

CAREGIVER CHRONICLE

Connections for Caregivers

January, 2013

Dr. Robert Slaton: Making Caregiving Personal

By David Greenberg

Caregiving is both personal and professional for Dr. Robert Slaton.

Dr. Slaton, who specializes in internal medicine and diabetes, has been in practice for 42 years. He has seen his patients age, and as a professional, he recognized the changes required when dealing with an aging patient base.

But it became personal for him when he started to care for his father, George Slaton, after the family discovered his Alzheimer's. It was actually George Slaton who first discovered the need for caregiving in the family.

"My father built a five-unit condominium for us to care for fam-

ily members when it was needed," he said. "But when my mother died, it became apparent my dad needed more help. He moved here into The Village."

O v e r time, George Slaton needed more care, and his son became the primary caregiver for the last seven years of his life. Ultimately George Slaton suffered a stroke and passed away. But the entire experience left Dr. Slaton with an entire new outlook about caregiving.



Dr. Robert Slaton with several attendees of An Affair to Remember

"It reached a point where I was the only person who could give him a shower," he said. "I ended up learning more from my father in the last eight years of his life than I did in the first eight years of my life."

Dr. Slaton says that personal experience has made him a better physician.

"When you talk to a patient, or a family member, you know exactly what they are going through," he

said. "I really feel a bond with them. I can be more instructive and more convincing. When you start practicing medicine, you go through all the academics. You want to contribute to the well-being of your patients. You find out that it is hard work and a business. Only after years of practice can you slow down and do what you really wanted to do. That's what it's been like the last several years."

So if there is a new goal for Dr. Slaton, it is to pull together all the resources that exist in our community to care for our older population.

"We have so many resources here, such a talented community, but we are duplicating services," he said. "We need to bring all these resources and organizations together. The number one industry in our community is education. The number two industry

A Message From Cheryl Robinson

Welcome back for another connection for caregivers. I am sure you have probably already heard the saying by former First Lady Rosalynn Carter, co-founder of the Rosalynn Carter Caregiving Institute (RCI). "There are four kinds of people in this world: those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers."

It seems to me that with these odds, it truly is important to be educated, prepared and familiar with the services and resources available in a community. In this issue, we will be defining the term dementia, in a way that hopefully will shed some light

on the diagnosis criteria, defining the protections and services offered when using an agency for in-home non-medical care, explaining the need for a strong and effective durable power of attorney and sharing in a story of care provided by Dr. Slaton, one of our community's leaders in the caring for our caregivers field. In addition, the calendar of events and in particular, the new Caregiver Café are featured so that you will be aware of what is already here. We look forward to hearing from you regarding what we can do to assist you on your journey of care. Thank you all for your participation, and I look forward to our journey together.

Cheryl Robinson, LCSW

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Caregiver Bill of Rights*

I have the right...

...to take care of myself. This is not an act of selfishness. It will give me the capacity to take better care of my relative.

...to seek help from others even though my relative may object. I

...recognize the limits of my own endurance and strength.

...to maintain parts of my own life that do not include the person I care for, just as I would if he or she were healthy.

...to refuse a request from my family member without feeling guilty.

...to be treated as a competent adult by health care professionals, other family members, and peers.

...to make mistakes.

...to have different values and beliefs than others.

...to make choices about my commitments (for example, to which activities I want to commit myself).

...to accept or reject an offer for help without feeling obligated.

...to take pride in what I am accomplishing and to applaud the courage it has taken to meet the needs of my relative.

...to get angry, be depressed, and express other difficult feelings occasionally.

...to protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.

...to expect and demand that as new strides are made in finding resources to aid physically and cognitively impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.

...to _____ (fill in others)

*from AlzOnline

Dr. Robert Slaton

(continued from previous page)

is retirement. My vision is to put the total package together. We need to work together to take care of all our retirees.”

One piece of that effort is An Affair to Remember. Going into its sixth year, An Affair to Remember was conceived by Dr. Slaton and others in Gainesville to recognize those who take care

of our elder population. This is an annual event, to educate, honor and recognize those people who care for people with Alzheimer's/ Dementia. At the event, a



professional is recognized for an outstanding contribution, along with a family caregiver who exemplifies loving care and a C.N.A. who is exemplary in Alzheimer's care.

“This is an honorable time in their lives,” said Dr. Slaton. “By recognizing these caregivers, we are showing our appreciation for what they are doing.”

And Dr. Slaton should know as much as anyone about this being an honorable time. He has lived it both professionally and personally.



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From the Desk of Sam W. Boone, Jr.:

The Importance of a Comprehensive Durable Power of Attorney

By Sam W. Boone, Jr.

Editor's Note: This is part of a series of columns that will be presented in this newsletter by Sam W. Boone, Jr., a local attorney whose primary practice areas include elder law and estate planning. It is hoped that the information will be valuable for caregivers and family members dealing with issues related to elder law.

