

The CARES Handbook

*A Guide for Family and Friend Caregivers
of Seniors in Long-term Care Facilities*

CCAREGIVERS

AWARENESS

RESPECT

EDUICATION

SUPPORT

*Published by
Advocacy, Inc.*

THE CARES PROJECT was conceived to assist family and friends of facility-placed seniors whose caregiving responsibilities do not end with placement.

With federal funds, administered by the Area Agency on Aging of Santa Cruz and San Benito Counties, Advocacy, Inc. was awarded a grant to establish a program specifically designed to support caregivers of facility-placed seniors.

Inspired by frequent contact with caregivers, Advocacy, Inc. created the CARES Project to acknowledge, support and address the needs of family/friend caregivers.

The
CARES
Handbook

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Long-Term Care Setting

The decision to place someone into a Long-Term Care Facility is not an easy one. It may be a final decision after a long struggle to care for the person at home, or it may be a rushed decision in an emergency situation. The following is basic information you will need when faced with this decision.

In This Section

Long-Term Care Facilities
Assisted Living/Residential Care Facilities
Skilled Nursing Facilities
What's the difference?
Admissions
Care Plan

What types of long-term care facilities exist?

- Assisted Living/Residential Care for the Elderly (RCFE)
- Skilled Nursing Facilities (SNF)

Assisted Living/Residential Care Facilities

For whom is Assisted Living/Residential Care?

This option is appropriate for seniors who need regular assistance with daily activities such as eating, bathing, dressing, walking and toilet functions. Residents do not require medical supervision, but staff is available round-the-clock.

What are the living arrangements like in Assisted Living/Residential Care facilities?

Accommodations are in a group living environment ranging in size from a two-bed family facility run out of the owner's home, to a corporate-owned operation containing more than 200 separate living units. Private or shared rooms depending on the size of the facility are available. Usually bathrooms are shared. All other rooms are common areas, used for dining and socializing.

What care is provided by Assisted Living/Residential Care Facilities?

Basic services should include all meals, including physician-prescribed diets; laundry and housekeeping; furnishings; arranging and keeping medical appointments by providing transportation if necessary and delivering medications. A schedule of planned activities, including social and recreational programs, is required in facilities with more than six residents.

Care provided includes regular monitoring of residents' mental and physical condition, and assistance with daily-living activities as described above. This care component is required by the state license issued by the state's Community Care Licensing agency and is considered part of the facility's basic service. RCFE staff may provide no medical care, although residents may contract for 24 hour private duty nursing care on an individual basis.

Skilled Nursing Facilities

For whom is a Skilled Nursing Facility?

This option is appropriate for seniors requiring licensed nursing and custodial care. A physician's order is required for admission. Many residents are convalescing from a serious illness or surgery, and require constant skilled observation. Most residents require custodial care, including assistance with the activities of daily living (ADL's) due to a cognitive impairment, such as Alzheimer's, or due to extreme physical frailty which makes them unable to perform such tasks by themselves.

What are the living arrangements like in a Skilled Nursing Facility?

Accommodations are usually a furnished private or shared room. Residents typically may not furnish their own rooms, although they may bring in small personal decorations. Bathrooms are usually shared.

What care is provided by Skilled Nursing Facilities?

Residents are cared for and monitored round-the-clock. Twenty-four hour skilled nursing care is provided, including therapeutic diet, restorative care, social services and an activities program, housekeeping and laundry, barber and beauty services. All residents' daily needs are taken care of, such as, meals, bathing, transfer in and out of bed, and medication administration supervision.

What is the difference between Residential Care Homes and Skilled Nursing Facilities?

A residential care home provides its residents with a room, meals and activities. Residents usually must be able to independently perform the activities of daily living. A residential care facility is not required to have either nurses or doctors on staff.

A resident is admitted to a Skilled Nursing Facility upon a doctor's recommendation for the level of care provided. Residents of nursing facilities generally need help in performing at least one activity of daily living. Nursing facility staff include registered nurses and certified nursing assistants.

