Frequently Asked Questions About Life in a Nursing Facility

PROVIDING SERVICE WITH OUR HEARTS AND HANDS
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Our mission statement “Ambassadors of Care, providing Service with our Hearts and Hands”, defines our purpose as a health care provider. The statement exemplifies our commitment to our patients, their families, and the communities in which we live and work. It also signifies how we provide our care - we serve with our heart - in order to provide the highest quality care we can.

Providing healthcare services isn’t just a business – it’s a mission and a passion. We are entrusted with great responsibility, and it is a great privilege to serve our residents, families, and communities.
Introduction

I feel so relieved – and so guilty for feeling that way.
Are my feelings normal?

Guilt. Resentment. Confusion. Relief. All of these and more are common and understandable reactions to a family member moving into a nursing center. Whether the move was long overdue, or the result of a sudden illness, or a drastic change in circumstance, such a major life change in the life of a loved one resonates throughout a family, creating concern not only about the care their loved one will receive, but also about the many emotionally-charged issues that the move does not seem to resolve.

In this booklet, the questions most frequently asked by relatives of new residents are answered simply and directly. Some questions reflect the emotional turmoil common to the adjustment phase, like, “Did I make this decision for selfish reason?” Others will address more practical matters like laundry and special diets. For the purposes of this booklet, we refer to the people who use short term services as “patients,” and long term services as “residents.”

The importance of your role in the success of your relative’s adjustment to nursing center life cannot be stressed often enough. You are one of the most knowledgeable members of your family member’s care giving team – you cannot give the other team members too much information, or ask too many questions about your relative’s care.
Chapter One: 
Who’s Who in the Nursing Center

Confused about who does what? Here’s a little introduction to the nursing center staff and the types of questions to ask each.

**Executive Director.** This is the center’s manager, so ask anything, but especially about facility policies and procedures, state and federal regulations, and how the center’s is run.

**Medical Director.** The staff physician monitors residents’ medical conditions. Ask this person about types of care available.

**Director of Clinical Services.** Supervises the nursing staff. Ask the director of clinical services about nursing policies, nurse/patient ratios, and care routines.

**Clinical Nurse.** Coordinates individual nursing care, dispenses medications, and directly cares for residents. Ask the clinical nurse about doctors’ orders, your relative’s care plan, medications, and treatments.

**Nurse Tech.** Bathes, dresses, feeds, and transports residents. Ask the nurse tech about how much your relative is doing for themself.

**Director of Resident and Family Services.** Acts as liaison between residents and staff. Ask this individual about the adjustment process or discharge plans.
**Director of Therapeutic Recreational Services.** Organizes the activity programs, religious services, and volunteer opportunities. Ask this staff member about activities your family member would enjoy.

**Hospitality Services.** Cares for residents’ rooms. Ask the housekeeper about personal possessions, lost items, and decorating the room.

**Director of Dining Services.** Runs the food service department. Comment here about your relative’s food preferences, allergies, and diet.

**Physical Therapist, Occupational Therapist, or Speech Language Pathologist.** A variety of therapists round out the staff and help residents function at as high a level as possible. Ask them about your relative’s progress and the benefits of therapy.

**Director of Environmental Services.** Takes care of the repairs necessary in the facility and ensures equipment is working properly. You must check with the director before plugging in electrical items brought from home.

**Business Office Manager.** Duties include all patient billing and trust fund activity. Ask the business office manager questions regarding billing policies, insurance coverage, Medicaid eligibility, and resident trust needs.
Chapter Two: Emotional Issues

Major life changes are tough on everyone, but preparation and support can ease the transition.

Helping Your Loved One Adjust

How can I help Dad settle into his new home?

You might help your family member settle into life in the nursing center best by remembering that he’s not just moving into a home, but into his new home. Ask your father how he would like his home decorated and arranged. You can help him make that home as comfortable and personal as possible.

Although it’s important that any decorative item not interfere with the care giving mission or policies of the nursing center, thoughtful decorating can help the nursing center meet its goals of caring not just for the body, but also for the mind and spirit of its residents as well.

Don’t forget to discuss with staff members decorating ideas. Some of the best ideas for brightening up a family member’s room can come from the staff who see them every day.

Consider the following:

• You can help restore some sense of a home environment by decorating the room with things brought from home. In borrowing from the former
home environment, try to go beyond just moving items from the old into the new. Instead, try also to capture and recreate the same mood, texture, and tone.

• Bring things your Dad has made or collected. Bring items that have always been important to him, like a special chair or pictures.

• Provide large photos of yourself or your family. Get the children involved in creating handmade items for all occasions. In most cases, the brighter and more cheerful, the better.

• Stimulate all the senses. Borrow decorating ideas from Mother Nature – nothing can be as refreshing as a bit of the outdoors brought indoors. Find flowers, colorful leaves, and other reminders of the seasons to help brighten his room.

• Provide paintings or prints of his favorite subjects or of religious or other familiar scenes.

• If your father is able to enjoy them, supply magazines, books, and newspapers for him; if not, bring tape-recorded books or music. If he subscribed to the daily newspaper, keep it coming.

• Provide a telephone or TV if his room can accommodate them.

• A telephone can be one of the best items you can provide if your Dad is able to use it. This will allow him to stay in touch with friends and family and help combat a feeling of isolation which many people fear.
Mother’s still angry and keeps saying she wants to go home. Will she ever adjust to the move?

If you’ve ever moved yourself, especially out of town, you’ve already experienced a part of what your mother is going through. But add to that the stress she’s experiencing from the loss of her cherished independence, from living in unfamiliar surroundings with scores of strangers, and from trying to accept you in the unnatural role of caregiver, and you will begin to understand just how major a life change this can be.

Suffice it to say that the first 30 days may be uncomfortable for both of you. Don’t be surprised if during the early days of your mother’s residency, the whole family experiences some degree of guilt, tension, fear, or fatigue.

Your mother is likely to do or say things that will upset you and make you feel guilty. She may express either verbally or non-verbally her dissatisfaction with the new arrangements and her desire to go home. She may act mad or hurt, berate, or ignore you.

Remember that these behaviors – and your reactions to them – are perfectly normal under the circumstances. Adjusting to their new living arrangements is a process that all residents go through in their own way, and at their own speed. In the meantime, the staff is always there to help see you through the peaks and valleys of this very emotional experience. Don’t be afraid to ask for a little moral support.
Coping with Guilt and Resentment

Mom and I chose this nursing center because we thought it was the best thing for her, but she treats me like I’m abandoning her to pursue my own selfish pleasures. How can I remind her that we have her best interests at heart?

The decision to admit a family member to a nursing center setting is never an easy one. But whenever you begin to doubt the decision, remember the many advantages a nursing center offers your family member;

• 24-hour care, with medical assistance always available.

