

Caregiver's

HOME COMPANION

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H E L P I N G T H O S E W H O H E L P O T H E R S

On the Hook for Home Care Costs

Don't Overlook These Sources of Funding

By Melissa A. Goodwin

You've heard it countless times—your parent wants to continue living in their own home rather than move in with you or into assisted living. But the realization of staying independent can be expensive, especially when in-home care by nurses, home health aides or physical therapists are required. And sooner or later, they're all likely to enter the picture.

Just how can a family afford it? Well, beyond a caregiver's personal financial sacrifice and digging into a loved one's assets, you must be creative to find alternative sources of funding and financial support that can make your parent's goal of staying (mostly) independent a reality. And those creative sources are available, if not always easy to identify.

Long-term care insurance and government programs are more obvious sources and can help, if the right conditions are



met. We want to look not only at those programs, but other important, not-so-obvious sources of potential assistance, and point you toward you some creative options that you might not have considered before.

Cover All the Bases

Diane Cameron, director of Community Caregivers, a volunteer organization in Guilderland, New York, providing seniors

with essential services, recommends investigating every possible source of funding and free assistance. "People should call all the agencies and government departments at the same time, because waiting for decisions can take time," she advises.

Cameron also recommends contacting volunteer caregiving programs, churches, and other faith community organizations to find out what help they offer. "For example," she says, "in

the Albany, New York, area, Catholic Charities has Caregiver Support Grants of up to \$500 for home care expenses."

Private Long-Term Care Insurance

One of the best ways to afford home care is to plan ahead with the purchase of a long-term care insurance policy. This insurance is most affordable when purchased at a younger age, but may still turn out to be a cost-effective solution even if ▶

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"People should call all the agencies and government departments at the same time, because waiting for decisions can take time,"

says Diane Cameron, of Community Caregivers, regarding caregiver pursuit of available home care funding.

On the Hook for Home Care Costs

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purchased later. For this reason, consulting with a financial expert or elder law attorney about buying a policy is worthwhile.

Coverage for home care expenses begins when the insured person can no longer perform specific activities, such as eating and bathing independently, and when the situation is expected to continue for a long time. In some cases, this coverage includes reimbursement to family caregivers for the care they provide a loved one at home.

For more information on long-term care insurance, contact the National Association of Insurance Commissioners at (816) 842-3600, for their publication, *A Shopper's Guide to Long-Term Care Insurance*.

Funding for Federal Employees

If your loved one is or was an employee of the federal government or US Postal Service, they may be eligible to purchase long-term care insurance at a group rate through the Federal Long-Term Care Insurance Program (FLTCIP). To earn more about this program, visit the Office of Personnel Management (OPM) website at <http://opm.gov/insure/ltc/>.

Medicare

Under certain conditions, Medicare assists with paying the costs of skilled nursing care and other professional health care at home, including home health aides, therapists, and social services. The link www.medicare.gov/LongTermCare/Static/HomeCare.asp provides specific information about eligibility and coverage for in-home services.

Veterans

If your loved one is a veteran, they may qualify for free home care benefits. If so, skilled home care will be provided by Veteran's Administration and contract agencies to veterans who are homebound with chronic diseases. Covered services include skilled nursing care, home health aides, therapists and homemaker services. Contact the VA with eligibility and benefits questions at 800-827-1000.

State Programs

Four states (New York, California, Indiana and Connecticut) now participate in The Partnership for Long-Term Care, a partnership between Medicaid and long-term care insurers, which provides an alternative to the spending down or transferring assets that is required under Medicaid. These websites provide information on the programs for each individual state:

- New York: www.nyspltc.org/
- California: www.dhcs.ca.gov/services/ltc/Pages/CPLTC.asp
- Indiana: www.in.gov/fssa/iltcp/
- Connecticut:
<http://connecticutpartnershiponly.com>

Diane Cameron recommends checking with your town and county governments, as well. "Our county has some funds for home care, and we refer families to that program often," she says.

