a brief summary, not a complete description of the plan. Limitations, copayments, and restrictions may apply. Plans, formulary, pharmacy network, costs and or copayments/coinsurance may change on January 1 of each year.



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PEACE OF MIND

All agencies referred are licensed, bonded, insured and conduct extensive employee background checks.



EMPOWERMENT

We teach you about regulations, pricing, assessments, paperwork required and what to expect during the entire process.

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7

Signs It's Time to: **Hire a Caregiver**



1

BALANCE ISSUES

Is there pain when they walk, sit, or rise from a resting position? Do they drag their feet when they walk or appear unsteady? Any unexplained bruises, scrapes or other injuries?

2

FORGETFULNESS

Have they missed a lot of doctors' appointments?
Have they not been paying their bills on time?

3

DANGEROUS DRIVING

Have you noticed new vehicle damage?
Have you noticed an aversion to driving?
Have you experienced unsafe driving with them?

4

MISSED MEDICATION

Can they recall if they've taken their medications?
Have they not been taking their medications?

5

DECLINE IN PERSONAL CARE

Are they wearing the same clothes for days at a time?
Do they put off showers and/or other hygiene issues?

6

MESSY HOME ENVIRONMENT

Is there expired food in the refrigerator?
Is there unopened mail? Is the laundry piling up?

7

DEPRESSION OR LONELINESS

Are they spending a lot of time in front of the TV?
Have they lost interest in activities they once enjoyed?

Home Care: Provides non-medical assistance by trained care aides who are generally not licensed for medical duties.

Home Health: Usually after a discharge from the hospital discharge or skilled nursing facility. Utilized for a physical decline to regain independence.

Home Care vs. Home Health

A comparison list of services

	Care Services Offered	HC	HH
01	Provided In-Home & in Senior Living Communities	✓	✓
02	Bathing & Dressing Help	✓	✗
03	Bathroom Assistance	✓	✗
04	Meal Preparation	✓	✗
05	Housekeeping Services	✓	✗
06	Companionship	✓	✗
07	Transportation	✓	✗
08	Health Monitoring	✗	✓
09	Medical Injections	✗	✓
10	Wound Care	✗	✓
11	Run Medical Tests	✗	✓
12	Administer Medications	✗	✓
13	Medication Reminders	✓	✓
14	Pain Management	✗	✓
15	Rehabilitation Therapy (OT,PT,ST)	✗	✓
16	Skilled Nursing	✗	✓
17	Covered by Medicare or Private Health Insurance	✗	✓
18	Covered by Medi-Cal (Medicaid)	✓	✓
19	Covered by Long Term Care Insurance	✓	✗

A Sensory Guide

TO SENIOR LIVING

When having to determine which senior living community is the most appropriate option for your loved one, why not allow your senses to guide your decision making?



SIGHT

- Do residents socialize; appear happy & comfortable?
- Do residents appear well taken care of & dressed appropriately?
- Are staff members clean dressed, personable & professional?



SOUND

- Are conversations among residents pleasant?
- Do staff members speak to residents respectfully?
- Do you hear any music being played in the community?



SMELL

- Is the community clean and free of odors?
- Are there pleasant odors, such as freshly baked cookies?



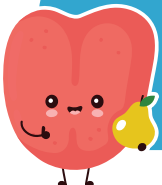
TOUCH

- Are chairs, carpeting and flooring constructed of good quality?
- Are staff members gentle with residents?



TASTE

- Make an appointment to eat a meal. How does the food taste?
- Does the community provide three nutritionally balanced meals a day?
- Can the community cater to specific dietary needs or special requests?





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SENIOR LIVING REFERRALS

Your Local Guide to
Locating Assisted Living,
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How We Help Families

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Our database consists of contact and pricing information
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We review current rates with you and show you the
similarities and differences. We are your local market experts.



PEACE OF MIND

All companies referred are licensed and have been inspected
in person.



EMPOWERMENT

We teach you about regulations, pricing, tours, assessments,
paperwork required and what to expect during
the entire process.