• A roommate, with whom many residents form a deep and lasting bond that proves both invigorating and supportive.

• A sense of community and activity, which can encourage residents to get up, dress, and get out to enjoy a community meal in the dining room or an organized activity in the recreation room.

• Staff members who become attached to the people in their care, and work to make their lives as comfortable and interesting as possible.

• Regular clergy visits and religious services.

• Activities, educational programs, group discussions, and outings.

• Personalized physical, occupational, speech, and restorative therapies.

• Trained nurses who teach skills and promote self-care.
• A medical staff who track the individual progress of each resident, as well as their medical needs, on a daily basis.

• Tasty and nutritious hot meals on a regular schedule, with help for those who need it, and special attention for those whose diets need to be monitored.

• Finally, more satisfying relationships with family members who, with the stress of routine daily care transferred to home staff, now have sufficient energy and time to devote to the emotional needs of their family member.

• The most important question to ask yourself is the following: Is my Mom capable of making a decision regarding her health and safety on her own? If the answer to that question is no then you must weigh the options you have available and make the decision for her. These types of decisions are never easy, but you must always remember her health and safety must come first.

I know my mother should be here, but I promised her years ago that we’d never put her in a nursing home. I feel like I’ve gone back on my word.

If you’ve had to break such a promise, whether it was expressed or only implied, it’s important to take some time to separate what you feel about your decision from what you know. For example, even though you might feel as though keeping that kind of a promise is very important, you might know that it was no longer safe for your mother to live alone. Remember:
• As circumstances change in your life, so, too, do your options. The “best” solution to a problem ten years ago might not be the best solution today.

• The guilt that often accompanies placing a family member in a nursing center can actually debilitate you – or drive you to give more than you can possibly give.

• Few people can provide the 24-hour care a nursing center can provide. Your family member needs you for more than lodging, meals, and medication. She needs your love. Often the only way to do your primary job right is to turn your secondary one over to another.

• You’re not alone. At the heart of almost all guilt suffered from placing a family member in a nursing center is the unspoken doubt that a promise has been broken. Talk to someone who has made a similar decision and share your conflicting emotions. Then ask them to share with you how they coped with the guilt, and how they feel about their decision in retrospect. If your nursing facility has a Family Council, talk with some of the members. (See pages 19-20 on Family Council.)

Even though I was killing myself trying to take care of my Mom and family both, since she’s moved to the home I’ve felt even worse. Instead of appreciating all the staff does for her, I resent them for caring for Mom better than I could, and guilty for being so childish. What is wrong with me?

Nothing is wrong with you, anymore than there is something wrong with the young mother who is crushed when her only child comes home in love with his kindergarten teacher. Sure you feel resentful, and
probably a little left out. You were the center of your Mom’s universe and now you feel like an orbiting planet at best.

Share your feelings either with someone on the staff, or someone who’s been in a similar position like a Family Council member. Don’t worry about sounding silly. Your reaction is more common than you think.

When my wife and I lived together, I was there for her every minute of every day. How can a nursing center provide that kind of care?

It can’t. On the other hand, it can provide a lot of things you couldn’t, and the trade-off might prove healthier for everyone involved. While she won’t have you there to help plan her day, an entire staff of professionals with years of experience with her age group will be scheduling activities for the entire community to enjoy.

Moreover, she’ll still be getting what she needs most from you, the kind of individual attention only a family member can provide.

As the only relative in town, I feel I have too much responsibility for Mom, while my sisters out of town feel guilty for not helping more. How can we share the load more equitably?

Your mom is only the first of many family members that will find this life change stressful. Admitting a close relative to a nursing center brings to the surface all kinds of life issues that we often keep on the back burner. If not handled right, it can also stir up old resentments, sibling rivalries, and control issues that you thought were buried years ago. Remember, this
dramatic development in the life of the new resident is also a watershed in the lives of her family members, for the event forces each to come face to face with a new family role, accept the new limitations of other family members, and grapple with the reminder of her own mortality.

All family members need to make a concerted effort to empathize with others’ points of view and the needs and conflicts they face. For the primary caregiver, it’s crucial to remember that failure to keep other family members informed on developments only makes the transition harder for all involved. Out-of-town relatives who are only informed of major decisions may feel they are lurching from disaster to disaster, with no control or input.

But the primary caregiver can help put them back “in control” of their lives by providing them with regular progress reports and suggestions as to what to send or when to plan their visits. She can also help by preparing them for what they will see, since changes in a nursing center resident’s appearance will seem more drastic to them than to her.

Try to keep family discussions of options and decisions as open and uncritical as possible. Try to get only those commitments from family members that can be given honestly and realistically. Nursing home residents love receiving letters, cards, and unexpected packages. If the out of town family members keep in touch as regular as possible that will generally uplift your mom’s spirits and help prevent feelings of isolation.
Making Your Visits Count and Visiting By Mail

Dad and I never did talk much, and now conversation is even harder. What can I talk about that won’t make us both uncomfortable?

Talking about the “uncomfortable” things can be therapeutic for nursing center residents – and for their family members. And if he can’t talk frankly with you, his family member, who will he be able to “talk it out” with?

• Often conversations in the early days of residency revolve around the decision to admit the family member to the home. Stress the more objective side of your case: “Your condition requires that you have 24-hour nursing care.”

• Use your conversation to lovingly motivate your family member. “After you can transfer from your wheelchair to a chair maybe we can plan an outing in the car.” You are inspiring him to achieve.

• Finally, remember that the most important part of any conversation is the time you spend listening.

Instead, encourage him to talk about home and the things he misses. Then listen! Listen as you would to your boss or your spouse – carefully and patiently.

Realize that your family member is “working through” a major life change in the best way available to him, and he needs your help.
How can visits seem like they used to be at her home?

Successful visiting is like any other social skill – it can be improved upon with a little bit of work and some practice. The pay-off will be more enjoyable visits for both you and your resident. Consider these tips for better visiting:

• Plan ahead. You can help avoid the “duty” visit by remembering why you used to visit your relative before she became a resident. Write letters for her, take her out to lunch, meet her new friends, or brag about the kids – with grade cards, photographs, school projects, and even videotapes to back you up!

• Remember this is a visit to your family member’s new home, not a hospital room. Don’t feel pressured to entertain; instead, if she’s able, let her be hostess to you.

• Don’t fear reminiscing. Gerontologists are showing that such “life review” is an important adjustment mechanism that helps elderly people put their situation into perspective and deal with lingering conflicts.

• Remember you are an important link to the outside world. If she wants to gossip, then gossip. Keep her involved in the family, the community, and the church. Don’t be afraid to seek the same amount of advice and comfort from her as you did before she moved into the home. Sometimes you’ll have to let her vent her anger and frustration at the situation, and at her new limitations. But remember, you don’t have to remedy the problem in order to be of some help, you just have to listen.