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HOME CARE FUNDING SOURCES

Innovative caregivers may find willing sources of home care funding for their loved ones through these and other organizations:

- National Association of Insurance Companies (NAIC): (816) 842-3600.
- Medicare:
www.medicare.gov/LongTermCare/Static/HomeCare.asp
and www.medicare.gov/LongTermCare/Static/PayingOverview.asp.
- Veteran's Administration: 800-827-1000.
- Federal Long-Term Care Insurance Program (FLTCP): <http://opm.gov/insure/ltc/>.
- Faith in Action Volunteer Caregiving Programs: www.fianationalnetwork.org/.
- Partnership for Long-Term Care (limited states):
New York: 888-NYS-PLTC (888-697-7582) or visit www.nyspltc.org. *California:* 800-Care445 (800-227-3445) or visit www.dhs.ca.gov/cpltc. *Indiana:* 317-233-1470 or visit www.IN.gov/fssa/iltcp. *Connecticut:* 860-418-6318 or visit www.CTpartnership.org.
- Community Caregivers, Guidlerland, New York: (518) 456-2898 or visit www.communitycaregivers.org/contact_us.htm.

Read the Fine Print

Taking Care When Admitting a Parent to Nursing Home Care

By Molly Shomer, MSSW, LMSW

Making the decision to place your parent in nursing home care is often an emotional and exhausting experience, as many families of the 1.5 million Americans currently residing in the nation's 16,000 nursing homes have doubtlessly found out before you.

Once it's your turn to make the move on Mom's or Dad's behalf, you will be worried about the kind of care your parent will receive and their emotional reaction to the move. And one of the last things you'll want to worry about is the paperwork, but the nursing home contract is one of the most important things to merit your attention.

The "Admission Agreement" is a legally binding contract between the patient and nursing home defining the services to be provided by the nursing home and laying out the responsibilities of the patient. Because this is a legal commitment, it is important that you and your parent know exactly what needs to be signed. Regardless of whether you've had a chance to read and understand what the contract says, once it is signed, your parent (and in some cases you) will be bound by the contents of the agreement.

Who Signs the Agreement?

Because the Admission Agreement obligates both the patient and the nursing home, whenever possible the patient should be the one to sign the agreement. Individual state laws, as well as federal laws, forbid a nursing home from requiring that a third party—even an adult

child—sign the admission agreement in order for a patient to be admitted.

If your parent is not able to sign the contract because he is either unable to understand or unable physically to sign, then his legal guardian or his "agent" (acting with a valid Power of Attorney document) can sign on his behalf.

If you are in the position of having to admit your parent to a nursing home as his or her agent, you will essentially be committing that your parent will perform the "duties" he or she has agreed to by signing the contract.

The most important of these duties, of course, is to pay the agreed-upon charges promptly and in full.

Know What You Are Signing—And Why

If you are in the position of having to sign the agreement because your parent cannot, and if you are either your parent's guardian or legally appointed agent, AND if you are careful to sign the document properly, you will be agreeing to accept the responsibility for paying the patient's bills from the patient's own resources, not your own.

In order to be certain that you are signing as agent and thereby not making yourself personally responsible for your parent's bills, you should always consult with an attorney about the proper wording to use when signing any contract as agent. Elder law attorneys specialize in this area and are probably the most helpful.

In the difficult situation where your parent is unable to sign the nursing home admission agreement and there is no power of attorney or guardianship in place to provide you with a financial shield, and if the nursing home is refusing your loved one's admission without a signed agreement, you may feel that you have no choice but to sign. If you feel you

must sign the nursing home admission contract, you must be even more careful to avoid personal financial obligation.

If you don't have power of attorney, and if you are not a legally appointed guardian, consult with an attorney before you sign anything on behalf of your parent. If you fail to do this, you may find yourself legally obligated to pay your parent's nursing home expenses from your own pocket, even if your parent has the funds to pay for care.



The "Responsible Party" Pitfall

If your parent signs the agreement, be very cautious about adding your signature as the "Responsible Party."

