

The Great Senior Debate: Do I Stay in My Home or Move to Retirement Living?

By Linda Fodrini-Johnson

Options exist today that our parents and grandparents never had. Baby Boomers will be more inventive in finding options for living in retirement.

The questions I receive from clients who are pondering this decision include: "How do I make this decision?" "Where do I begin?" And, of course, "What are my options and what will it cost?" Often, arriving at an answer is not a simple process.

The choices run the gamut from living in your own home to living on a cruise ship. However, as we plan for longer lives, we cannot deny the reality that our health or vitality might not be what it is today. Individuals need to make these decisions always with a plan "B" in mind for the "what ifs" of a longer life.

The first question I ask clients is, "What gives your life meaning and value?" The answer will help lead us to other questions whose answers will ensure quality of life. If music is a value and you play an instrument now, but can't in the future for some physical reason, consider a retirement setting that either has musical venues or that is in close proximity to cultural offerings. This solution will keep an element of what gives your life quality, no matter what choice is made.

If you are an individual or a couple without adult children to assist you in making decisions – your pre-planning is even more important. It will be vital for you to choose individuals that can make decisions for you based on your wishes and values. Those who have adult children still need to communicate your wishes, but children usually know their parents likes and dislikes and can, in a pinch, make a decision based on mom or dad's history.

Most of us are aware of options in our area such as the retirement community of Rossmoor - where you purchase a property, but all care is secured by you and not provided by the community. This is much like living in your current community with more specific activities and support systems, such as transportation, but without the home and grounds upkeep, which is provided by your monthly fees. Some retirement communities have choices that offer congregate living with or without personal care. Most often the service in congregate living is meals and housekeeping.

The next level of care in apartment-like living is Assisted Living, where you can be fully independent and get assistance only when you need it and for the time you need it.

Assisted Living today provides an array of options that can include Hospice Care and Dementia Care in secure settings.

A newer option in retirement living is Cohousing and the closest community is in Pleasant Hill. You purchase your condo and share social events and meals once or twice a month with fellow residents – building a supportive community for times of need – sometimes with a skill bank, where residents exchange talents to help one another.

Cohousing can be designed for those over 55 and some are for all ages.

Continuing Care Retirement Communities (CCRC) is another option where you "buy-in" with a large sum, securing your ability to stay in the community and be cared for in all three, sometimes four levels of care: independent, assisted living, dementia care and skilled nursing care. The large sum that you put forth at entry is for insurance to cover the cost in all these levels of care. A monthly fee is still assessed for living expenses, social activities and many other amenities that vary from community to community – we have several in the Bay Area and this option often appeals to those without family and those who just don't want to move when needs change. There is an age limit for enrollment and some individuals with a progressive illness can be denied admission.

Most retirees want to stay in their current home if it meets their needs and they can manage the upkeep and layout of the home when they require additional support. This has been the number one option of the individuals and families that I have worked with for the past 30 years as a Professional Care Manager (PCM). My job usually starts with bringing in care when needed and in connecting individuals to local professional services or experts. The most important aspect of a PCM is advocating, as necessary, for clients in all areas of their life that affect quality. This could mean finding everything from home retrofitting, to Meals on Wheels or finding the visiting veterinarian. It could mean being the advocate in the ER and arranging for the next level of care when necessary, with the goal of getting the individual back to home.

A newer option will soon be available for those who live in the Lamorinda area. This is the option of being connected to the Lamorinda Village - a self-managed organization to assist with the vetting of services and exchanging of talents. It provides

opportunities for socialization, education and volunteering, but most important, a support system that will allow neighbors to help neighbors stay in the community they love. A small annual fee is assessed to connect services to members.

Plan for the life you desire with advocates you choose who will make it happen for you should the "what ifs" of a longer life get in the way.



Linda Fodrini-Johnson is a licensed marriage, family and child counselor, a certified care manager, and is the executive director of Eldercare Services. She is an advisor on the new Lamorinda Village Task Force that will assist seniors to stay in their own neighborhoods and homes.

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ASK SAM

Samira Davi is a Nurse Liaison for ManorCare Health Services in Walnut Creek. Samira has over 10 years of experience working in health care in Contra Costa County, which has gained her a wide view of what is important to the health care consumer. She will be posting common questions and comments in each issue of the Lamorinda Weekly. You are welcome to contact Samira directly at 925.270.8766

You Chose your Doctor and Your Hospital—Now Choose Your Recovery

I'm frequently asked "How do I choose where I go for recovery?" The center you choose will significantly impact your rehabilitation outcome—here's some information to help you:

- Visit and Tour different facilities.** View the rehab department, view the rooms, meet the staff in different departments, and ask questions about care delivery.
- Make sure they can demonstrate a proven track record of successful outcomes.** Ask for evidence of how successful they are at improving patients walking, bathing, dressing, and ability to manage their own care at home. ManorCare measures these things on admission and discharge, so we can see the impact our services have on our patients.
- Social workers are a crucial part of the equation.** Ask for how they plan discharge and who manages the process. At ManorCare, we plan patients discharge from the start so that the patient has a smooth transition back home. This eliminates worry and anxiety for both the patient and the family.
- Who is managing your insurance?** At ManorCare we have RN Case Managers who manage your insurance benefit from admission to discharge. You have an advocate during your stay to ensure you are able to maximize your benefits.
- Specialized care and services.** Certified wound care nursing, specialized pain management techniques, speech language pathology and respiratory care are standards at ManorCare—they are critical pieces of recovery. Ask the facility how they manage these clinical issues.
- 24-hour RN coverage.** We pride ourselves in our clinical management and skills. We highly train Registered Nurses who can manage the highest levels of acuity here around-the-clock. Ask the center what level of clinical care is available throughout the day and night.
- Customer service.** How does the center measure their customer service outcomes? Just like clinical outcomes, ManorCare measures how we do with our customers—you. A third party survey's all of our discharged patients and asks them questions about the quality of care and service they received while a patient at ManorCare. We're proud to say that the scores come back over-whelmingly positive.

We invite you to tour both of our ManorCare post-acute rehab centers—we'll answer all these questions for you and more.

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For a short video visit us on YouTube: www.youtube.com/hcmanorcare



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Struggling with this question?

Linda Fodrini-Johnson has created a checklist that can help you with your decision of staying in your home or looking outside your current home. Email DanielleG@EldercareAnswers for a copy. For more information on the Village concept, visit www.vtwnetwork.org and for information about the newly forming Lamorinda Village, visit www.lamorindavillage.wordpress.com.

Not Everyone's Doing It!

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"She told me about the 78 percent campaign over the phone, and I told the idea to our group and we decided to participate."

McQuain says her objective was to try to make a difference in her school, raising awareness about the dangers of drunk driving and drinking in general.

"I don't think that there is a direct pressure on kids to drink; it is more indirect," she says. "If you are at a party, people think that everyone does it, and you feel left out if you don't." That's why she thought the idea of the "78%" signs was so good – to show that in fact a vast majority of kids don't make it a habit to drink. McQuain says that most people

thought it was cool, but they had a hard time believing it. "That's because everyone thinks that everyone drinks, but it's not the case," she says.

Lamorinda's three city councils signed a proclamation declaring April Alcohol Awareness Month. In Orinda, the proclamation was not only given to Rich, but to Miramonte SADD. In Lafayette, the proclamation was given to local SADD president Austin Franklin and to McQuain.

"With that 78 percent figure, kids saw that drinking is not a prevalent behavior among their peers," says Taxler. "It's not nerdy not to drink; in fact, you are in a super-majority if you don't."

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