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Compare the Cost: Senior Living vs. Staying at Home

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See Page: 4

Affording a senior living community is likely within your reach. In fact, you might already be paying similar costs while living at home.

Our worksheet was designed to help you understand the costs of senior living as compared to the expenses you pay while living at home.

At-Home Expenses	Your Cost	Community:	Community:	Community:
Rent/Mortgage Payment	\$	INCLUDED	INCLUDED	INCLUDED
Insurance & Property Taxes	\$	INCLUDED	INCLUDED	INCLUDED
Utilities (electric, gas, water, sewer)	\$	INCLUDED	INCLUDED	INCLUDED
Yard & Gutter Cleaning	\$	INCLUDED	INCLUDED	INCLUDED
Housekeeping & Laundry	\$	INCLUDED	INCLUDED	INCLUDED
Garbage Removal	\$	INCLUDED	INCLUDED	INCLUDED
Pest Control	\$	INCLUDED	INCLUDED	INCLUDED
Internet & Cable TV	\$	INCLUDED	INCLUDED	INCLUDED
HOA Fees	\$	INCLUDED	INCLUDED	INCLUDED
Leaf & Snow Removal	\$	INCLUDED	INCLUDED	INCLUDED
Home Repair & Maintenance	\$	INCLUDED	INCLUDED	INCLUDED
Grocery & Food	\$	INCLUDED	INCLUDED	INCLUDED
Wellness & Exercise Programs	\$	INCLUDED	INCLUDED	INCLUDED
Response Call System	\$	\$	\$	\$
Transportation (insurance, registration, gas, and repairs)	\$	\$	\$	\$
Home Caregiver & Companion (\$35-\$45/Hour)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Monthly Total	\$	\$	\$	\$

10 Questions to Ask:

The Skilled Nursing Facility Team

Consider asking these questions to feel more comfortable about the facility stay:

1. Are the doctors and nurses on the same page as staff members?

The primary physician over the facility reviews the patient's hospital information and updates orders according to what the patient needs.

2. How often do team meetings occur and can family attend?

Team meetings typically happen every few weeks. Family members and patients are welcome to schedule extra meetings if they think it is necessary.

3. Can I, as family, receive private medical information about the patient?

Only family members who are listed in the patient's medical chart can be updated on the patient's progress.

4. Can I bring items in from home for the patient?

Items brought in need to be in accordance with the facilities safety policies.

5. Who else is seeing the patient besides me and the doctor?

The patient will be visited by a variety of disciplines including speech pathology, occupational therapy, physical therapy, nursing staff, social work, nutrition, recreational therapy, respiratory therapy, administration, and psychiatry.

6. How will I lock up my valuables?

Lock boxes should be regularly available in the facility. Consult with staff regarding if you are concerned about your valuables being swiped.

7. Can I bring in pets for the patient?

Some facilities allow pets brought in to visit patients. Call before to make sure bringing in pets is in accordance with facility policies.

8. How often does the doctor come in?

The overseeing physician in the facility should be in contact with the patient within 24 hours after their arrival. Consult with nursing at the facility regarding the doctor's follow-up schedule.

9. Am I allowed to take the patient out for a short time?

If nursing staff deems it unsafe for the patient to leave, then the answer is no.

10. What if the patient is not happy about their stay and wants to leave?

A patient is welcome to leave, but may have to deal with some insurance or medical consequences if they vacate against medical advice. Patients are welcome to transfer to other facilities without said consequences, but note that the transition might take a while in order to process medical and insurance information.