• Get to know the staff. These care providers are part of the extended family that constantly work to improve
the overall quality of life for your loved one. Fill them in on your family’s favorite stories about your resident, and about her personal idiosyncrasies, to help them understand her individual needs. Volunteer to help in the facility’s group activities to get better acquainted.

My kids can sometimes be a handful. Should I bring them on visits or will they just wear Dad out?

Bring them. It’s easy to underestimate the importance of a connection between children and elder family members, but studies show that the relationship between grandparent and grandchild is second only to that of parent and child.

• If your family member can communicate, let the child and family member play games like Tic-Tac-Toe or Hangman, simple card games, checkers, or dominoes. Share coloring books and drawings.

• Don’t be concerned about the commotion that always accompanies kids. It can be a welcome change to the usually sedate home environment, and studies show that even unrelated elderly people enjoy seeing children at open parties or public activities.

• Encourage physical intimacy between children and elderly family members, particularly if the resident can’t speak. Kids can tend to be bashful in this kind of situation, but model eye contact, handholding, back rubbing and hugging for them. Simply holding a baby is often therapeutic for residents who can’t interact well.

• Occasionally bring, or send ahead of time, a small gift for the family member to give to the child.
• If you have problems managing the visit, take only one child at a time. But allow enough time for a fruitful visit.

• If the resident is not actually your children’s grandparent, show your appreciation for his willingness to take on the grandparenting role. If he is, reserve to him as many of the traditional rights and privileges of a grandparent as possible.

• Be sure to visit on days that are special for the children, such as Halloween (in costume), the first day of school (in uniform), etc. It helps keep your family member involved in the children’s lives. Try to continue or build new family traditions: “It’s what we always do when we visit Grandpa.”

• Encourage older kids to pursue their so-called “living history,” in which older family members bring history alive by telling children their unique role in the public events of their lifetime.

Mom’s nursing center is two towns over and I can’t always visit. Should I send mail?

Few things can brighten a resident’s day more than receiving mail.

• Start small. A bright and cheerful greeting card can be as welcome as a long letter – sometimes better. A simple, short note is better than nothing; the importance of mail is the connection, not necessarily the content.

• Take note of special occasions like St. Valentine’s Day, Mother’s and Father’s Days, holidays, family birthdays and anniversaries. Relay children’s
news regarding school, vacation, Scouts, and Little League.

• Since mail can double as decoration for your family member’s room, select bright, colorful note cards, scenic postcards or page-a-day calendar classics that she’ll enjoy seeing on her walls.

• Send photos featuring the activities and accomplishments of you and your family.

• Invite the kids to contribute a finger painting or a handmade card. Mail appropriate wall decorations to commemorate holidays. Send an envelope of colorful leaves in autumn.

• If your family member has moved from your community, clip the local newspaper for class reunions, school activities, engagements and births, local elections or other items of interest to her. If she has trouble reading the small print of the paper, recopy the stories in large print, or enlarge them on a copy machine. Don’t forget gift subscriptions to her favorite magazine or newspaper. (Some even have large print editions) Residents really look forward to this.

• Remember that it will often be a staff member who receives and directs your letter, so address it fully – including the family member’s full name – and add your return address. Date the letter. Identify all people in photographs you send. When you mention people by name, include a brief reminder of who the person is.

• If you know your family member will be reading the letter himself, make it easy on his eyes. Print in large letters with a dark ink on light paper. If your family member is capable of writing in
return, make sure she has a supply of stationery, pre-addressed envelopes, and postage stamps – and don’t forget that even postage stamps come in a huge variety now.

Finding Help When You Need It

Dad seems to be getting all the support he needs, but what about me” Where can I go for some encouragement and feedback?

To the person responsible for caring for a family member, it may sometimes seem that there is no lack of support for the elderly, but very little support for the caregiver. Check out some of these resources for caregiver support:

Outside the Nursing Center

- Many local phone directories now include an index of “helpful numbers” which may include a category for aging or elderly care. Look for state and local offices on aging, plus local programs sponsored by nursing centers, hospitals, or civic organizations.

If phone numbers are not indexed in that way, check the county and city listings for a local office on aging, the Area Agency on Aging, the health department, or local senior center.

- Watch the health section of your local newspaper and the community calendar. Visit the local library and talk to the librarian. Information on support for the elderly and their caregivers often funnels through these sources.
Inside the Nursing Center

- Talk with the nursing center administrators, social workers, and staff. They can often sort out and identify the conflicting emotions you may be experiencing, as well as provide some practical solutions for some of the more mundane problems you are facing.

- If you can find no support group for caregivers, consider starting one of your own. The structure of the group may be as formal or informal as you wish, but you should try to meet at least monthly, even if you’re only starting out with a few members. Choose a place and time convenient for all and try to develop a particular theme for each meeting. Keep names and addresses of the people who do attend, and ask your nursing center administrator for name of others who might be interested in attending. Give and take support liberally within the group – sharing with your peers is often the best resource of all.

- The nursing center facility may also have a family association or family council that you could join. These groups usually meet on an ongoing basis, and feature programs, speakers, family issue forums, social events, and fundraisers.

What is a Family Council?

A Family Council in a nursing center is, in effect, a consumer advocate group, comprised of relatives and friends of the center’s residents. A typical council meets monthly at the center, is run by the relatives and friends of the residents, and focuses its energies on several
established goals and objectives. Usually a staff member of the nursing center serves in an advisory capacity to the council, but is not actually a member of the council.

**What is the purpose of Family Council?**

A family council has two main goals: to protect and improve the quality of life in the center and within the long term care system as a whole, and to give families an opportunity to express their opinion in decisions that affect them and their residents. They can also serve as important sources of information and support to families of new residents who are still struggling with both the practical and the emotional ramifications of their relative’s new living arrangements.

**I want to do more than simply visit my husband in the nursing center. Do homes ever need volunteers?**

Yes, nursing center administrators are usually delighted at the prospect of a new volunteer, especially one whose family member is a resident. But there are other ways of getting involved as well.

- Ask about participating in one of the various councils the center may offer, like the Dietary Council, Program Council, Family Council, etc.

- During your visits, don’t confine yourself to your family member’s room. Get to know the staff, the daily routine, the programs available, etc. Make a point of telling the staff how you appreciate any extra things they do for your mother – remember that she might be unable or unlikely to provide them with the kind of feedback that makes their job more rewarding.
• Find out what services and support groups are available in your area. Contact the nursing center’s administration, the American Association of Retired Persons, the Alzheimer’s Association, and other organizations with chapters in your area.