Admissions

For many, admitting a loved one to a nursing home can be an emotional time. Many are preoccupied with worries about adequate care and attention, respect and safety, and the overwhelming guilt that sometimes accompanies one when placing a loved one in a nursing home.

The facility will have an admissions packet for you to look over. It is during this time that you want to read the fine print, and make sure you understand your rights. It is very important to remember to take your time, ask questions, and do what's right for you. If you need to take the paperwork home to read it over, ask. If you want every page explained by the administrator or admissions staff, ask. This is a life changing decision and deserves the necessary attention to put you at ease before you sign.

(For additional information please refer to Admission Policy on page 20 of the section on Residents' Rights.)

What should be included in the Admissions Packet?

- Residents' Rights
- Procedures for lost and stolen items
- Visiting hours
- Transfer and Discharge Rights
- Rights regarding abuse and restraints
- Right to a bed hold
- Resident Council information
- Family Council information
- Financial agreement
- DNR (Do Not Resuscitate)
- Advance Directive form

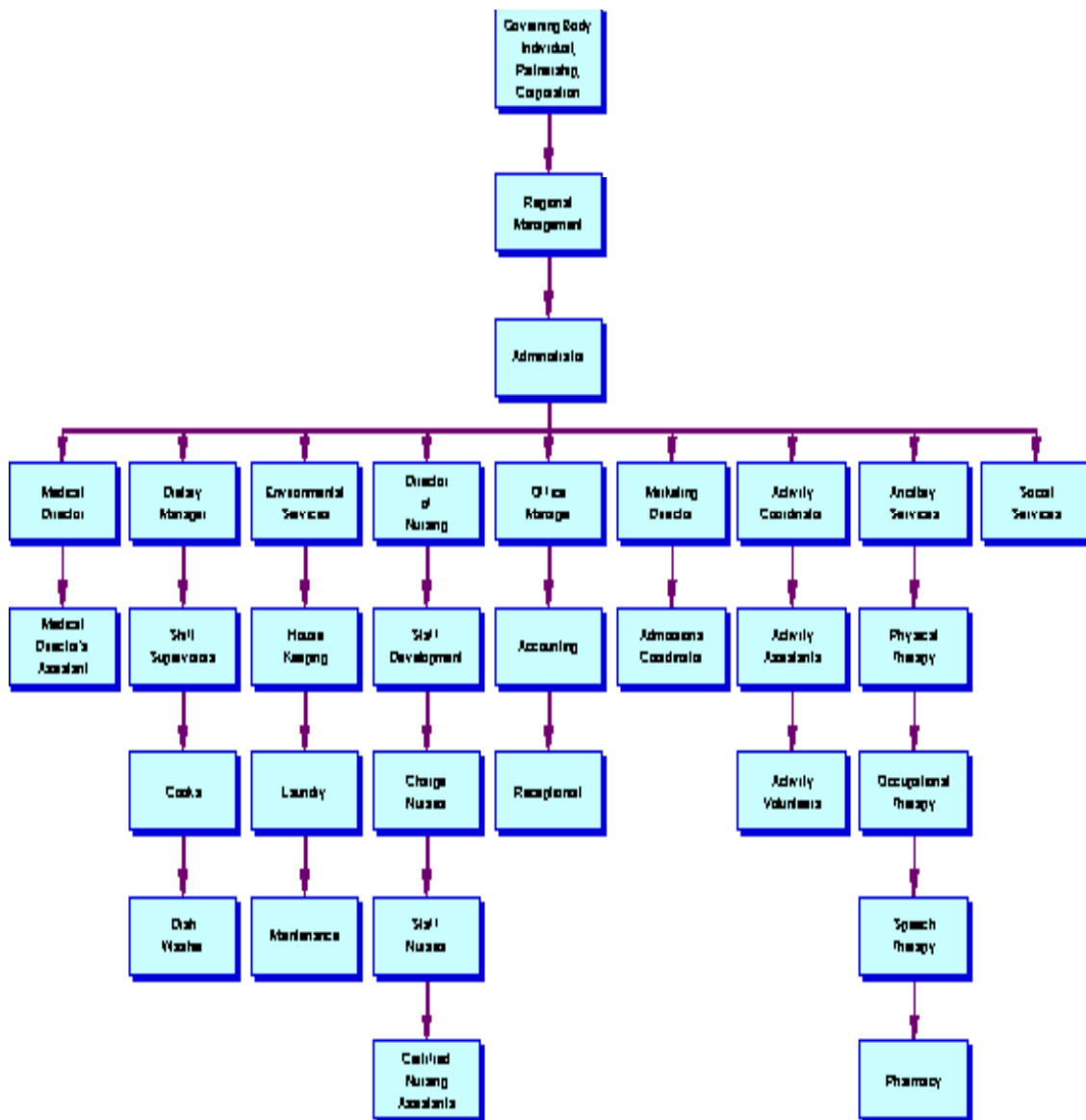
Care Plan

Residents have the right to receive the highest level of care that enables them to function at their highest capacity. Upon admission, an interdisciplinary team, comprised of all staff responsible for the care of the resident, make an initial assessment within the first 7 days. This allows the team to identify the ability of the resident and to point out “triggers” (areas that need planning for better care; for example risk factors for falls, choking, wandering, fragile skin, etc.). This information is then used to initiate a care plan. At 14 days, the team reassesses the resident to identify new triggers or to remove initial triggers from areas of improvement that no longer exist. By the 21st day, the interdisciplinary team meets to review the care plan. This gives each team member time to assess the resident’s specific needs. Each department brings their assessment to the meeting. Care plans must include measurable goals and objectives.

- Residents have the right to attend their care plan meeting.
- Residents have the right to be a major part of their plan of care.