Senior Living Options | Community Comparison

See Page: 43

	Type of Options	BC	AL	MC	CCRC
	Average Capacity	6-12	50+	15-30	100+
SERVICES	Incontinence & Toileting	Yes	Yes	Yes	Yes
	Bathing, Dressing & Grooming	Yes	Yes	Yes	Yes
	24-hour Staff	Yes	Yes	Yes	Yes
	Transferring & Walking Assistance	Yes	Yes	Yes	Yes
	Medication Management	Yes	Yes	Yes	Yes
	Laundry & Housekeeping	Yes	Yes	Yes	Yes
	Transportation Services	Yes	Yes	Yes	Yes
	Meals, Drinks & Snacks	Yes	Yes	Yes	Yes
AMENITIES	Social Activities & Programs	Yes	Yes	Yes	Yes
	Wellness Activities & Education	Yes	Yes	Yes	Yes
	Animals Allowed	Yes	Yes	Yes	Yes
	Kitchenette Options	No	No	Yes	Yes
	1 & 2 Bedroom Options	No	Yes	Yes	Yes
FINANCIAL	Average Private Room Rate	\$4,500	\$5,500	\$6,500	\$7,000
	Average Shared Room Rate	\$3,500	\$4,000	\$5,500	\$6,000
	Month-to-Month	Yes	Yes	Yes	Yes/No

BC - Board & Care Home: A residential home that is retrofitted and licensed to provide non-medical care to seniors. The intimate setting afforded by board and care homes allows for closer oversight of residents and is accompanied by a higher staff to resident ratio.

AL - Assisted Living Facility: A larger hotel style building that provides non-medical care to seniors in apartment-style suites. It is ideal for seniors who need help with some activities of daily living, but are interested in leading an active style.

MC - Memory Care Community: Specialized care for people living with the challenges of Alzheimer's and other forms of dementia. It can be provided in a secured unit in an assisted living community or a stand-alone community that only accepts individuals with memory impairment.

CCRC - Continuing Care Retirement Community: Offers a long-term continuing care contract that provides for housing, residential services, and nursing care, usually in one location, and usually for a resident's lifetime.

Aging Care Placement Agency - Los Angeles County



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Aging Life Care Professional - Los Angeles County

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Blanca@agewellsouthbay.com

Estate Planning Attorney - Los Angeles County

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QUALITY ESTATE PLANNING

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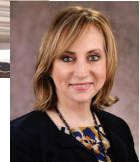
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Medicare choices can be overwhelming. In today's market more options exist for Medicare beneficiaries than ever. The help of a trained and licensed insurance agent is invaluable in helping you make an informed and educated decision. Schedule your no-cost plan review with Jaime Gonzalez and get the most out of your health plan!

Call/Text

(213) 513-4906

jaime@senior-plans.com

**520 Broadway, Suite #200,
Santa Monica, CA 90401**



Jaime Gonzalez

Senior Insurance Specialist

License: #0H74867



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Seniors Real Estate Specialist - Los Angeles County



ABBY WADDELL 310.753.0770

MBA, Realtor DRE 00892590
abby.waddell@compass.com

My passion lies in assisting families with transitions due to health issues or difficulty living in their current residence. I provide support by facilitating the leasing or selling of their homes, or by connecting them with reputable companies that specialize in aiding individuals to age in place.
www.agingparentshomes.com

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Senior Living: Starting the Conversation with Your Loved One

Are you part of one of those families in which all of the siblings had to draw straws to determine who gets to take away the car keys from Mom or Dad when the time came?



Although this method and storyline often lightens the mood, there is no hiding how scary of an endeavor it is to be solely responsible for taking things away from your aging parents.

Children, grandchildren, and other family members/caregivers of the elderly are frequently, at some point, placed in a position in which they need to bring up that life-changing conversation with their loved ones: discussing the possibility of relocating to an alternative place of residence. Depending on the person and their history, this conversation could be a long time coming and not at all surprising.

For others, terrifying circumstances at home may spark an immediate discussion: an increase in falls or injuries at home, rapid health deterioration, or an unexpected change in caregiver roles (death, illness, etc.).

To merely suggest a transition to residential care outside of the home for some elderly adults is to rip away all feelings and modes for independence. Therefore, this conversation should be taken with great care if family members/caregivers expect to come out with positive results.



