

# Caring for Seniors: A Guide for Immigrant Families

(adapted from lovingcare.net: A Guide for Seniors written by Annette Vitale-Salajanu)

The decision to leave ones home is a difficult one. This is especially true for immigrant families who may face conflicts between traditional cultural norms and practices, and the realities of work and family responsibilities where it may be difficult or impossible to provide needed care for a loved one.

Whether you are a senior citizen contemplating making a change in your living situation, or a family member with the responsibility for selecting a long term care facility for a loved one, selecting the appropriate environment can be extremely frustrating. Many people make the mistake of looking first at the various facilities in order to select an appropriate place. That is an important step, but it should not be the first one. There are three steps that should be followed first. These are to 1) determining the health status of the patient, 2) review the patients interests and personality needs, and 3) assessing the patients fiscal health.

## **Determining the health status of the patient**

The first step involves determining the physical, mental, and emotional condition of the resident. An evaluation by a trusted physician who understands your health care needs, or that of your loved one, is important. A physician, who speaks the same language with native fluency as the patient, should be asked to determine how well the patient can care for the following needs (unaided, with some help, with much help, or not at all/needing complete assistance):

- dress/undressing
- feeding self (including dietary regime)
- caring for clothes
- keeping room tidy
- preparing meals
- ambulatory skills (does the patient require a cane, walker, brace, or wheelchair, can the patient walk more than 300 feet without assistance, is s/he bed ridden, etc.)
- bathroom skills (is the patient incontinent (bladder/bowel), does the patient require a catheter at any time day or night, does s/he have a colostomy, can s/he bathe her/himself without assistance or risk of injury, does s/he have vertigo, syncope, or frequent falls).
- Activity regimes (physical therapy requirements)

The physician should also provide information about the patients physical condition including height, weight, temperature, pulse, respiratory system, and blood pressure.

S/he should evaluate the following systems checking for any abnormalities in:

<ul style="list-style-type: none"> <li>■ skin</li> <li>■ hair</li> <li>■ nails</li> <li>■ head and face</li> <li>■ eyes</li> <li>■ ears</li> <li>■ nose and sinuses</li> <li>■ mouth and throat</li> <li>■ neck and nodes</li> <li>■ breasts</li> <li>■ respiratory</li> </ul>	<ul style="list-style-type: none"> <li>■ cardiovascular</li> <li>■ gastrointestinal</li> <li>■ urinary</li> <li>■ genital</li> <li>■ rectal</li> <li>■ extremities</li> <li>■ musculo</li> <li>■ skeletal</li> <li>■ CNS</li> <li>■ hematopoietic</li> <li>■ endocrine</li> </ul>
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The physician should be asked to provide a patient history including such topics as:

<ul style="list-style-type: none"> <li>■ Arthritis</li> <li>■ Cancer</li> <li>■ cardiac problems</li> <li>■ diabetes</li> <li>■ epilepsy</li> <li>■ alcohol</li> <li>■ drugs</li> <li>■ or tobacco habits</li> <li>■ hepatitis</li> <li>■ hypertension</li> </ul>	<ul style="list-style-type: none"> <li>■ mental illness</li> <li>■ surgery</li> <li>■ tuberculosis</li> <li>■ ulcer, or other problems,</li> <li>■ any permanent disabilities</li> <li>■ family history or</li> <li>■ infectious or hereditary diseases, as well as</li> <li>■ allergies or other manifestations.</li> </ul>
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The history should also include detailed information about the patient's current treatment plan, current medications including strength and dosage, and rehabilitation potential.

The doctor as well as family members should also determine the current condition of the patient for behavioral and mental factors. These include ascertaining from the patient's primary caregiver as well as the doctor whether or not the patient is alert, forgetful, quiet, confused, wanders, paranoid, suspicious, belligerent, noisy, or comatose. It also includes evaluations of the patient's long term and short term memory.