Too many nursing home agreements are not clear about the responsibilities of this so-called "Responsible Party." In most cases, however, somewhere in the fine print you will find that the "Responsible Party" agrees to pay if the patient does not. While a nursing home has every right to be paid for the care it provides, you should be careful to avoid this loophole.

Remember that if your parent has signed the agreement, then there is no valid reason for the nursing home to require you to also sign. Be careful if the nursing home representative explains that the "Responsible Party" is simply the

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Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

When Safety is a Must Still Driving After All These Years

By Kelly D. Morris



Derrick Anderson of Lexington, Ohio, is worried about his dad. At age 72, John Anderson still values his independence, and that includes his ability to drive his car to the grocery store, the VFW, and the doctor's office. But Derrick wants to be sure it's safe for his dad to drive. John's vision isn't quite as good as it used to be, he has a bad back, and he has arthritis in his hands.

Is it time for John to hang up the keys? Not necessarily. And it's the same for many aging drivers, who aren't quite at the point of taking away the keys, but where safety must be paramount. And where it's up to the senior's family to see that safety is maintained.

There are a lot of reasons for a parent to give up the car keys, and we strongly encourage you to encourage them to stop driving if they are no longer able to do so safely. That includes if their vision is bad enough to impair their driving ability, or if they are cognitively impaired. But there are a lot of accommodations that can be made to make driving easier and safe for someone like John.

John's vision was his son's biggest concern. It wasn't too bad, but it wasn't as good as it used to be. This may seem obvious, but the first thing to do is to get dad an eye exam. It turned out that John needed new glasses.

Seniors' Safety Guide

The National Older Driver Research and Training Center at the University of Florida and AAA recently put together a guide called *Smart Features for Mature Drivers*, which offers some other solutions for John. For example, they recommend thick steering wheels, which are easier to grip, and keyless entry. They also suggest

larger dashboard controls with buttons instead of knobs, because these are easier for arthritic hands to operate. Power windows are also easier to operate. Drivers with arthritis may also prefer four-door models over two-door models, because the doors are lighter and easier to open.

The guide also has ways to help deal with John's bad back. Drivers with limited mobility in their back or neck may have trouble turning to look behind them to back up or merge into traffic, which can be dangerous. The aging driver can benefit from large, wide-angled mirrors that reduce blind spots. An adjustable steering wheel can be positioned to minimize back, neck, and shoulder discomfort. Heated seats with lumbar support can be especially helpful for bad backs.

The Truth About Mature Drivers

John is not alone in having some age-related difficulties with driving. In fact, AAA says drivers as young as 40 begin to experience some mental and physical changes that can affect their driving abilities. Let's take a look:

- **At Age 40:** Thought processing slows, night vision worsens, and recovery from glare slows.
- **At Age 50:** Nine out of 10 people require bifocals, and reaction time slows.
- **At Age 60:** Range of motion decreases by as much as 25%.
- **At Age 70:** Arthritis may make motion painful and restrict movement, and conditions like stroke, high blood pressure, and diabetes can affect perception and behavior.

Now, we're not suggesting that drivers as young as 40 get off the road. However, we are suggesting that all drivers and their caregivers take a good look at the limitations and implement ways to make driving safer and more comfortable.

Conditions Requiring Solutions

We've already talked about ways to cope with arthritis and bad backs. What about other problems seniors might experience?

For hip pain or limited range of motion in the knees, older drivers should look for power seats that adjust six ways—forward, back, up, down, and seatbacks that adjust forward and backward. That way they can get in and out of the car more easily and adjust the seats so they have enough leg room. The seat should be at the proper height, which is midway between the lower thighs and buttocks. Concave bucket seats are particularly difficult to get out of. Drivers should also look for a car with a low door threshold for easier entry.

Drivers with glaucoma or cataracts, or those who have slow glare recovery, can benefit from extendable sun visors that are easy to adjust. Those with poor night vision should look for large audio and climate controls with contrasting lettering, which are easy to see and will minimize distraction.