• Inform yourself on political issues and candidates related to the aged on both the local and national level. Write or call legislators about your concerns.
Chapter Three: Practical Issues

The better you understand what the nursing center has to offer, the better advocate you’ll be for your family member’s comfort and well-being.

Visiting Policies and Trips Out of the Home

Can I take Mom out sometimes?

Of course. Giving your Mom something to look forward to is one of the most important things you can do. The thing many nursing home residents most fear is isolation from family, friends, and community. Planned day trips, visits home, etc. will give your Mom something to look forward to, something to plan and will almost always serve to lift her spirits. Residents are encouraged to go on outings as much as possible. Plan outings for your relative, especially on Sundays, holidays, and family birthdays and anniversaries. If overnight outings are planned, check with your facility regarding the policy on overnight stays.

If I take Mom out, does she need to be back by a certain time?

Not usually. However, the nursing staff needs to know when you are leaving and the estimated time of return. Medications may be given to you for your Mom.
Clothing and Laundry

What personal items should I pack for my wife?

First ask your wife what clothes and special items she wants to bring. Then ask your facility for its recommended clothing list and if your wife’s situation warrants additional items.

Should I send Mom’s personal items and valuables with her?

Ask your mother if she would be upset if an item was broken or lost. If the answer is “yes”, don’t send it. Leave expensive jewelry, cash, credit cards and valuable collector’s items at home.

Is there someone in the home I can leave some cash with, so Dad will have money if he needs it?

Your father may need cash for the gift shop or the barbershop. See the business office manager about setting up a personal account that he can access to cover these personal expenses.

How will my wife’s clothing be laundered and how often?

Find out how the laundry is handled on the floor your wife is assigned to. There may be a particular bin or room for dirty clothes, and in the beginning it might help if you made sure your wife’s clothes get there. Also, make sure she has plenty of clothes to wear while her dirty clothes are being laundered. If she is incontinent, she may need additional clothes.
How can I help keep Mom’s clothes from getting lost?

Upon admission, the staff will begin an inventory of your Mom’s items that will be kept on her chart. All personal items need to be marked with your Mom’s full name. Clothing should be marked discriminately on the inside. After admission, you will need to let the facility know if additional items are brought in or removed. If something turns up missing, please check to make sure it wasn’t taken home by another family member, then report the missing item to the staff.

How should I mark Dad’s clothing?

Since markings can wash out with repeated launderings, the best way to mark his clothes is with sewn-in labels, especially if the clothes are dark. Check his clothing periodically to see if the nametag is still legible, and be sure to get all clothing marked before it comes into the home.

Can I do my husband’s laundry at home?

Probably, but check with the nursing center. Make sure there’s an adequate supply of clothes available to your husband while you’re laundering his dirty clothes at home.

Food

Will Dad be made to eat food he doesn’t like?

No, but the staff cannot be expected to know what those foods might be unless you or he tell them. The
staff will try to encourage your father to try different foods, and will help him order and season his food the way he likes it as soon as they learn his preferences.

Who will help my aunt eat?

Every one who needs assistance in eating receives it. Your aunt will be encouraged to feed herself if at all possible. Special equipment may be used to help her eat independently. If she is unable to do so, however, someone will help her.

My aunt is a very finicky eater, what will happen if she refuses to eat or drink?

The staff will ask your aunt about her likes and dislikes on admission. They will attempt to accommodate these likes and dislikes and still meet the dietary requirements ordered by her physician. If they are unable to satisfy your aunt’s food wishes under her current diet, they will ask for a conference with your aunt, her physician and caregivers to discuss alternatives. Any information you might have regarding her food preferences should be made known to the dietary staff.

Can I stay to eat supper with Dad occasionally?

Certainly! Your dining with him will add to his pleasure. Since each nursing center has its own policies on guest meals, however, ask to meet with the dining services manager for details on advance notice, meal times, cost (if any), and any other services the center might provide.
Grandpa’s supposed to be on a low-salt diet. Who will make sure he sticks to it?

There are really two issues here. One is that your grandfather is on a sodium (salt) restricted diet for health reasons. The other is that he has the right to choose whether or not to follow that diet. No one can force him to follow it. He will be provided with meals that are planned to meet the dietary restrictions ordered by his physician and that will also be nutritionally adequate. If he asks for food that is not allowed on his diet, or obtains food from other sources that is not allowed, he will be counseled on the potential negative consequences of not following his diet. You can assist by encouraging him to follow his diet.

I’d like to surprise my mother-in-law with some of her favorite foods occasionally. Is there any reason I can’t bring her treats occasionally?

No, but discuss it with the dietitian or dining services manager first to make sure the item does not conflict with her diet. Each time you bring in an item, let the dining services manager or nurse know. Also try to time your visits so that your mother-in-law can eat the item. The centers have strict regulations to follow on storing and refrigerating foods to keep them as safe as possible. If you bring in something for her to keep in her room that can be stored at room temperature, also bring in an airtight container to store it in (Provided that the center’s policies allow this).
My dad will only eat peanut butter toast and cereal for breakfast. Can he get that every morning?

Provided it meets his diet requirements. If it conflicts with the diet ordered by his physician, a conference will be scheduled with your Dad, his physician and caregivers to discuss alternatives. The center is required to provide food that is in accordance with your Dad’s dietary restrictions but will do everything possible to accommodate your Dad’s preferences.

**Personal Care**

How fast will Mom’s call light be answered?

Call lights are answered in a timely manner. If the staff is aware of some problem your mother is experiencing, for example shortness of breath while she’s fighting a cold, they will check on her frequently.

How involved is my husband’s doctor?

The nursing center staff is in regular contact with your husband’s doctor. Family members are encouraged to keep in close touch with the physician themselves, but must remember that it is the nursing staff that will be carrying out the medical orders that come directly from the doctor.

Could my loved one fall here, like they did at home?

The center will do everything possible to prevent your loved one from falling, but as long as they are mobile there is always that possibility. You can help your loved one by making sure the center knows of their
predisposition to fall. Share with the staff the times your loved one fell, any injuries they suffered and what the cause of the falls were if you know. This information will assist the staff as they care for your loved one.

Are you going to restrain my mother like I’ve seen other nursing homes do?

The center’s Interdisciplinary Team Care Planning Process will result in the development of a plan of care for your mother, with your direct involvement. If our assessment, combined with your perspective, indicates the need for any least-restrictive appliance to be utilized by your mother for her own safety and comfort, then we will provide this element of care only so long as the decision or intervention does not violate state and federal regulations.

My uncle is supposed to take half a dozen pills at all different times of the day. Will someone make sure he keeps to his schedule?

Yes, medications are monitored very strictly in the nursing center; and the medical staff is continually checking and double-checking medication schedules.