- Residents have the right to invite family members or a representative to their care plan meeting.
- Residents have the right to invite an Ombudsman, on their behalf, to attend a care plan meeting.
- Residents have the right to make choices regarding care and treatment.

Staff Roles

When placing a loved one in long-term care it is important to become familiar with the people who will be around day in and day out. Knowing the staff can help set you at ease. It can also help direct you to the right place when you have a compliment to give or a complaint to make. It is important to know who is who, and what their responsibilities and roles are.



Skilled Nursing Facility Staff

Governing Body: This body may be an individual, a partnership or a corporate structure. This body establishes policies, procedures, budgets, facility rules and regulations.

Regional Management: Most corporate structures have a regional management staff. The regional manager oversees all aspects of a particular region. The management staff may also include consultants that assist the different departments within the SNF structure.

Administrator: All administrators must be licensed by the Nursing Home Administrator program (NHA). The Administrator is responsible for all aspects of management and operation of the facility. In addition, the administrator is responsible for informing staff of changes, additions or deletions in the applicable regulations and for screening residents for admission to the facility to ensure the facility admits only those residents for whom it can provide adequate care.

Administrative Staff

Office Manager: The office manager oversees the operations of the SNF office. This may include employee records, financial records and other non-medical records.

Bookkeeper: The bookkeeper is responsible for accounts payable, accounts receivable, Medicare and Medi-Cal billing, HMO billing, private insurance and financial statements.

Receptionist: The receptionist answers telephones, files records and assists in office operations. (Not all facilities have a receptionist.)

Medical Director (MD): The medical director is a required position and is paid by the Skilled Nursing Facility (SNF). MD's are consultants and not direct employees of the SNF. The MD serves as a consultant for the facility and assists the facility to assure that adequate medical care is provided to the residents. Frequently, the MD is also the attending physician or "house doctor".