Other Safety Features

There are some other safety features that all drivers, but especially seniors, should look for in a car:

Head restraints will move forward to cushion the head, reducing the risk of neck injuries if a car is hit from behind. Extra padding can also help reduce the risk of injury in a crash.

Antilock brakes prevent wheels from locking during emergency braking, allowing drivers to stop the car and retain control without pumping the brakes, which can be difficult for some seniors.

Dynamic stability control is a feature that helps prevent loss of control in a turn, especially on slippery roads, ►

helping drivers compensate for slower reaction times.

Look for side and dual-stage/dual-threshold air bags. Side airbags will protect the torso, pelvis, and head. Dual-stage and dual-threshold airbags will inflate based on crash severity and weight of the driver. This is important because it can help prevent injury caused by airbags. Remember, older bones are more brittle to begin with.

Talking to Dad About Safe Driving

Dad may be defensive and resistant initially, especially if he thinks you are trying to take away the keys. But once he realizes you want to work with him to help him stay independent, he'll probably be cooperative. You can call AAA to get a copy of *Smart Features for Mature Drivers* and go over it together, or just share this article with him.

In John's case, John decided to buy a new car that had some of the features recommended by the National Older Driver Research and Training Center and AAA. He sold his old car to his son. Derrick felt much better about his dad driving, and John felt much better, too.

But purchasing a new car may not be necessary. In many cases, simple and less costly modifications can be made to your loved one's existing car to make it safer. Don't automatically assume you can't "afford" to have a safer car. Take some time to determine which safety features you need, and then look at what you can do to make your parent's car safer. ■

Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

On the Hook for Home Care Costs

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Using Financial Assets

The following suggestions involve the creative use of financial assets and resources that may be available to you or your loved one. There are many factors to consider, including your loved one's life expectancy, cost of care, tax questions, estate issues, and your loved one's personal preferences.

One or more of these ideas could help in your situation, but due to their complexity, it is highly advisable to consult with a financial expert or elder law attorney to help you sort through the options and make the best choices.

Accelerated Benefits. Some life insurance policies have a feature called an accelerated benefit, which allows insureds to receive their life insurance funds during their lifetime instead of leaving the money to their estate. Check with the insurance company to see if your loved one's policy has this option.

Elder Settlements. Some insurance companies will purchase existing life insurance policies for a discounted price. For example, they might pay your loved one \$35,000 now for a policy with a \$50,000 death benefit. Although the payment is less than what would be paid out after death, having that money today

could go a long way toward paying for the assistance that would enable your loved one to continue living at home for an extended period.

Reverse Mortgages. Often a significant portion of an older person's wealth is tied up in home equity. A reverse mortgage allows older homeowners (those over age 62) to convert part of that equity into tax-free income, without having to sell the home or make a mortgage payment. Instead of making monthly payments to the lender, the process is "reversed" and the lender makes the payments to the homeowner. The reverse mortgage loan is repaid when the homeowner no longer owns the home due to sale of the home or passing away of the homeowner.

As you can see, there are a number of opportunities out there worth investigating for help with home health care costs. But remember, even for the most creative caregiver, it still makes sense to thoroughly understand all these potential sources of funding, and to get expert advice to help you make the best decisions for you and your loved one. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.

HELPING SENIORS DRIVE SAFELY

The American Automobile Association (AAA) offers a number of resources designed to help you help your older loved one continue driving safely. Contact your local AAA offices to ask about these services:

- CarFit is a free, individualized safety check to help you increase vehicle control and comfort as a driver. CarFit was developed by the American Society on Aging in partnership with AAA, AARP, and the American Occupational Therapy Association.
- Roadwise Review is an easy-to-use computer program that allows someone to test their driving abilities in the comfort and confidential environment of their own home.
- Driver improvement classes are offered for mature drivers.

