

## How to find, pick a nursing home

**L**OOKING FOR a nursing home can be overwhelming if you don't know how to go about it.

The following are guidelines suggested by Citizens for Better Care:

- Obtain a list of nursing homes in the geographical area you prefer from the Michigan Department of Public Health or the Citizens for Better Care office.
- Call the Health Department or the Department of Social Services and ask for inspection and licensing information on the home. Ask if an "intent to deny license list" was issued by the health department because of uncorrected problems.
- Contact Citizens for Better Care for information about licensing and certification. The advocacy group also has other information about some homes.
- Approach your doctor, social work agencies, clergymen, church organizations or retiree and other volunteer groups.

**WHEN YOU** visit a nursing home to check it out:

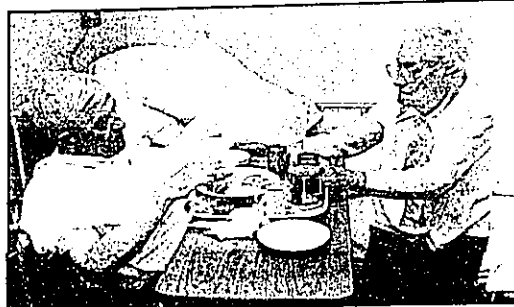
- Visit homes without an appointment. Go several times at different times during the day, especially during meal hours and pay attention to what is being served.
- Meet and talk with the administrator, nursing supervisor and other staff. Observe whether the administrator and nursing director are readily available and whether they're willing to show you around.
- Observe patients' activities. Talk with patients and their relatives.
- See if the patients' possessions are inventoried when they are admitted. Note if there are precautions taken to prevent loss of clothing or other possessions.
- Review rules for patients and note if patients may bring personal furniture.
- Note how staff cares for patients.
- See every part of the home.
- Find out who is in charge when the

administrator is away. Does the administrator have more than one facility to manage?

- Note if the administrator's license is displayed. If not, ask if it can be produced.
- Check that the facility provides at least eight visiting hours daily.

**QUESTIONS** regarding money matters, as outlined by Citizens for Better Care:

- Medicare and Medicaid bar charges for feeding patients, caring for incontinent patients and providing special diets.
- Check for special charges for physician and related services, drugs, wheelchairs, crutches, canes, haircuts and personal laundry.
- Check whether advance deposits are requested.
- Tell patients they are currently entitled to \$25 or \$28 monthly for personal expenses under Medicaid.
- Inform patients that they may appoint a personal representative who has authority to handle their allowances and other financial matters. A nursing home can't function as a protective payee.
- Check private pay rates with other homes in the area and find out if there is a written agreement about what is or isn't included in the daily rate.
- Check whether patients will be able to stay after their personal funds are exhausted and they need Medicaid. Personal money must be depleted to a certain level before a person is eligible for Medicaid.
- Find out about availability of life-time contracts — providing care for the life of a patient for a certain sum of money.
- Contact the Michigan Department of Social Services if you are not eligible for Medicare or other insurance programs.
- Understand how long Medicare or Blue Cross-Blue Shield will pay for your care.



George, irritable from his confinement, seemed the most at ease when his wife, Clara, was near.

## A 'horror story'

By Diane Gale  
staff writer

"IT'S BEEN trial by fire. I've seen bad hospital care, bad nursing home care and bad home health care," said Rita Burgess, a Livonia resident trying to find care for her father.

She is bitter about what she has found. Her father adamantly resisted being placed in a nursing home. That made her feel guilty.

"You just don't know where to turn. Nursing homes are terrifying, because some just aren't nice places," she said.

**HER FATHER**, George Burgess, 73, suffered a stroke May 10, 1985, and was taken to a hospital. He was released "prematurely 12 days later," Burgess said.

What she referred to as an early release was the result of Diagnostic Related Groups, known as DRGs. It is a system by which illnesses are assigned specific payments.

"He literally got dropped off on the doorstep," she said.

Burgess said the hospital didn't send paper work on what treatment had been provided and what she should do.

"It was holy hell having to keep him at home," she said.