Physicians: In general physicians refer residents to the SNF and are directly involved in establishing the resident care plan. Each resident must have a physician's order to be admitted to a Skilled Nursing Facility. Although physicians may be rarely visible, they are nevertheless important participants in the SNF function. If a resident does not have a personal physician, the medical director of the facility may become the personal physician for the resident. They are ultimate supervisors of the resident's health program and are the only ones vested with the authority to prescribe therapeutic care.

Podiatrist: The Podiatrist may have a contract with the SNF to provide services. A Podiatrist is a specialist in foot care.

Nursing Department

Nursing services include problem identification, care planning, notifying physicians of unusual signs of behaviors, proper diet, drug administration and Activities of Daily Living (ADLs).

Director of Nursing (DON): A DON is a registered nurse (RN) who oversees the entire nursing staff and is responsible for the quality and safety of resident care.

Staff Development: The staff developer may be a RN or a licensed vocational nurse (LVN) This nurse oversees the training of the entire nursing staff.

Charge Nurses: Charge nurses are either RNs or LVNs and they are in charge of running a nursing station. Charge nurses pass medications, order treatments and supervise Certified Nursing Assistants.

Registered Nurse (RN): The RN, with the attending physician, may plan and coordinate the overall resident care; participates in some aspects of direct resident care; administers medication; supervises LVNs and Certified Nursing Assistants and maintains records of all aspects of resident care.

Licensed Vocational Nurse (LVN): LVNs are generally staff nurses and provide direct resident care, participate in resident care plans, administers medications and supervises Certified Nursing Assistants.

Certified Nursing Assistant (CNA): CNAs are responsible for 90% of direct personal care a resident receives. CNAs provide most Activities of Daily Living (ADLs), grooming, bathing and feeding. The Charge Nurse supervises Certified Nursing Assistants.

Social Services

Social Services Director: The social worker is responsible for identifying medically related and emotional needs of the residents. An assessment of each resident's needs should be found in their record and needed services should be incorporated into the resident's care plan.

Social Services may also include:

- Providing counseling to the resident and family
- Facilitating or arranging for needed services
- Providing discharge planning and assisting in the transition
- Providing information and referrals for residents

Dietary Department

The dietary department is responsible for planning and preparing the food served in the SNF in accordance with federal and state regulations. Most SNFs have a menu cycle. A physician must order special diets. Any food brought to a resident by friends or family should be brought to the attention of the charge nurse to assure it will not interfere with the effectiveness of a prescribed diet.

Dietary Supervisor: The dietary supervisor is responsible for all food services and the management of dietary staff.

Shift Supervisors: Shift supervisors are responsible for the meal preparation for a particular shift.

Kitchen Staff: The kitchen staff is responsible for cooking and preparing meals and snacks. They are also responsible for all kitchen operations including delivery of food trays, carts, food storage and dining areas.

Environmental Services

Environmental Services Manager: The Environmental Service Manager oversees the maintenance of the facility, housekeeping and laundry services. Some facilities have maintenance supervisors who have no involvement with housekeeping or laundry.

Housekeeping and Laundry: Members of the housekeeping staff usually are responsible for basic housekeeping chores such as sweeping floors, dusting, emptying waste cans, and cleaning furnishings.

Every SNF has laundry services (either in house or contracted out) and is responsible for providing clean bed linens and towels. They are also equipped to launder residents' clothing. All residents' clothing should be marked so that it will be returned to the proper resident.

Activity Department

An activity program that meets the individual needs of each resident is mandated by federal and state guidelines. The activity program should address the social, physical, spiritual, mental and emotional needs of the resident population. This is accomplished by providing large and small group activities, individual activities and in-room activities for residents who are bedridden. A monthly calendar of activities must be posted in the facility.

Activity Coordinator or Director (AD): The activity coordinator is responsible for developing, implementing and supervising the facility's recreational program.

Ancillary Services

Physical Therapy Services (PT): Physical therapy services are provided in order to restore or maximize functional mobility, with regimens for restoration and facilitation of muscle function.

Occupational Therapy Services (OT): Occupational therapy services are designed to increase functional status and independence in activities of daily living and to prevent further deterioration.