Consider the following tips that could be used in initiating the discussion and to keep the dialogue from shutting down:



Prepare For a Role Switch

Children of aging parents have a built-up expectation about interacting with each other, with typically children taking the submissive role even as adults. Now, it's time for children to take a leadership (but not dominating) role. Be proactive and confident when discussing alternative living options.



Formalize The Conversation

Physically sit down with your loved one, even if this means scheduling a time to meet in advance. Select a quiet, comfortable room where there are limited distractions.



Have Your Resources at The Ready

Have prospective care options in front of you, whether in print or on your laptop. Have complete evidence of your research, but avoid making this an overwhelming part of the discussion because aging adults who are talking about senior living for the first time will need time to process.



Back Up Your Stance With Recorded Incidences

If the conversation is going a certain direction, appropriately bring up recent and past safety concerns without sugar-coating the facts. Examples include falls at home, getting stuck in the bathroom, or hospital stays that resulted from problems at home.



Re-Emphasize Your Love

Make sure your tone in the conversation does not come across as demeaning or cold. Admitting that you need help is very defeating for some aging adults. Consistently reassure them, verbalizing how much you care for them.

These tips are not fool-proof and will not work for every unique situation. For some aging adults, coming to terms with a residential change will take several scares and hospital stays. We can only make our best efforts, which includes having the courage to bring up the conversation not once, but numerous times.

The initial stroke, or cerebral vascular accident (CVA), can devastate a person's body depending on the location and severity. We're talking about damage from temporary loss of sensation to a limb to complete paralysis of the body.

Post-stroke conditions impact a person's ability to functionally complete daily living tasks and basic mobility including: toileting, showering, dressing, household and financial management. If the person has cognitive and/or serious mobility impairments, there is a higher risk for falls, erratic decisions (i.e. impulsive shopping, wandering off), bedsores, and muscle atrophy.

The stroke itself is a scary experience; however, post-stroke symptoms are what will reshape their lives.



Post-Stroke: Supporting Home Therapy Programs

Here are some considerations in carrying out a well-rounded home therapy program:

1. **Actively attend therapy sessions in the facility:**

With the permission from the patient and staff members, families are welcome to attend therapy sessions in which they will learn relevant information for a home program: functional transfer training, bed mobility training, adaptive equipment education, therapeutic exercise schedules, splinting/bracing schedules, etc.

Trained therapists are ready and available to assist family members who have a long road ahead of them and are at a loss as to what to do once the patient is home.

2. **Prepare your home with relevant equipment:**

Consult with the therapists regarding which adaptive equipment will be the most beneficial for the patient at home. Examples include shower chairs, grab bars, and toilet risers to name a few.

Don't be surprised if the therapist doesn't make any solid recommendations until the patient is closer to discharging the facility. They want to optimize the patient's progress as much as possible before assigning equipment.

3. **Maintain your own personal exercise routine:**

You as the caregiver **MUST** stay in shape because running a home program is exhausting. Exercise regularly with an emphasis on arms, back, and thigh strengthening to keep yourself healthy in assisting with physical transfers. Keep up on your nutritious meals, drink lots of water, and get in as much sleep as possible.

4. **Fulfill daily therapeutic exercise schedules:**

Once again, consult with the therapists about what exercise programs are the best for the patient.

Examples include general strengthening, range-of-motion (passive or voluntary) exercises, and endurance exercises in order to increase muscle power, provide healthy circulation, and to prevent muscle atrophy.

5. **Integrate orthopedic wear schedules:**

Orthopedic devices that are common for post-stroke conditions include hand splints, shoulder braces (for subluxation), and AFOs (Ankle-Foot orthosis) for drop-foot.

Sit in on sessions at the skilled nursing facility and learn about the recommended wear schedule: day use, night use, 4 hours on/4 hours off, cleaning and repair, replacement, etc.

6. **Attend regular outpatient services:**

No one is expecting the caregiver to make the patient progress at home on their own because life demands and post-stroke conditions change. Research outpatient clinics that could offer services or advice on updating home programs throughout the future.



Dementia & Driving: Steps to Stay Safe

When it is clear that a person cannot drive safely, family members should not hesitate to act accordingly.