Many times when a patient and their family are advised to place a patient in a nursing home, this information is provided directly by the physician to a prospective nursing home. By obtaining this information up front, family members can better understand their loved ones needs and insure that they are adequately met.

This first step will also help determine the type of residence which may be needed. There are several types of long term care facilities including retirement residences, assisted living, adult foster care, shared housing, continuing care facilities, and nursing homes (basic care, skilled care, and sub-acute care). Do not ignore the option of getting care for your loved one in their own home through such services as visiting nurses, meals on wheels, etc. Do not be afraid to ask questions, or explore other care options such as an adult foster care facility, if the physician evaluation suggests to you this may be an acceptable alternative choice for your loved one. For more information about care choices, please click [here](#).

### **Reviewing the patients interests and personality needs**

It is not enough to establish the type of facility needed by your loved one. It is also important to make a good fit between the interests and personality of your loved one and the facility. An excellent facility may not still be the best choice for your loved one if his or her emotional needs and interests are not carefully considered. When selecting a new home, whether for yourself or a loved one, many people fail to consider this very important aspect of choosing a long term care facility.

Often we take for granted those we love, especially our parents. We have always seen them in the role of a care giver and source of nurturing love to us. They often put aside their own interests in favor of our needs and desires. When approaching the selection of a long term care facility, it is important to put aside our own preferences and take some time to think about and get to know our parents again. It is best to have critical conversations with ones loved ones before such conversations become impossible.

Determine what are your loved ones interests. For example, is the patient friendly/critical a loner/a social person dependent/independent cooperative/competitive leader/follower active/quiet

- Ask what are the patients English language skills. How well will they be able to communicate their needs and wants when a family member is not present to translate. What cultural barriers are there?
- Ask what are the patient's hobbies or interests. For example do they enjoy: sitting outside/outdoor, watching television, making crafts, playing cards, reading, or enjoying pets.
- What groups, persons, or roles have been important such as church, clubs, family, friends, positions held, etc.

It is vital to take some time to really think about your interests or those of your loved one if the selection is for you, or for the person for whom you are acting, so that the residence you select will be a good fit.

For example, if your loved one is a male, accustomed to living on his own, who enjoys the outdoors, and who is accustomed largely with socializing with other men, who needs to be placed in a nursing home, then a nursing home near your home even if it has a high

rating, may not be a good fit if it does not allow patients access to a park like setting where he is free to go outside at will or where most of the residents are women.

Conversely, if the patient is a woman who enjoys indoor crafts she may not be happy in a facility which does not provide these kinds of activities on a regular basis. Assessment of a patient's interests should be ranked by importance and whether or not a service to meet that interest or personality trait are essential or desirable. By taking the time to insure a good fit between the patient and the nursing home, you are more likely to find a placement in which both the patient and the facility are pleased with the arrangement. Failing to take the time to do this, may mean several placements before a good fit is made.

### **Assessing the Patients Fiscal Health**

Long term care options are often expensive. Before going to a nursing home or other long term care facility, you need to review the patient's fiscal health. Ascertain whether or not the patient's insurance will cover some or part of the costs of long term care, for how long, and under what conditions.

If the patient is an immigrant, especially a recent one, s/he may not be eligible for certain federal or state benefits even if s/he has the mandatory minimum 40 social security credits.

If the patient has Medicare or Medicaid, or is eligible for assistance from the U.S. Department of Veterans Affairs, you will want to ascertain if the facilities you are interested in are certified to participate in these programs. Also it is a good idea to find out what the policy is of the facility for patients who originally enter as private pay and then subsequently apply for Medicaid. For example, are they likely to be moved to another room in a less desirable part of the home? Since it takes some time to process an application for Medicaid, you may want to begin this process simultaneously with the process of searching for an appropriate home.

### **The Long Term Care Agreement**

When the patient actually enters a home, s/he will be asked to sign an admissions agreement. Unless s/he has previously granted power of attorney to another person, or guardianship has been awarded, it may be legally required that the patient sign the admissions documents. The contract describes the legal relationship between the patient and the nursing home. The agreement or contract is a very important document because it describes all of the services provided, the patient's rights and responsibilities, and the charges for the care provided.