Speech Therapy Services (ST): Speech therapy services are provided in order to restore normal functioning after speech has been impaired or illness or accident has caused language disorders.

Pharmaceutical Services: Arrangements are made to assure that pharmaceutical services are available to provide residents with prescribed medications and biologicals.
There is NO requirement that residents utilize a facility-specified pharmacy.

Residents' Rights

Remember this:

- **Your loved one has rights as a resident.**
- **Don't assume your loved one's rights are being upheld.**
- **Become familiar with Resident's Rights so you can protect your loved one.**

It is important to know your loved one's rights as a resident. As a resident in a facility, one has a right to a dignified existence and to communicate with individuals and representatives of choice. The facility should protect and promote the resident's rights as designated on the following pages.

———— In This Section ————

Residents' Rights

Residents' Rights

Exercise of Rights

As a resident of a facility and as a citizen or resident of the United States, one has the right and freedom to exercise rights without fear of discrimination, restraint, interference, coercion or reprisal.

If someone is unable to act on their own behalf, their rights are exercised by the person appointed under state law to act in their behalf. (This is why it is important to appoint an agent in the Advance Directives!)

Required Notice of Rights and Services

To be informed of one's rights and of all rules and regulations governing resident conduct and responsibilities both orally and in writing.

The right to inspect and purchase photocopies of one's records.

The right to be fully informed of one's total health status.

The right to refuse treatment and the right to refuse to participate in experimental research.

The right to formulate an advance directive in accordance with the facility policy.

The right to be informed of Medicare and Medicaid benefits.

The right to be informed of facility services and charges.

The right to be informed of procedures for protecting personal funds.

The right to be informed of your physician, his or her specialty, and ways of contacting him or her.

The right to stay informed of any significant change in one's condition or treatment, or of any decision to transfer or discharge.

The right to be informed of a room or roommate change.

The right to refuse to change rooms if your move is from a Medicare/Medicaid bed to a non-Medicare/non-Medicaid bed.

Protection of Funds

The right to manage personal finances.

Free Choice

The right to choose a personal physician.

The right to be informed of, and to participate in, one's care and treatment plan and to be informed of any resulting changes.

Privacy

The right to privacy over one's personal and clinical records.

The right to privacy concerning: personal care, medical treatments, telephone use, visits, letters, and meetings with family, friends, Ombudsman, and resident groups.

The right to approve or refuse the release of records except in the event of a transfer or legal situation.

Grievances

The right to voice grievances concerning one's care without fear of discrimination or reprisal.

The right to prompt efforts for resolution of grievances.

Examination of Survey Results

The right to examine the Department of Health Services' survey results and the plan of correction. These should be made readily available to all.

Work

The right to perform or refuse to perform, services for the facility.
(All services performed must be well documented in the care plan to include nature of work and compensation.)

Mail

The right to promptly send and receive one's mail unopened and have access to writing supplies.

Access and Visitation Rights

The right to receive or deny visitors.

The right to have access to visit with any relevant agency of the state or any entity providing health, social, legal or other services.

Telephone

The right to use the telephone in private.

Married Couples

The right for a married couple to share a room.

Self-Administration of Drugs

The right to self-administer drugs unless determined unsafe by the interdisciplinary team.

Personal Property

The right to retain and use personal possessions as space permits.
The facility staff will label the items and add them to one's inventory list.

Transfer and Discharge

One may not be transferred or discharged unless one's needs cannot be met; safety is endangered; services are no longer required; or payment has not been made.

One has the right to a notice of, and the reasons for, transfer or discharge in an understandable manner.

The right to a 30 day notice prior to the transfer or discharge, except in cases of health and safety needs.

The notice must include the name, address and telephone number of the local Ombudsman office. The notice must provide appeal rights and information.

A facility must provide sufficient preparation to ensure a safe transfer or discharge.

Notice of Bed-Hold Policy and Readmission

The right to written notice of state and facility bed-hold policies before and at the time of a transfer.