How many people work a given shift? Is the weekend staff adequate? What is the staff-to-resident ratio?

Staffing requirements are set by federal and state guidelines designed to provide enough staff for the appropriate care level at all times. Ask the nurse in charge of your family member’s floor for the specific statistics for your nursing center. The center posts nursing staffing each day in a location that is visible to you.
Does the staff take everyone to group activities, or only those who express an interest? I know my mother-in-law would enjoy some of them, but I’m not sure she’ll think to ask.

All residents able to attend activities will be encouraged to do so. In fact, the staff is required to have a personal plan of care for each resident that includes activities and programs. This plan of care will be tailored to your family member’s physical and cognitive abilities. If your mother-in-law wishes, you can attend care planning meetings, usually held quarterly, and any group activities.

Who will be taking my grandmother to the bathroom and how often? Will someone get her up at night or will she use a bedpan?

The facility maintains adequate staffing 24 hours a day, seven days a week. Members of that staff will continually check on your grandmother to monitor bathroom needs. At night, and depending on her condition, your grandmother may choose the bathroom or prefer a bedpan to getting out of bed. Some residents, of course, will require a bedpan.

Who will do my father-in-law’s hair, teeth and nails? Is that up to the family?

No, this is part of the care delivered by the nursing staff. They will encourage him to do those things he can do and will assist with those things he can’t do. If there is something specific you would like to do for your father-in-law please let the center staff know.
How frequently will my father be bathed, and by whom?

Your father’s nurse should be able to answer this question for you but as a rule, residents are bathed according to their care plan, usually by an aide, but sometimes by a nurse. Individual needs dictate the schedule.

My Mother had a male nurse bathe her in the hospital and she was very uncomfortable with this. Will she always be bathed by a female?

The bathing schedule is individualized and any preferences will be addressed at the care plan conference.

Do residents receive any attention during the night, or only if they wake up and signal for help?

The nursing staff conducts regular rounds to check on each resident during the night. Check with your nurse to see how often they do this for your family member.

Are conjugal visits allowed between spouses?

Please discuss this with the director of resident and family services or at the care plan conference so appropriate arrangements can be made.

Will my wife’s therapies continue on weekends?

Not usually. Most therapies are planned for Monday through Friday, but if ordered by her physician our facilities have seven days per week therapy available.
Complaints

My family member complains all the time? How should I handle these complaints?

If your family member complains, remember:

• Never hastily dismiss a family member’s complaint. Even if the complaint appears petty or simply a way to register dissatisfaction with his new limitations, ignoring complaints will only further damage your relative’s morale.

• In many cases, all the complainant wants is for you to listen, support and comfort him as he adjusts to his new environment.

• Try to really listen to what he is trying to say. (See Chapter 2, Helping Your Loved One Adjust.) Don’t prejudge the validity of the complaint, and pay particular attention to his verbal cues, body language, facial expressions, posture, and gestures.

• Complaining is not limited to verbal expression. The onset of depression, an increase in anxiety, or the development of a tendency to withdraw into hostility and unresponsiveness can themselves be forms of complaint.

• Always respond to complaints, whether they are well founded or not. Use facial expressions, gestures, statements, questions, and comments to show you are listening. Don’t get upset and don’t be condescending or patronizing. Treat your family member as an equal in the conversation.

• If you do feel a complaint could be warranted,
bring it up to a staff member you are comfortable dealing with. Lingering or more serious complaints should be taken up with the home’s administration. Most homes have a specific complaint procedure. If you’re uncertain, ask.

• Be sure your relative is kept informed that everyone is working on the complaint and give him status reports.

• Although you should always bring complaints to the attention of the staff first, you should also be aware of the other avenues available to you for resolving problems. Amendments made in 1978 to the Federal Older Americans Act set up an ombudsman program in each state to help family members who have complaints about nursing centers and long term care facilities. Residents or relatives should be encouraged to report any unresolved complaints to this or similar programs in their area.

Insurance

What does Medicare cover?

Medicare is a short term federal program providing funds according to medical need. To qualify, the resident must meet strict medical guidelines requiring a skilled nursing facility. Your facility will determine if your family member qualifies and will fill out the forms. When your family member is on Medicare, his case is continually monitored by a team of staff members to make sure he qualifies. The home will notify you when Medicare benefits will end.
What is Medicaid?

Medicaid is a federal program administered by state agencies, based on financial need, and the medical necessity for nursing center care. Although the benefits last indefinitely, the state reviews all Medicaid residents periodically to make sure they continue to qualify both financially and medically.

What does supplemental or long term insurance cover?

Insurance coverage is available to cover certain costs of nursing center care. Some plans will supplement Medicare or Medicaid coverage and cover expenses beyond what these plans cover. Others pay for a portion of daily expense for a set amount of days in a nursing center. These policies may be in the form of supplemental or long term insurance.

If your family member has such insurance coverage, bring a copy of the policy to the attention of the nursing center. Work with the administrative staff to discuss how they want to file claims to get the best benefits.

We are considering enrolling Dad in an HMO. Will this make a difference in his care at the center?

Not all centers are contracted with all HMO companies. Please check with your center’s business office to determine if that center participates with the HMO you are considering before you make the change. If the center is a participating provider with the HMO then your Dad’s care would depend on what the HMO authorized. If the center was not a participating provider with the HMO, you would have to discharge your Dad
and admit him to a center that was a participating provider with that HMO or pay for his care privately.

**Advance Directives**

**What are advance directives?**

Advance directives are documents, which permit an adult to convey health care instructions in the event the person subsequently loses the ability to make or communicate decisions. Although there are some language and provision differences between states, the two most common forms of advance directives are a Living Will (LW), (or a Directive to Physicians), and a Durable Power of Attorney for Health Care (DPOA).

**What is a living will?**

A living will communicates health care preferences should an individual ever suffer from a terminal condition and be unable to indicate those preferences for himself. Before a living will can go into effect, not only must the patient’s attending physician document both the terminal diagnosis and the patient’s inability to make his own decisions, but also a second physician must make an independent assessment of the patient and concur on both the terminal condition and the decisional incapacity. Living wills are used most often to indicate preferences about life sustaining treatment when death is imminent.
What is durable power of attorney for health care?

A durable power of attorney for health care allows someone the resident appoints to make health care decisions on behalf of the resident, and it endures even though the resident may later be declared incompetent or is otherwise incapacitated. Each state has its own requirements as to how these documents must be drafted and witnessed, so each resident is advised to consult with his or her attorney so that the resident’s wishes may be carefully protected by the correct document.

What does this mean in terms of self-determination?