Most states require that the nursing home establish a written contract prior to admission, when a previous contract expires, and at the time the source of payment changes. A copy of the contract must be given to the resident or the resident's legal representative at the time of admission. If the contract is in English and you do not understand all of the provisions ask that it be translated for you, or hire a translator to do this. This contract is too important to leave to chance!

Some of the provisions that the contract must include are:

- length of the contract
- the services to be provided under the contract and the charges
- any additional services which may be required and the charges
- who is responsible for the fees
- the amount of deposit required
- the rights, duties, and obligations of the resident.

Before signing any agreement, be sure to ask for a copy of the admission contract and have the contract reviewed by an attorney. Most admissions contracts are long and contain complicated legal jargon and terms. It is a good idea to have your attorney review the contract as sometimes, contracts contain illegal requirements, which may not be enforceable by the courts. Other requirements may be legal, but not acceptable to you. These include provisions about notice to you if the patient is kicked out of the home for some reason. You may negotiate agreements to change the contract.

Under federal law, Medicare and Medicaid approved nursing homes cannot require anyone other than the resident to guarantee payment. Federal law also prohibits these facilities from charging deposits or pre-admission fees to anyone whose nursing home care will be covered by Medicare or Medicaid. If you are asked to sign the contract and are only agreeing to make payment out of the resident's funds, write that on the contract and make sure the nursing home initials this change. If the nursing home does not accept this, contact your attorney or Citizens for Better Care for assistance.

When reviewing the contract be sure to carefully understand all of the charges. Some of these can add up to significant charges. Some facilities charge extra for common services you might expect to be charged in the daily rate so be sure to carefully check out the cost of these extra services. For example, is there a charge for laundry? Will the nursing home pay to replace missing or stolen items? Is there an additional charge for the nursing home to transport the patient to off site doctor appointments? Is there an additional charge for nutritional supplements such as ensure? Is the room rate spelled out? Does it indicate how many patients are allowed in to be placed in the room at a time? The services that the daily rate covers should be spelled out in detail. The contract ideally should include a list of all optional services, and the related charges, not spelled out in the daily rate. If you sign up for them, do you have control over how often they are charged. for example, if you sign up for laundry service and they deem it necessary every day, or even every other day, the additional costs can be significant.

Before signing a contract always check out several other facilities so you have some comparison for fees and other charges. Ask yourself if the daily rate is reasonable and how much the additional charges are likely to add up to in an average month?

A very important provision to review involves discharges and transfers. Make sure the contract spells out the conditions required for an "emergency" discharge. If the contract requires that the nursing home only provide you with 24 or 48 hour notice and that notice

occurs on either a Friday night or on a weekend, you may have difficulty finding an appropriate placement in time. Also, ascertain if the contract spells out whether or not residents are transferred or discharged from the facility when their money runs out. Are residents transferred or discharged from the facility when their care needs increase? If their care needs increase what will the additional costs be for that care?

If there are provisions that are verbally agreed upon by the resident and the nursing home, be sure that these items are spelled out in an addendum to the agreement.

At the signing of the contract, make sure you receive:

- a receipt for the money deposited in the patient's trust fund, if any
- a receipt for the security deposit, if any
- a receipt for any advance payment
- a copy of the nursing home's residents rights policy and grievance procedures
- a copy of the signed contract and all attached forms. Make sure your copy includes all charges and that they have been initialed by you AND by the nursing home representative
- a signed inventory of the residents clothing and personal belongings
- a copy of the patient representative form, if approved. If the nursing home has been provided a copy of power of attorney form or guardianship papers, be sure there is an acknowledgement of receipt of these forms in your copy of the agreement
- a copy of any addendum or additional agreements you have made with the home
- a copy of every other document the resident or you sign at the time of admission