The facility must follow a written policy for readmittance if a bed-hold period is exceeded.

Equal Access to Quality Care

The right to identical policies regarding transfer, discharge and services for all residents.

The facility may determine charges for a non-Medicaid resident as long as written notice was provided at the time of admission.

Admission Policy

The right to fully understand the facility Admission Agreement, a legal document, prior to signing, even if it necessitates taking the agreement home in order to study it.

The right to accept financial responsibility (unless the resident has a payee). It is illegal for a facility to require a person other than the resident to accept financial responsibility. The resident's funds should be used to pay for the nursing home care.

The right not to sign an arbitration agreement, which may be included in the admission packet, as a condition of admission.

Restraints

The right to be free from physical restraints and psychoactive drugs for discipline or convenience or when they are not required to treat a medical symptom.

Abuse

The right to be free from verbal, sexual, physical, emotional and mental abuse, corporal punishment and involuntary seclusion.

Staff Treatment

The facility must implement procedures to protect residents from abuse, neglect or mistreatment, and misappropriation of property.

The right to have an alleged violation involving one's treatment to be reported, thoroughly investigated and the results reported.

Quality of Life

The facility must provide care in a manner that enhances one's quality of life.

Dignity

The right to be treated with dignity and respect in full recognition of your individuality.

Self-Determination

The right to choose one's own activities, schedules and health care and any other aspect affecting one's life within the facility.

The right to interact with visitors of one's choice. Participation in Resident and Family groups.

Participation in Resident and Family Groups

The right to organize or participate in groups of choice.

Families have the right to visit with other families.

The right to private space for group meetings.

The right to have staff listen to requests and concerns of the group.

Participation in Other Activities

The right to participate in activities of choice that do not interfere with the rights of other residents.

Accommodation to Needs

The right as a resident to receive services with reasonable accommodations to individual needs and preferences.

The right to make choices about aspects of one's life in the facility that are important to you.

Activities

The facility will provide a program of activities designed to meet one's needs and interests.

Social Services

The facility will provide social services to attain or maintain one's highest level of well-being.

Environment

The right to be in a safe, clean, comfortable, home-like environment, allowing one the opportunity to use one's personal belongings to the fullest extent possible.

The facility will provide housekeeping and maintenance services.

The facility will assure a clean bath and bed linens.

The facility will provide a private closet space as space permits.

The facility will provide adequate and comfortable lighting and sound levels.

The facility will provide comfortable and safe temperature levels.



Restraints

Remember this...

- **Restraints don't guarantee safety.**
- **You have a right to be restraint free.**

There is enough stress involved with putting a loved one in a Long-Term Care Facility without having to deal with the use of restraints. For many people, the possibility of their loved one being restrained never even enters their minds. Restraints are a reality for many nursing home residents.

— In this Section —

What is a restraint?

What is considered a physical restraint?

What is considered a chemical restraint?

When may a restraint be used?

What are possible side effects of restraints?

What is a restraint?

There are two kinds of restraints, physical and chemical.

Physical Restraint: A physical restraint, as defined by the federal government, is “any physical or mechanical device or material attached or adjacent to a patient’s body that the patient cannot remove easily, which has the effect of restricting the patient’s freedom of movement.”

Chemical Restraint: A chemical restraint, as defined by the federal government, is a drug used to control behavior and used in a manner not required to treat the patient’s medical symptoms.”

What is considered a physical restraint?

Physical restraints can include any one of the following: leg and arm restraints, hand mitts, vests, cloth ties, wheelchair safety bars, bed rails or anything that prevents you from moving around.

It is important to remember that any device may potentially be a restraint, depending on how it is used, on whom it is used, and the effect upon whom it is used.

What is considered a chemical restraint?

A chemical restraint is a psychoactive or mind-altering drug used to control a person’s behavioral symptoms (when other forms of care would be more appropriate). Psychoactive drugs act on the chemicals of the brain that affect thinking, feeling, reacting and paying attention.