COMING UP IN NOVEMBER

- You might think that your caregiving eases when your loved one moves into a nursing or assisted living facility—or even with you. But caregiving remains front and center in each case, and we'll show you how it changes.
- Following the recommended regimen of vaccinations is not only an important ritual for your children, it's also important that your Mom and Dad get their vaccinations, no matter what age. As their caregiver, you can help keep them on track.
- Seniors and smoking—how quitting at any age saves lives, and improves health for the elderly and also their caregiver. It's never too late to quit—and you can help.
- Our latest installment of Caregiving Gadgets & Gizmos focuses on innovation in elderly safety, medication compliance and keeping our loved one's mind fertile and fresh. Don't miss it.

More Often Natural Than Abuse

Why Elderly People Bruise So Easily

By Rachel Davidson

The next time you spot a nasty discoloration or unexplained bruise on your loved one's skin, don't jump to a conclusion that the bruise is the result of some form of abuse. While that may be the case, we should realize and remember that more times than not, those ugly bruises are simply a common side effect of aging.

A bruise occurs when damaged tiny blood vessels under the skin break, usually from a blow or other trauma. The harder the impact, the bigger the bruise becomes – and when you're older, it doesn't take much of a bump to trigger a bruise. Blood leaks under the skin followed by pain and swelling. Bruises are usually purple and, after a couple of weeks, they turn various shades of brown, yellow, and green.

While some bruising is mildly uncomfortable, deep bruises of the muscles hurt and can make it very painful for your loved one to move. You will probably recover from a minor bruise, which is also known as a contusion, in a couple of weeks, but it can take months for a senior's to improve.

Common Causes of Bruising

As we age, our skin retains less moisture and loses its elasticity. The connective tissue weakens the support around our blood vessels. Already damaged by years of exposure to the sun, your elderly loved one's skin becomes paper-thin. It bruises and tears easily, sometimes doing so without any previous injury, not so much as a bump.

According to Fred Cicetti, author of the Keeping Seniors Healthy column on the CaregiversHome.com website, an over consumption of the dietary supplements fish oil, ginkgo, ginger, and garlic can thin an older person's blood causing bruising. He says other contusion culprits are pre-

scription medicines including blood thinners Plavix and Coumadin, cortisone medications such as Prednisone, and over-the-counter medicines Aleve, Advil, Nuprin, and even the common aspirin.

Alcoholism can cause bruising either directly or through falling. According to the federal Centers for Disease Control and Prevention, one in three adults age 65 and older falls each year. In fact, after age 85, one woman in two falls, CDC says.

While all bruises need to be continuously monitored, some require immediate action. If your loved one experiences extreme pressure in the bruised area, especially if it is large and painful, contact a physician immediately. While extremely rare, this condition, known as compartment syndrome, sometimes leads to amputation, according to geriatrician Dr. Cheryl Woodson, a former member of the

COVERING UP UNSIGHTLY BRUISES

Is your loved one self-conscious about their bruising and wanting help concealing their injury?

Two companies — Dermablend and Covermark — offer a variety of cosmetic coverage products that include foundations, concealers, and powders. You can see before and after pictures of individuals using their products on their websites.

Dermablend — www.dermablend.com (800) 662-8011 has a question-and-answer section as well as application help. In addition to being able to order from their site, their products are available at some stores. Prices range from \$17–31.

Covermark — www.covermark.com (800)-524-1120 is a source of immediate answers to bruising and other skin questions and has a question-and-answer section and an opportunity to post on their message boards. Prices range from \$15–44.



While House Conference on Aging and founder of Woodson Center for Adult Healthcare in New York.

Evaluating the Cause

In evaluating your loved one, ask yourself:

- Did bruising on the abdomen, chest, lower back, or around both eyes occur after an injury?
- Is there no apparent cause for the bruising?
- Has the bruise hardened, increased in size, or become more painful?
- Does it appear to not follow the predictable healing pattern?
- Has she developed a fever or an infection around the bruised area including, but not limited to, streaks of redness or pus?
- Does bleeding from the nose or gums accompany the bruising?
- Did she suddenly begin bruising after starting a new medication?