A detailed and comprehensive durable power of attorney (POA) is a crucial element when dealing with issues related to disability and aging. Unfortunately, many POAs are very general and can actually cause more problems than they solve. And in Florida, depending on how long ago it was written, it may not even be legally effective.

What is a durable power of attorney? A comprehensive durable power of attorney includes a grant of power for the agent (the person who has been designed to represent you when it comes to financial decision making). It allows the agent to act on your behalf.

Under Florida law, the durable POA is effective as soon as it is signed. It does not become effective when you become disabled. So it is critical that you select someone with whom you are in agreement. The POA must be very specific, and the powers granted must be initialed. General, broad powers will not be recognized.

The benefits of having a POA are plentiful. They include:

- providing the ability to choose who will make decisions for you rather than having the court decide. If you have a signed POA and cannot make decisions for yourself, the agent named can do that for you. Without a power of attorney a guardianship may need to be established. You don't want that. A guardianship is a very expensive, time-consuming and public process.

- avoiding the necessity of a guardianship. If you don't have a comprehensive power of attorney when you become incapacitated, you would need a guardianship. The court appoints the agent to manage the financial and/or health affairs of the incapacitated person and the court will continue to control the actions of the guardian as long as the incapacitated person is alive or incapacitated. Besides being a long and costly process, the incapacitated person

has no input on who will be appointed to serve on their behalf.

- providing family members with an opportunity to discuss wishes and desires. When you choose your own agent in your POA, it should involve a family discussion. That way your family knows your wishes.



- preventing questions

about your intent. There have been countless court battles about a person's intent when he or she becomes incapacitated. A well-drafted power of attorney, along with other healthcare directives, should eliminate the need for family members to argue or disagree over a loved one's wishes

- allowing agents to talk to third-party service providers. Your agent often has to work with banks, arrange healthcare and engage other services for you. Without a comprehensive power of attorney giving authority to the agent, that becomes complicated.

There are many other reasons for having a comprehensive durable POA, but these should be enough to convince you of the need.

Sam W. Boone, Jr. is a Gainesville-based attorney practicing elder law and estate planning. To learn more about elder-law issues, go online to [www. http://boonelaw.com/](http://boonelaw.com/), or call (352)-374-8308.

Caregiver Cafe

The Alzheimer's Association in partnership with The Atrium at Gainesville will be hosting an opportunity to interact with other caregivers at this informal event.

Feb. 24 5:30 to 7:30 p.m.

Dinner and respite care will be provided.
This event is free of charge for caregivers.

2431 NW 41st Street
Gainesville

Pre-registration is required. Call (800) 272-3900 to register.



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Where Can I Find A Caregiver?

When you or a loved one needs the assistance of a caregiver you are faced with several choices. Do you try to hire an individual, use a sitter/companion agency, subcontract thru a nurse registry, or utilize the services of a licensed home-health agency that specializes in private-duty care. This is a very important decision, and there are significant differences between the four choices.

If you decide to hire privately you in effect become an employer and might be required to manage reporting of wages to the IRS, social security, unemployment, payroll taxes and other withholdings as required by law. It is suggested that you consult an attorney and/or tax advisor to ensure that you are meeting the legal requirements. As an employer, it is ultimately your responsibility to ensure that wages are being properly reported. Even though the caregiver may tell you that they have a clean background and come recommended by someone, you cannot be sure of their criminal history unless a level 2 FBI background check is conducted – a requirement for licensed agencies. When you utilize the services of a private party, you in effect become their supervisor and need to have systems in place to track time worked and services provided. You also may be liable for work-related injuries or injuries occurring while on your personal property.

In Florida, sitter/companion agencies are licensed by The Agency for Health Care Administration (A.H.C.A.). Sitter/companion agencies are not subject to routine state surveys that ensure compliance with the rules and laws governing them but instead are inspected only in the event of a complaint being filed against them. Sitter/companion agencies can only provide sitter services. In other words, they cannot provide any hands-on assistance with toileting, showering, dressing, eating or medications. Their caregivers are not required to have a health assessment or CPR certification. Usually the caregivers that are hired are not certified nursing assistants or home-health aides but truly sitters. In the beginning the client may only need sitter services but if the client's needs change and they need more help the sitter/companion agency will have to refer you to an agency that is licensed to provide the hands-on care.

A nurse registry is licensed and surveyed by A.H.C.A. The nurse registry is not licensed to employ caregivers but rather acts as a referral agency for sub-contractors. The individuals providing care would be subject to many of the same guidelines as a private individual. In other words the caregiver works

independently, not for the nurse registry. The registry simply refers the caregiver to you. Per wage and labor laws, supervision of sub-contractors by the nurse registry is prohibited. Liabilities such as workers compensation and unemployment are not allowed to be paid for by the nurse registry. It is important that you ask to see and make copies of the liability insurance policies that the subcontractor has. Be sure to verify that the policy is current, remains current, and provides you with liability protection. Billing for services through a nurse registry can be complicated in that the caregivers are subcontractors. Some nurse registries have the client pay the caregiver directly and bill a separate referral fee. This often requires that the client or family member writes out multiple weekly or bi-weekly checks.