The sole purpose of advance directives is to ensure a person’s right to make his own decisions regarding his health care options. It is important to remember that no one is required to have advance directives. Furthermore, healthcare providers are required to take a neutral position regarding their merit. Advance directives have advantages and disadvantages. If you are interested in having advance directives for yourself, it may be useful to consult with your physician and a healthcare attorney to help ensure that your concerns are adequately addressed.

When does my Mother’s advanced directives come into effect?

The center must have a signed copy of your Mother’s advanced directives on file in order to honor them. If the center does not have a signed copy, your Mother’s wishes cannot be honored.
Chapter Four: Issues Unique To Short Term Patients

What to Expect from Therapy

How long will my wife be in therapy? How soon before we see some improvement? Are you sure she’ll improve enough to go home?

The person who can best answer these and other questions pertaining to your wife’s stay in the short term care unit of the nursing center is the social worker assigned to her case. Social workers are trained to handle both the issues that arise during your relative’s stay at the nursing center, and the ramifications of her return home.

What to Expect at Discharge

What happens when Grandma’s discharged?

Just as your grandmother’s progress is monitored continually, so too, is her potential for discharge. The social worker will keep your grandmother informed as to when she’s likely to be released, and will also inform you and other family representatives of what that will entail.

Once her physician can estimate a release date, the nursing center staff will get with your grandmother to plan her discharge. Some centers even have discharge planning teams to smooth the transition back home.
When we take Dad home, who is responsible for arranging for home health care and medical equipment?

The social worker assigned to your father will discuss with him his upcoming discharge. In cooperation with the nursing center staff, she will schedule any in-home therapy that is prescribed, as well as make arrangements for any medical equipment your father may require.

Dad is really depressed. How can I help him realize that he’s only here for a little while?

If you’re certain he will be returning home soon, motivate your father-in-law by linking his achievements with going home. For example, praise the 30 steps he takes without his cane as a major step toward his total rehabilitation. You should discuss your Dad’s depression with his nursing staff to help determine if psychological intervention might be helpful.

Mom seems so unsteady. Is she really ready for home?

Your mother’s physician will not release her until he feels she’s ready. That does not mean that further therapy is not in order. It does mean, however, that based on a careful assessment of your mother’s condition and on the progress she has made since her admission, he feels she will make better progress at home.
Can we bring my mother back if we discover after discharge that we just can’t take care of her at home?

Every state has different admission requirements. Contact the administrator of the nursing center to see whether your mother’s situation meets the criteria. You might also contact her primary physician, since a recommendation from a doctor is a prerequisite for admission.

If my aunt never recovers sufficiently to go home, will we eventually have to move her somewhere else or can we just switch her from short-to long term care?

Your aunt’s medical condition and bed availability will determine whether she qualifies for admission to the long term care section of the nursing center facility. While her health has been monitored since the moment of her admission by her attending physician, her social worker, and the nursing center’s staff, any of the three should be able to discuss your aunt’s options with her.

If long term care is necessary how will we pay for it?

**Personal Resources:** Savings and other liquid assets can be used to pay for nursing home care. Some insurance companies allow use of a life insurance policy to pay for long term care. Ask your insurance agent how this works.

**Medicaid** is a joint Federal and State program that pays for certain health services and nursing home care for
older people with low incomes and limited assets. If a resident qualifies, they may be able to get help to pay for nursing home care, or other healthcare costs. If they qualify for both Medicare and Medicaid, most health care costs are covered.

**Long Term Care Insurance:** This type of private insurance policy can help pay for many types of long term care, including both skilled and non-skilled care. Long term care insurance can vary widely. Some policies may cover only nursing home care. Others may include coverage for a whole range of services like care in an adult day care center, assisted living, medical equipment, and informal home care. For more information about long term care insurance, get a copy of A Shopper’s Guide to Long Term Care Insurance from the National Association of Insurance Commissioners, 2301 McGee Street, Suite 800, Kansas City, MO, 64108-3600

**Medicare:** The original Medicare Plan does not pay for most nursing home care. Most nursing home care is custodial care to help with activities of daily living like bathing, dressing, and using the bathroom. Medicare covers very limited and medically-necessary skilled care or home health care if skilled care is needed for an illness or injury and certain conditions are met.

If a resident belongs to a Medicare Managed Care Plan or Medicare Private-Fee-for-Service Plan, check with your plan to see if it covers nursing home care. Usually, plans do not help pay for this care unless the nursing home has a contract with the plan. Ask the health plan about nursing home coverage before making any arrangements.
Chapter Five: Issues Unique to Spouses of Residents

I just entered my wife in a nursing center and I’m beside myself. I just wander through the house, trying to think of something to do. It’s as if she’s dead!

The hardest thing some spouses of nursing center residents have to face is their own fear of being alone. When suddenly a lifelong companion is no longer there, it’s easy to panic and feel anxious and disoriented yourself. The best thing to do to combat these feelings of loneliness and anxiety is to keep busy. If you’re employed, don’t take too much time off right away. Work will keep you busy, and won’t give you as much time to worry. If you don’t work, look into short term volunteer work. Choose an area where you might eventually like to volunteer permanently. Whether it is community service, a political campaign, or just helping out with a neighbor’s kids, find something to keep your hands - and your heart - busy during these early days.

A girlfriend has invited me over for dinner since John moved into the nursing center. It just doesn’t feel right to go out and enjoy myself without him. Am I doing the right thing?

Socializing alone may make you feel awkward – even guilty at times – but interaction with people is important for your mental well-being. Men, in particular, have trouble seeking out new friends, but the first rule of thumb is to accept any and all invitations offered you – this is one instance in which friends usually do know what’s best. If you and your spouse often socialized
with other couples, you might find it awkward or even painful to be included in future couples events. Participate if you want to, but if not, look on this as an opportunity to forge some new friendships.

Tom and I were happy with him handling all of our legal and financial matters while I took care of the home. Now all of a sudden I’m buried in medical and financial paperwork that I don’t understand.

There’s help available as near as your public library. Start there, but check out other community resources as well. There are many groups organized to assist seniors in tax preparation, advanced directives, etc., and even if you don’t qualify as a senior, your special circumstances will no doubt be taken into consideration. As a last resort, you can always hire someone to come assist you with some of your paperwork, but you’ll probably find upon closer examination that the documents that are so intimidating to you now will be merely a tiresome chore in a month or so.

My son’s anger and my daughter’s depression have left me feeling lower than ever. Why are they being so selfish and unrealistic about this?

You may no longer be your husband’s primary caregiver, but you’ll always be your children’s mom. Realize that they have no one else to take out their fears and frustrations on, and that this brush with their father’s and, by extension, their own, mortality is very frightening for them.