These unusual warning signs all indicate a need for immediate medical attention.

Is It Abuse?

When considering whether abuse played a role in the bruising, look at the entire circumstances. Ask these questions:

- Have you noticed more bruising when she started working with a new home healthcare assistant or after she moved into a healthcare facility?
- Are you seeing bruises that are not compatible with given explanations?
- Does the bruise reflect an outline of an object such as a belt, cord, or hand?
- Does it appear to be bilateral bruising (bruising on opposite sides of the body), wraparound bruises that typically encircle her arms, or bruises that appear from rough handling or restraints?

The California Department of Justice says, "While one or more of these types of bruising do not mean abuse has occurred, they should be treated as signs that diligent attention or an investigation is needed." ►

When Abuse Is Likely

Discuss any bruises with your loved one. If they seem reluctant to talk or appear frightened or withdrawn, remind them that they are important and deserve to be treated with compassion and respect. Ask them if they are being treated respectfully. Your loved one actually may not realize they are being abused due to their decreased pain perception, or they just may not remember. Some abuse victims believe nothing can be done about it and fear retribution, if they speak up.

If you suspect your senior is being injured by others, ask their physician to order a lab test. It is the only accurate way to test for abuse. If the test confirms your suspicions, remove your elderly from the source of the problem and report it immediately to one of several organizations—Adult Protective Services Association (217-523-4431), the National Long-Term Care Ombudsman Resource Center (202-332-2275), Eldercare Locator (800-677-1116), or your local law enforcement agency.

Treating the Bruising

Bruising goes away when the body reabsorbs the blood. To speed up the healing process, ice the affected area immediately. Woodson adds, “If it makes her feel better, apply a warm compress after the

swelling has gone down.”

Bruising that begins immediately after starting a new medicine or herb may require an adjustment or change. However, never have your loved one stop any medication without first consulting their doctor.

If bruising appears related to a fall, make your elderly’s living quarters more fall-proof. Dr. George T. Grossberg, director of geriatric psychiatry at St. Louis University School of Medicine, recommends installing grab bars in the bathroom and stairways, tacking down loose carpeting and rugs, clearing the area where an elderly person walks and placing a night light close to their bed.

“Reassure her,” he adds, “that it is just cosmetic and will heal. Rarely disorders of platelets or clotting may be the culprit.”

Reducing Bruising

To reduce bruising, Ann Marie Levine, clinical director of Weinberg Center in New York City, says, “Apply a lighter touch when washing your loved one. Use less force in lifting her and never pull on her forearms or any limb. If she is in a wheelchair, heavy white socks can protect her from bumping into objects that could lead to bruising. Have her physician review her meds.”

Health columnist Cicetti recommends a daily application of alpha hydroxyacid lotions to the skin. He says it increases the skin’s thickness up to 15% through added collagen production, the skin’s natural support protein. Some individuals have benefited from additional units of vitamins B12, C, and K.

However, the best protection and treatment for a parent or other elderly person remains you, with your vigilant and loving caregiver’s eye. ■

RESOURCES

Administration on Aging — www.aoa.gov (202) 619-0724 has a pamphlet with additional information on elder abuse and what you should do about it.

National Institute on Aging — www.nia.nih.gov/ (800) 222-2225 has an in-depth publication on how to prevent falls, especially those that could happen in the home.

AgingPro — <http://agingpro.com> (888) 244-6499 has a helpful article on what to look for when hiring a caregiver in your home.

Rachel Davidson is a freelance writer focusing on elderly care. She published a quarterly magazine for nursing home administrators for 15 years, as well as a caregiver newsletter for five years. Rachel lives in Baraboo, Wisconsin and can be reached at families@centurytel.net.

Taking Care When Admitting a Parent to Nursing Home Care

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family member to be contacted for emergency medical decisions or other important communication; in this case, a note to that effect in your parent’s medical chart and a copy of your power of attorney or guardianship document should suffice.