Here are some steps you can take today:

TALK WITH THEM:



- Be kind, patient, respectful, and understanding.
- Be firm in your efforts to prevent driving if it is unsafe.
- Validate their desire to drive and sympathize with their emotions.

TELL WHITE LIES WITH LOVE:



- Mention the car is getting serviced in the shop and there are parts still on order.
- Have a relative or close friend “borrow” the car.

CAR KEYS:



- Control access and take the keys away.
- Create fake keys that are similar to the old keys.

REPORT TO THE DMV:



- Submit a Request for Driver Reexamination (DS 699) to the DMV. If you prefer, you may write a letter to your local Driver Safety office to identify the driver you want to report and give your reason(s) for making the report.
- You can request that you not be identified to the unsafe driver. The DMV will honor your request for confidentiality to the fullest extent possible.

DISABLE THE CAR:



- Move and park the car in a different location.
- Take out or unplug the battery.
- Lock the steering wheel with a “club.”

HELP FROM OTHERS:



- Ask their physician to advise them not to drive and write “No driving” on a prescription pad.
- Ask others for help with delivering meals, picking up prescriptions, or even just visiting.
- Dementia support groups can provide a good place to voice your concerns and receive advice from others in a similar situation.



Questions? Contact one of the following DMV Driver Safety Branch Offices:

City of Commerce: (323) 724-4000
City of Orange: (714) 703-2511

Covina: (626) 974-7137
El Segundo: (310) 615-3500

San Diego: (619) 220-5300
Van Nuys: (818) 376-4217



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Questions To Ask: Moving an Older Adult Into Your Home

If you're considering whether moving an older parent, relative, or friend into your home is the right arrangement for you, here are some questions to think about:



Time

- Will they need care during the day, and if so, how will it be provided?
- How will I juggle my job, child care responsibilities, marriage, and taking care of them?
- Will I need to quit work or alter my schedule?
- Will we take them with us on vacation or get respite care?
- How do I make sure I have time for myself?

Relationships

- How do my spouse and children feel about moving them into our home?
- Will assisting them cause both our family more stress than relief?
- What things will be easy and hard for us to negotiate in living together?
- What are the limits of my ability to care for them at home?
- How will my siblings feel, and how much help will they give me in caring for them?
- Will their friends come to visit them at my house, or will they be dependent on me for all their socializing?
- What are my needs for privacy and alone time?

Finances

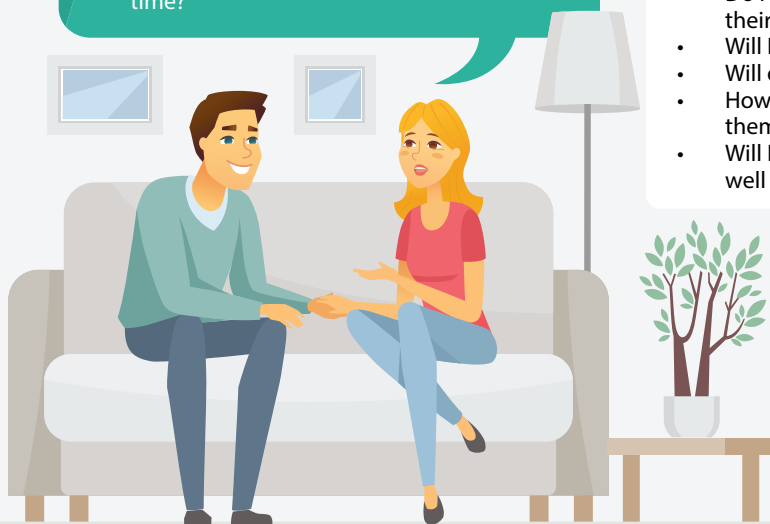
- Can we afford the extra expense?
- What will the financial arrangement be?
- Should part of their income go toward living expenses?
- How do you handle separate bank and savings accounts and joint expenses?
- How will my siblings feel about the financial arrangement?
- Will my work situation need to change, and if so, how will I cover the bills?