Despite the developments that have affected their relationship with their father, you are still the same
mom they have always known, they are looking to you for reassurance and stability. Try to ignore their reactions for now. As both you and your husband will eventually adjust to each new situation, so too will they. If pressed, sit them down individually and calmly explain to them how you perceive their behavior. If asked to articulate their particular grievance, as well as a better solution to your husband’s care problem, they will hopefully begin to realize that they are unjustly displacing their anger and anxiety on to you.

Jim’s children from his first marriage have been great about visiting their dad, but things are very strained with me. How can I explain to them that, like it or not, we’re all in this together?

Spouses of a second or third marriage can have it particularly hard since they might have to deal with the fears and frustrations of children not even their own. If possible, start by having your husband explain to his children why you and he made the decisions you did, making it clear to them that this was his choice as well.
Notes
Chapter Six: Issues Unique to Memory-Impaired Patients

Every time I visit my mother-in-law, I seem to only confuse her further. What am I doing wrong and how can I avoid upsetting her by my visits?

Visiting the memory-impaired can be difficult for both emotional and practical reasons. Not only is it difficult to admit that your mother-in-law of 40 years doesn’t recognize you, but it’s quite a challenge to carry on a conversation with someone with poor, short term memory. As your mother-in-law’s disease progresses, she will recognize fewer and fewer names and faces. The nursing center will make every effort to keep you informed of her needs, progress, and condition through plan-of-care conferences, family informational meetings, and individual contacts, so you will not be caught unaware of deterioration in her behavior.

In order to make your visits more pleasant for all involved, avoid visiting during meals or other therapies. Facilities for memory-impaired individuals are organized according to a special program environment and because of the high distractibility of memory-impaired individuals visitors to this unit should time their visits around the staff’s activities for the day. This enables all the residents to better focus on scheduled activities without disruption, and ensures that your mother-in-law will be free to visit when you stop by. Just ask your mother-in-law’s nurse for suggested visiting times.
I know interaction is supposed to be good for memory-impaired patients, but I can’t hold my mother’s attention long enough to carry on a conversation. How can I get her to focus on me?

First, find a quiet, non-distracting setting in which you can face your mother and she can observe your body language, facial expressions, and mouth movements. Once you’re sure you have her attention, speak to your mother in a slow, calm manner, enunciating your words carefully. If she has difficulty understanding some particular phrase or word, rephrase it rather than keep repeating the original words over and over.

Next, avoid sudden changes in topics. When you do want to move onto another subject, make the transition slowly and clearly. Avoid complex sentences, and when giving directions, break down tasks into simple steps. When necessary, fill in her conversational blanks without drawing undue attention to them.

Most older persons like to talk about the “good old days”, but in the case of the memory-impaired, that is often all they can talk about. Allow your mother to reminisce, but encourage interaction by tying one of the facts stored safely in her long term memory, like her childhood on a farm, into a more current topic, like your children’s field trip to one. Don’t expect a long attention span from your mother. Break up your conversations with short periods of rest. As soon as she indicates that she’s tired or distracted, bring the conversation to a close.

Despite her memory impairment, your mother is not a child. Although you may need to speak up and slow down in your conversations with her, don’t resort to baby talk and don’t discuss her with another adult as
if she weren’t there. If necessary distract her rather than argue or coerce her. Finally, learn to separate her from her behavior. Don’t take your mother’s anger, frustration, or criticism personally.
Chapter Seven: Resources

Is there any place I can go to find more information about my loved one’s medical condition?

While there are many options available for people seeking more information, your loved one’s physician is the best source of information in regards to their specific medical condition. The internet has greatly increased our ability to access information quickly, but it can be difficult to navigate. To assist you in getting started in your search for additional information we have provided web addresses for some sites which address many of the problems our residents face.

Consulate Health Care has NOT evaluated, made any determination about quality or efficacy, and does not endorse any information, service, product or company represented by these web sites. Consumers and healthcare professionals should use their own judgments about the quality and necessity of information/products/services available for their own conditions.
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<th>Organization</th>
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<tr>
<td>Centers for Disease Control</td>
<td>1-800-CDC-INFO 1-800-232-4636</td>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
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<tr>
<td>Food and Drug Administration (FDA)</td>
<td>1-888-INFO-FDA 1-888-463-6332</td>
<td><a href="http://www.fda.gov">www.fda.gov</a></td>
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<tr>
<td>Healthfinder</td>
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<td><a href="http://www.healthfinder.gov">www.healthfinder.gov</a></td>
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<tr>
<td>National Center for Health Statistics</td>
<td>1-800-CDC-INFO 1-800-232-4636</td>
<td><a href="http://www.cdc.gov/nchs">www.cdc.gov/nchs</a></td>
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<tr>
<td>National Institute of Neurological Disorders and Stroke</td>
<td>1-800-352-9424</td>
<td><a href="http://www.ninds.nih.gov">www.ninds.nih.gov</a></td>
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<tr>
<td>National Institutes of Health</td>
<td>301-496-4000</td>
<td><a href="http://www.nih.gov">www.nih.gov</a></td>
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### Associations and Societies

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<td>American College of Cardiology</td>
<td>1-800-253-4636</td>
<td><a href="http://www.acc.org">www.acc.org</a></td>
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<tr>
<td>American Dietetic Association</td>
<td>1-800-877-1600</td>
<td><a href="http://www.eatright.org">www.eatright.org</a></td>
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<td>American Medical Association</td>
<td>1-800-621-8335</td>
<td><a href="http://www.ama-assn.org">www.ama-assn.org</a></td>
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<tr>
<td>American Red Cross</td>
<td>1-800-RED-CROS</td>
<td><a href="http://www.crossnet.org">www.crossnet.org</a></td>
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<td></td>
<td>1-800-733-2767</td>
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<td>American Society of Hypertension</td>
<td>212-696-9099</td>
<td><a href="http://www.ash-us.org">www.ash-us.org</a></td>
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<tr>
<td>Heart Failure Society of America, Inc.</td>
<td>651-642-1633</td>
<td><a href="http://www.hfsa.org">www.hfsa.org</a></td>
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<tr>
<td>The Henry J. Kaiser Family Foundation</td>
<td>202-347-5270</td>
<td><a href="http://www.kff.org">www.kff.org</a></td>
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<tr>
<td>Pulmonary Hypertension Association</td>
<td>1-800-748-7274</td>
<td><a href="http://www.phassociation.org">www.phassociation.org</a></td>
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### Arthritis

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<td>Arthritis Foundation</td>
<td>1-800-283-7800</td>
<td><a href="http://www">www</a>. arthritis.org</td>
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### Alzheimer’s Disease