Burgess and her mother, Clara, cared for him for 24 hours with the help of a nurses' aide whom they hired.

George Burgess was readmitted the next day and transferred to St. Joseph Hospital in Ypsilanti.

**MEANWHILE**, Burgess, a Ford Motor Co. accountant, searched for a facility that would provide her father skilled nursing home care.

"The smell sometimes is enough to knock you over when you walk into some of these places," Burgess said.

She reviewed Michigan Department of Public Health investigation reports to discover what violations had been cited in the facilities. She learned to observe the type of care patients received. She talked to nursing home administrators to get a feel for the type of care they promoted.

Burgess tells "horror stories." Once she was illegally asked to put down a deposit to cover what the facility called a lapse in Blue Cross/Blue Shield coverage.

Good nursing homes had long waiting lists, she said. She opted for a home in Washtenaw County despite the long trips she and her mother would have to make. Last year, she transferred him to a Dearborn Heights facility.

## Americans care for their elderly

By Janice Brunson  
staff writer

**R**UTH Campbell is tired of the notion that Americans are deserting their elderly.

"It simply is not true," said the senior social worker for Turner Geriatric Services, University of Michigan-Ann Arbor.

"The American extended family is really a myth," she continued. "We are a society of nuclear families and always have been."

"We talk about how wonderful it was before (industrialization), but it never was." In fact, Campbell maintains, more people are involved with the care of their elderly today than ever before.

A nuclear family consists of a couple and children. An extended family can include grandparents or other relatives living under the same roof.

**FEDERAL STATISTICS** support her view.

The Bureau of Census Information Services reported that in 1980, only 4 percent of people 65 years or older were "institutional inmates," residents of homes, hospitals or prisons.

In Michigan, the figure was 5 percent in institutions.

Of the 912,000 senior citizens living here in 1980, a bit more than 50,000 were in nursing homes and other institutions. Another 5,000 — less than half of 1 percent — lived in rooming or boarding homes.

Noted geriatrics author Ethel Shamas rebutted what she describes as "the myth of alienation." In surveys she conducted during the 1970s, Shamas found fully 82 percent of the elderly lived within a 30-minute drive from at least one adult child. Thirty percent lived less than 10 minutes away.

**IT HAS NOT** always been so. In America's colonial days, settlers

wrote their wills to exclude heirs who failed to provide adequately for aging parents in their final years.

In the following century, elderly indigents were indiscriminately thrown together in almshouses with other "misfits" — the physically handicapped, mentally ill, mentally retarded and children.

By the mid-1800s, the plight of these almshouses became a concern to religious and fraternal leaders. They founded homes for the aged in an attempt to ensure better care, developing an awakening social consciousness that resulted in the first volunteer social agencies.

The elderly who found it necessary to live with adult children for economic rea-

sons did so only until they received their first benefits from the Social Security Act of August 1935.

Today, Campbell said, the least-preferred place to live by the elderly is with adult children. "If given the choice, most will pick a nursing home over living with children."

**CAMPBELL SAID** extended families exist today in developing countries. The primary reason is economic necessity, not veneration of the elderly.

In industrialized societies such as Japan, where extended families were once common, Campbell said the custom is quickly passing. The reason is the same as in America or Europe: Increasing numbers of Japanese women are working.

"When we talk about the family caring for their elderly, we are really talking about women caring for the elderly. Women remain the primary caregivers," Campbell said.

An additional factor affecting Japanese and other Oriental elderly is the passing of the Confucian system, whereby the eldest living male in a family is all-powerful. "And that," Campbell said, "is not necessarily all bad."

## U.S. grayer each year

**BY 2025** one in every five Americans will be 65 or older.

The fastest growing population group is those people 85 and older.

One in every four people who are 85 and older will enter a nursing home, said Dr. Gregory Spencer, U.S. Census Bureau demographer of national projections.

In 1985 there were 2.7 million Americans 85 years old and older. And by the time baby boomers reach that age group in 2050 there will be an expected 16 million, Spencer said.

Most of those 85 and older are female — a result of the 71.2 life expectancy for men and 78.2 life expectancy for women.