A home-health agency is also licensed and surveyed by A.H.C.A. Most either provide skilled services, such as nurses and therapists or they provide private duty services. A home-health agency is required to ensure all direct-care staff to undergo reference checks, a level 2 (FBI) background check, have current CPR certification, a health statement, and their license remains

current and in good standing. Home-health agencies can provide both sitter/companion and personal care (hands-on) services. These services can include assistance with toileting/incontinence care, showering, transferring, walking, eating, dressing and medications. Caregivers can also do light housekeeping, meal preparation and escort to appointments and/or shopping. The agency is responsible for supervising all care provided and is required to carry liability insurance for all employees. Most agencies pay all liabilities so the client does not have to worry about taxes, workers compensation or unemployment. The agency manages time worked, pays the caregiver and sends the client one inclusive bill.

As you can see, there are several things to consider when making a decision about the care you receive as well as the service provider. It is important that you understand all of your options and what your responsibilities are. When doing your research, you will find that most often phonebooks, internet searches and other directories group the various provider types together under the single heading of home-health care. Be sure to ask what license the health care provider has so that you can make an informed choice. To learn more you can visit the Florida Agency for Health Care Administrations website at www.fdhc.state.fl.us

Highlighted Resources

Alachua County Veteran's Services

If you are a veteran or widow of a veteran you may be eligible for basic or increased compensation benefits and other medical benefits from the US Veteran's Administration. The VA Service Officers can assist you in filing for adaptive equipment, aid and attendance, death pensions, medicines, homestead tax exemptions, nursing home care, widow's benefits and other related services. You can call 352-264-6756 for more information. Located at 218 SE 24th St., Gainesville, FL, 32641

And here's another great resource:
Rosalynn Carter Caregiving Institute:
www.RosalynnCarter.org

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We will publish every other month
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The Connection of Alzheimer's With the Term Dementia

By Dr. Joel Rich

A common mislabeling occurs when people say that a person has Alzheimer's yet not Dementia. This most often occurs due to the stigmata of the word of dementia and lack of understanding of the complexities of Dementia. The derivation of the word Dementia actually means madness. As a result patients and families try to avoid this label.

The more appropriate term for a patient with Dementia is to label it as a neurocognitive decline with the name major neurocognitive disorder. The diagnosis of Dementia encompasses a disorder in decline in memory and at least one other cognitive domain in language (aphasia), functional tasks and movements (apraxia), lack of recognition of things (agnosia) and loss of executive function. The cognitive decline is a change from baseline that gradually worsens quality of life and functional status.

Alzheimer's is the most common type of Dementia. It encompasses more than 60 percent of all Dementia. Thus all patients with the diagnosis of Alzheimer's have the diagnosis of Dementia. However not all people with the diagnosis of Dementia have Alzheimer's. There are several other types of dementia including Vascular dementia, Parkinson's Dementia, Frontal-Temporal Dementia,

Lewy Body Dementia, and several other conditions can make a patient appear that they have a form of Dementia such as depression, psychosis, infections, thyroid disorders, structural brain disorders, electrolyte imbalances, sleep disorders, nutritional deficiencies and adverse drug reactions.

It is very important to seek out professional medical evaluation prior to placing the label of Alzheimer's or any other type of Dementia on a person. The diagnosis of these conditions takes a detailed medical history of cognitive decline, a thorough physical exam and cognitive testing, a detailed review of medications, and some basic laboratory tests. This approach will help properly make the diagnosis if the patient has a type of Dementia and if this type is Alzheimer's.



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Calendar of Events

Alzheimer's Association

First Steps: This program will be held in our Gainesville office on the third Wednesday of each month from 3- 5 p.m. First Steps is designed for caregivers who are new to a diagnosis of Alzheimer's disease (or related dementia) and/or are new to the Gainesville area. We will be providing them with information about Alzheimer's disease, planning issues, what to expect and available resources. Please call 264-6740 for more information.

The Alzheimer's Association, Central and North Florida Chapter will be conducting a workshop entitled *Know the 10 Warning Signs: Early Detection Matters* at the Hawthorne Public Library on Thursday, Jan. 31 from 3- 4:30 p.m. This workshop is free and open to the public. However, registration is required. If you know of anyone who is interested in attending this program, please have them contact us at (800) 272-3900 to reserve a seat.

Caregiver Support Groups

Senior Healthcare Center at Spring Hill
3rd Tuesday of the month from 2:30-4 p.m.
3720 NW 83rd Street, Gainesville
Contact Flory for more information- (352)-336-3050

Lake Area Caregiver Support Group
4th Tuesday of the month from 1-2 p.m.
Melrose Community Center
Call (352)-475-5347 for more information

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