Review the Agreement Carefully

The occasion of your parent literally being admitted to a nursing home is stressful in itself, and is not the time to review a nursing home admission agreement for the first time. Your mind and your heart will be with your parent, and not with the serious legal business at hand. Plan ahead, if at all possible.

In most cases, you will know in advance that your parent will be entering a nursing home. You will probably have a chance to tour and select the facility.

During the tour is the time to ask for a complete admissions paperwork package. You will then have an opportunity to focus and review the documents carefully before you or your parent sign.

Be especially cautious if the agreement states that all parties agree to submit future disagreements to arbitration rather than the courts. We cannot give legal advice here, but many jurisdictions have ruled that such a clause is not legal. You may have the right to strike through this clause with your pen, eliminating it from the agreement. Always seek legal advice before you take this step.

When You Sign

Before you or your parent sign the admission agreement, be very careful to examine each page for blanks or spaces that have not been filled in. Never sign a contract that has blank areas that the nursing home representative says will be completed later. The nursing home representative

should complete and sign each page first, and then you or your parent should sign. Stick to this routine, no matter what the representative urges.

Be sure that the nursing home representative has signed in every appropriate place, and then ask for copies of everything. Do not leave the nursing home without these copies, and do not be put off by a promise to have them ready for you to pick up later.

As stressful as placing a parent in nursing home care is, it will be a lot less stressful down the road if you follow the foregoing steps. And remember that an attorney can be a very valuable ally in helping you through this stage. ■

*Molly Shomer is a family caregiving specialist and licensed geriatric care manager. She is a nationally recognized expert on eldercare issues and the author of *The Insider’s Guide to Assisted Living*. Her website is www.eldercareteam.com, and she can be reached at molly@eldercareteam.com.*

Common with Age

No Simple Solution for Toenail Infections

A thick, crumbling yellow toenail is probably not high on the list of major health concerns, but your loved one will feel better and look better if it's cared for.

Most often, the cause for a thick nail is a fungal infection. The infection can continue indefinitely if not treated. Even with treatment, nail fungus can be difficult to clear up.

Fungal organisms find their way into the skin through thin breaks or even a small separation between a nail and the nail's bed. Fungi don't need sunlight to survive and do very well in warm, moist environments. For example, warm toes encased in a dark shoe or always under bed covers are an ideal setup.

The infection is more common in seniors, in part because of decreased resistance to infection due to diabetes, circulation problems or a weakened immune system. Other risk factors include wearing

shoes that don't "breathe" and socks that don't absorb perspiration.

The first sign of fungal nail infection—the medical term is onychomycosis—may be a yellow or white spot under the nail's tip. Over time, the nail may thicken, become crumbly or ragged or may start to separate from the nail bed.

If a nail isn't painful or too bothersome, some people opt not to treat the fungal infection, instead watching for troublesome changes and carefully filing the affected nail to keep it trimmed and thinned. Treatment options include:

Self-care: Any nonprescription antifungal cream applied to the nail's surface could improve a superficial infection. Other topical treatment options are Vicks VapoRub, tea tree oil or white vinegar; however, no rigorous studies have shown that these approaches work.

Antifungal oral medications: Two com-

monly prescribed medications are itraconazole (Sporanox) and terbinafine (Lamisil). Fluconazole (Diflucan) is another option. Typically, these medications are used for six to 12 weeks. Results aren't evident until complete nail re-growth, which can take about a year. Treatment success rate is 40%–90%. For people over age 60, success rates are 60%–64%. Among those successfully treated, 15%–20% will have a recurrence.

These medications can have serious side effects. They include heart failure, liver damage, liver failure and possible adverse interaction with other drugs, including some blood thinners and cholesterol-lowering drugs.

Antifungal nail lacquer: Ciclopirox (Penlac) may help if the infection is superficial and does not affect the nail bed. Treatment involves coating the nail daily for a year. The cure rate is about 10%.

— Source: Mayo Clinic Health Letter

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