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<td>Alzheimer’s Association</td>
<td>1-800-272-3900</td>
<td><a href="http://www.alz.org">www.alz.org</a></td>
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<td>225 N. Michigan Ave. FL17</td>
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<td>Chicago, IL 60601</td>
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<td>Alzheimer’s Disease Education and Referral Center (ADEAR)</td>
<td>1-800-438-4380</td>
<td><a href="http://www.nia.nih.gov/alzheimers">www.nia.nih.gov/alzheimers</a></td>
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<tr>
<td>Alzheimer Research Forum</td>
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<td><a href="http://www.alzforum.org">www.alzforum.org</a></td>
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### Diabetes

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<td>American Diabetes Association</td>
<td>1-800-342-2383</td>
<td><a href="http://www.diabetes.org">www.diabetes.org</a></td>
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<tr>
<td>1701 N. Beauregard St. Alexandria, VA 22311</td>
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<tr>
<td>Diabetes Information</td>
<td>1-800-227-8862</td>
<td><a href="http://www.lifescan.com">www.lifescan.com</a></td>
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<tr>
<td>General</td>
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<tr>
<td>The National Hospice and Palliative Care Organization</td>
<td>1-800-658-8898</td>
<td><a href="http://www.nhpco.org">www.nhpco.org</a></td>
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<tr>
<td>Hospice Foundation of America</td>
<td>202-457-5811</td>
<td><a href="http://www.hospicefoundation.org">www.hospicefoundation.org</a></td>
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<td>Hospice Net</td>
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<td><a href="http://www.hospicenet.org">www.hospicenet.org</a></td>
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<td>American Hospice Organization</td>
<td>202-223-0204</td>
<td><a href="http://www.americanhospice.org">www.americanhospice.org</a></td>
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<td>Growth House</td>
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<td><a href="http://www.growthhouse.org">www.growthhouse.org</a></td>
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<tr>
<td>American Academy of Hospice and Palliative Medicine</td>
<td>847-375-4712</td>
<td><a href="http://www.aahpm.org">www.aahpm.org</a></td>
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<td>American Heart Association</td>
<td>1-800-AHA-USA1</td>
<td><a href="http://www.americanheart.org">www.americanheart.org</a></td>
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<tr>
<td>7272 Greenville Avenue, Dallas, TX 75231</td>
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<tr>
<td>The American Diabetes Association</td>
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<td><a href="http://www.diabetes.org">www.diabetes.org</a></td>
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<td>National Stroke Association</td>
<td>1-800-STROKES</td>
<td><a href="http://www.stroke.org">www.stroke.org</a></td>
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<tr>
<td>9707 E. Easter Lane Centenial, CO 80112</td>
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<tr>
<td>American Stroke Association</td>
<td>1-888-4-STROKE</td>
<td><a href="http://www.strokeassociation.org">www.strokeassociation.org</a></td>
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<tr>
<td>1-888-478-7659</td>
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<tr>
<td>Acute Stroke Toolbox</td>
<td>301-496-5751</td>
<td><a href="http://www.stroke-site.org">www.stroke-site.org</a></td>
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<tr>
<td>Internet Stroke Center at Washington University</td>
<td>214-648-3111</td>
<td><a href="http://www.strokecenter.org">www.strokecenter.org</a></td>
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<td>The Stroke Network</td>
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**Kidney Disease**

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<tbody>
<tr>
<td>American Kidney Fund</td>
<td>1-800-638-8299</td>
<td><a href="http://www.kidneyfund.org">www.kidneyfund.org</a></td>
</tr>
<tr>
<td>6110 Executive Blvd., Suite 1010</td>
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<tr>
<td>Rockville, MD 20852</td>
<td></td>
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<td>Information Way</td>
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<td>3 Information Way</td>
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<tr>
<td>Bethesda, MD 20892</td>
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</tr>
<tr>
<td>30 E. 33rd St.</td>
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</tr>
<tr>
<td>New York City, NY</td>
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<td>10016</td>
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**Mental Health**

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<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>National Institute of Mental Health Information</td>
<td>1-866-615-6464</td>
<td><a href="http://www.nimh.nih.gov">www.nimh.nih.gov</a></td>
</tr>
<tr>
<td>6001 Executive Boulevard Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8184, MSC 9663</td>
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<tr>
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### Multiple Sclerosis

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<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>The National Multiple Sclerosis Society</td>
<td>1-800-FIGHT-MS</td>
<td><a href="http://www.nmss.org">www.nmss.org</a></td>
</tr>
<tr>
<td>733 Third Avenue</td>
<td></td>
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<tr>
<td>New York, NY 10017</td>
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### Oncology

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<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>American Cancer Society</td>
<td>1-800-ACS-2345</td>
<td><a href="http://www.cancer.org">www.cancer.org</a></td>
</tr>
<tr>
<td>1599 Clifton Rd., NE, Atlanta, GA 30329</td>
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<tr>
<td>Cancer Care</td>
<td>1-800-813-HOPE</td>
<td><a href="http://www.cancercare.org">www.cancercare.org</a></td>
</tr>
<tr>
<td>1-800-813-4673</td>
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<tr>
<td>Association of Cancer Online Resources</td>
<td></td>
<td><a href="http://www.acor.org/">www.acor.org/</a></td>
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<tr>
<td>National Cancer Institute</td>
<td>1-800-4CANCER</td>
<td><a href="http://www.cancer.gov">www.cancer.gov</a></td>
</tr>
<tr>
<td>Public Inquiries Office</td>
<td>1-800-422-6237</td>
<td></td>
</tr>
<tr>
<td>6116 Executive Boulevard Suite 300</td>
<td></td>
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<tr>
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<tr>
<td>OncoLink</td>
<td>215-349-8895</td>
<td><a href="http://www.oncolink.org">www.oncolink.org</a></td>
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<td>Osteoporosis</td>
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<tr>
<td>National Osteoporosis</td>
<td>1-800-231-4222</td>
<td><a href="http://www.nof.org">www.nof.org</a></td>
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<tr>
<td>Organization</td>
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<tr>
<td>Foundation 1150 17th Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NW Suite 850</td>
<td></td>
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<tr>
<td>Washington, DC 20036</td>
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<tr>
<th>Parkinson’s Disease</th>
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<tbody>
<tr>
<td>National Parkinsons</td>
<td>1-800-4PD-INFO</td>
<td><a href="http://www.parkinson.org">www.parkinson.org</a></td>
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<tr>
<td>Organization</td>
<td>1-800-473-4636</td>
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<tr>
<td>Foundation Inc. Bob Hope</td>
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<tr>
<td>Parkinsons Research Center</td>
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<tr>
<td>10501 NW 9th Ave. Bob Hope</td>
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<tr>
<td>Road Miami, FL 33136</td>
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<tr>
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<tr>
<td>American Lung Association</td>
<td>202-785-3355</td>
<td><a href="http://www.lungusa.org">www.lungusa.org</a></td>
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