Adapting the House

- Do we need to add extra space?
- Where will they sleep?
- What safety changes need to be made?
- What assistive devices do I need?
- Do they smoke or drink, and will that be a problem for me and my family?
- Do they have a pet that will be coming with them, and how will I cope with caring for it?

Care Needs

- Do I know what to expect over time as their condition changes?
- Will I need caregiving help for them?
- Will other family members pitch in?
- How comfortable am I with helping them bathe or changing their brief?
- Will I be able to take care of myself as well as them?



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Video Chat Activities With the Grandkids



Game Night

Buy two sets of the same board game and send one game to the grandkids. Then set a regular night of the week for game night between households.



Have a Teleparty

Some streaming services allow viewers to synchronize the start times so they can watch the same movie at the same time.



Play Hide-And-Seek

Tell parents to hide a treat somewhere in their home. Then, you can either text clues to your grandchild or walk them through clues on the phone or by video.



ABC Game

Have them take you around their house, and find objects starting with a letter of the alphabet. Then find something around your house beginning with the same letter.



Drawing Lessons

You describe a drawing and your grandchild has to listen to the instructions to try and create a drawing from your description.



Memory Game

Put some objects on a tray to memorize and show your grandchild. They close their eyes while you take an object away and guess what's missing.

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Th!nkresolution provides our clients with a “partner *and* resources” to assist those individuals or families in life transitions. Often these transitions result in conflict. Thus, we combine the expertise of a Licensed Professional Fiduciary and a Credentialed Mediator to help navigate the complex situations of aging, the family dynamics of executing trusts/wills, caring for parents, retirement, divorce or illness.

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- Partnership Dissolutions
- Contracts and Contract Breach
- Commercial Contract Disputes

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- Disputes among Family and/or Beneficiaries
- Disputes between Beneficiaries and Professional Fiduciaries
- Trust and Will Disputes

Domestic Partnership Trust Dissolution

- Property Division and Debt Repayment
- Child Visitation and Custody
- Spousal & Child Support

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TRUST • COMPASSION • RESOLUTION

Th!nkresolution is your trusted partner serving with compassion while working towards a more peaceful resolution to life's transitions.





Dr. Greger's Daily Dozen

Dr. Greger's Daily Dozen was developed based upon the best available balance of evidence. Rather than being a meal plan or diet in itself, it is just to be used as a checklist to inspire you to include some of the healthiest of healthy foods in your diet.

Beans

Servings: 3 per day



e.g. ½ c. cooked beans,
¼ c. hummus

Berries

Servings: 1 per day



e.g. ½ c. fresh or frozen,
¼ c. dried

Other Fruits

Servings: 3 per day



e.g. 1 medium fruit,
¼ c. dried fruit

Cruciferous Vegetables

Servings: 1 per day



e.g. ½ c. chopped,
1 tbsp horseradish

Greens

Servings: 2 per day



e.g. 1 c. raw,
½ c. cooked

Other Vegetables

Servings: 2 per day



e.g. ½ c. nonleafy
vegetables

Flaxseed

Servings: 1 per day



e.g. 1 tbsp ground

Nuts and Seeds

Servings: 1 per day



e.g. ¼ c. nuts,
2 tbsp nut butter

Herbs and Spices

Servings: 1 per day



e.g. ¼ tsp turmeric

Whole Grains

Servings: 3 per day



e.g. ½ c. hot cereal,
1 slice of bread

Beverages

Servings: 60 oz per day



e.g. Water, green tea,
hibiscus tea

Exercise

Servings: Once per day

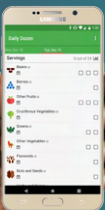


e.g. 90 min. moderate or
40 min. vigorous

Vitamin B12

At least 2,000 mcg (µg) cyanocobalamin once each week (or at least 50 mcg daily), ideally as a chewable, sublingual, or liquid supplement taken on an empty stomach.

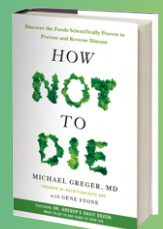
FREE



Download *Dr. Greger's Daily Dozen*, and start tracking your servings today!



For more info on the evidence, be sure to read *How Not to Die*.



Vitamin D Recommendations for the Northern Hemisphere



	Below approximately 30° latitude (south of Los Angeles / Dallas / Atlanta / Cairo)	Between 30° (sample cities to the left) and 40° latitude (Chicago / Boston / Rome / Beijing)		Between 40° (sample cities to the left) and 50° latitude (Winnipeg / London / Berlin / Prague)		Above approximately 50° latitude (north of Winnipeg / London / Berlin / Prague)	
Months	All	February – November	December – January	March – October	November – February	April – September	October – March
Daily Dose	15–30 minutes of midday sun (15 mins for those with lighter skin and 30 mins for those with darker skin) or 2,000 IU supplemental vitamin D	15–30 minutes of midday sun (15 mins for those with lighter skin and 30 mins for those with darker skin) or 2,000 IU supplemental vitamin D	2,000 IU supplemental vitamin D	15–30 minutes of midday sun (15 mins for those with lighter skin and 30 mins for those with darker skin) or 2,000 IU supplemental vitamin D	2,000 IU supplemental vitamin D	15–30 minutes of midday sun (15 mins for those with lighter skin and 30 mins for those with darker skin) or 2,000 IU supplemental vitamin D	2,000 IU supplemental vitamin D



Vitamin D3 from plant or animal sources may be preferable to D2 sourced from fungi.



Taking vitamin D with the largest meal of the day improves absorption.



If you're overweight, you may want to instead take 3,000 IU supplemental vitamin D and even more if obese.

Vitamin D Benefits

Vitamin D has been found to provide a host of potential benefits, including:

1. Reduction in cancer mortality
2. Treatment for painful menstrual periods
3. Fall prevention
4. Common cold prevention
5. Rickets and osteomalacia prevention
6. Reduction in asthma exacerbations
7. Improvement in Crohn's disease
8. symptoms



Supplements vs. the Sun

Vitamin D supplements:

- ▶ Can cost \$10 or more a year.
- ▶ Supplement companies are poorly regulated. One investigation found that only about half the brands came within 10 percent of their labeled amounts.



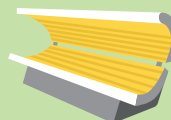
Vitamin D from the sun:

- ▶ Free.
- ▶ Never have to worry about getting too much vitamin D, since your body has a way to regulate its production in the skin.
- ▶ Additional benefits may include Co-Q10 regeneration, blood pressure reduction, and improved artery function and mood.
- ▶ Increased risk of cataracts, aged skin, and skin cancer.

Cautions

Considering tanning beds?

The World Health Organization raised the carcinogen classification of tanning beds to the highest level. Most tanning devices primarily emit UVA, which is also relatively inefficient in stimulating vitamin D synthesis.



Learn more

To view all of our videos on Vitamin D, visit our [Vitamin D topic page](#), with more to come!



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HOW TO TALK TO YOUR PARENTS ABOUT

Their Final Wishes



**End-of-life
discussions
are never easy.**

Excuses to put it off range from they aren't at risk of dying soon to the thought of losing them is too much to emotionally handle.

Whatever the excuse, there are more benefits to open discussion about your parents final wishes now rather than later.

Tips on how to approach the beginning conversation(s):



Talk before a health crisis.

If a crisis occurs where one or both of them are unconscious, comatose, or intubated, that discussion can't occur. Family members will already be stressed out, and adding on last-minute decisions about end-of-life care and estate planning is simply not fair.



Take your time.

Some families have no problem being quite frank with each other. Other families may need more time and prefer to take it slower. If either party needs extra time, break up the conversation across several meetings. *Make sure you set up these meetings one after another so as to not avoid the conversation entirely.*



Keep the discussion open-ended.

Keep your conversation very open and honest, and gear your questions in such a way that your parents are doing the majority of the talking. Make sure that their concerns are voiced and clearly understood.



Don't push an agenda.

One of the worst things you could do is try to create a discussion so that you, the child, benefit from your parents' deaths. Not only does this sour and irreversibly damage relationships. It also brings this conversation to a screeching halt and nothing gets done.



Address the details.

It's time to pull out the lists and paperwork. Talk about how to best formulate a will and estate planning that best reflects your parent's wishes. This includes medical care, financial planning, funeral planning, delegating power of attorney and executor roles, etc.



Allow for flexibility and changes.

Both parties need to realize that although death can happen at any time, there is also potential for many years of life left. Parents should feel free to make changes to their final wishes at any time.

Death does not have to be a taboo topic of discussion. Naturally, it's ominous and scary but it's the end of the path for everyone. Adult children can add to their parents' lives by aiding in end-of-life planning and creating some healthy closure for the whole family.



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What's Involved and How to Hire

What is hospice?

A specialized program that focuses on the patient and their family rather than the illness. It's tailored to individuals whose life expectancy is generally six months or less.

How does it help?

Offers medical, emotional, social and spiritual support centered on quality of life. Care can be provided in the family home, hospital, nursing facility or a senior living community.

Who pays for care?

Payment may come from Medicare, Medicaid, Health Maintenance Organizations or other private insurance plans.

If you are unsure if the hospice benefit is available through your insurance plan, speak with your insurer, or a hospice representative.

Questions to ask:

- ☒ How will the agency keep me and my family informed about my condition?
- ☒ How do I communicate any questions or concerns I have about my care?
- ☒ How will the agency manage my pain or other symptoms that arise?
- ☒ Will my family and I be involved in making care decisions?
- ☒ Can you provide referrals of families who have hired you?
- ☒ Can I still see my regular doctor if I am on hospice?
- ☒ How long has the agency been serving patients?
- ☒ What services and treatments will be covered?
- ☒ Will I have the same hospice nurse?
- ☒ Does the agency accept my insurance?



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Checklist:

Getting Your Affairs in Order

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See Page: 3

Gather the important documents below and store them in a safe place. In digital & physical format!

Personal information:

- ☐ Full legal name
- ☐ Social Security number
- ☐ Legal residence
- ☐ Date and place of birth
- ☐ Names and phone numbers of spouse & children, religious contacts, close friends, relatives, doctors, lawyers, and financial advisors

Certificates & Documents:

- ☐ Adoption
- ☐ Birth
- ☐ Citizenship
- ☐ Death
- ☐ Divorce
- ☐ Marriage
- ☐ Education & military records
- ☐ Car title & Registration

Cards:

- ☐ Driver's License
- ☐ Passport
- ☐ Medicare/Medicaid Social Security
- ☐ Credit & Debit

Health information:

Certificates & Documents:

- ☐ Current prescriptions (be sure to update this regularly)
- ☐ Living will
- ☐ Durable power of attorney for health care
- ☐ Copies of any medical orders or forms you have (for example, a do-not-resuscitate order)
- ☐ Health insurance information with policy & phone numbers

Financial information:

Certificates & Documents:

- ☐ Trust & Living Will
- ☐ Durable power of attorney for finances
- ☐ Deeds to property & cemetery plots
- ☐ Copy of most recent income tax return
- ☐ Location of most up-to-date will with an original signature
- ☐ Location of safe deposit box & key

Financial information (cont.):

- ☐ Sources of income and assets
- ☐ Insurance information with policy numbers & agents' contact info.
- ☐ Bank/Credit Union names & account numbers
- ☐ Investment income & stockbrokers' contact info.
- ☐ Mortgages & liabilities



NOTES

A spiral-bound notebook with a teal cover and rings. The word "NOTES" is printed in large, bold, black capital letters at the top center. Below the title are 20 horizontal lines for writing. On the right side, there are three colored tabs: yellow, orange, and purple.

20 horizontal lines for writing notes.



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