Psychoactive drugs are not chemical restraints when they are used to treat severe mental illness, such as schizophrenia or depression that does not respond to other therapies.

When may a restraint be used?

A restraint may only be used when it is to treat medical symptoms and only if it will help assist you in reaching your highest possible functioning.

Every effort must be made to assist you in this goal in the **least restrictive** environment possible. A nursing home should try all possible alternatives before they consider restraints. These could include, but are not limited to, therapy to improve your mobility; lowering your bed (so you'll be less likely to hurt yourself getting out of bed); or pillows and pads to help maintain your body position and balance.

If the alternatives aren't effective, the nursing home may request a doctor's order for restraints. Before a doctor can order restraints, he must discuss the reason for the restraint, and explain the benefits and possible side effects of the restraint with you or your responsible party.

What are possible side effects of restraints?

Some possible harmful side effects of physical restraints can include, but are not limited to:

Some physical effects of immobility:

- Incontinence (inability to control your urine or bowels)
- Urinary tract infections
- Dehydration and malnutrition
- Muscle weakness
- Pressure sores (from sitting too long)
- Swollen feet and ankles
- Pneumonia (from not moving, especially at risk when vest restraint is used)
- Brittle bones

Some psychological effects:

- Agitation
- Depression
- Loneliness
- Screaming and yelling

Some possible harmful side effects of chemical restraints can include, but are not limited to:

- All of the same physical effects of immobility can occur with the use of chemical restraints. Chemically restrained residents may be sleepy or unresponsive which causes them to sit in one position for long periods of time.
- Risk of tardive dyskinesia which is the repetitive movement of the head and tongue. Sometimes these movements do not go away even after discontinuing the medication.

There are many other harmful effects from chemical restraints. It is good to be familiar with the risks.

Here are four rules to follow when it comes to deciding whether restraint use is right or wrong: (as taken from *Nursing Homes*, by Burger/Fraser/Hunt/Frank)

- The restraint must do more good than harm — remember, you already know restraints cause harm.
- If your relative is unable to consent to a restraint, then it's your decision whether to consent to the treatment. First, you must be informed of all the potential hazards and alternative ways care can be given.
- If a restraint is necessary, the least restrictive restraint must be used for the shortest amount of time possible.
- Physical restraints must be released every two hours.

**Even when a physician orders a physical or chemical restraint, residents and families should always question an order.
Don't be afraid to ask questions, and to say NO!**

Advance Directives

Remember this!

- **Plan ahead. Talk with your loved one about their wishes.**
- **Discuss Advance Directives.**

Do you have certain wishes for you and your body in the case of an illness? How have you communicated these wishes? What about in the case of an emergency? Whether a temporary situation or a permanent condition, have you guaranteed that your wishes will be followed? Planning ahead is the key, no matter what age, to insure you receive the treatment you desire.

It is important to approach your loved one about Advance Directives. It is invaluable information to know a person's wishes regarding his or her medical treatment. Advance Directives can help save caregivers from much unneeded stress, confusion or guilt concerning medical decisions. Advance Directives can help families when the time comes to make those final decisions.

In This Section

What is an Advance Directive?
Can a loved one appoint an agent
to make his/her health care decisions?
Who can the agent be?
Who has to witness it?
Can the Advance Directive be revoked?
Points to remember
Creating an Advance Directive

What is an Advance Directive?

An Advance Directive is a written instruction that communicates a person's wishes about receiving or refusing care and treatment when that person reaches a point where he or she can no longer make his or her own health care decisions or effectively communicate those decisions.

Can a loved one appoint an agent to make his/her health care decisions?

Yes, on the Advance Directive there is an optional place to appoint an agent.

Who can that agent be?

The agent should be someone that the person can trust to carry out their wishes, or to make the appropriate need-based decisions. Legally any adult, except the person's doctor or someone who operates a health care facility, or any employee of these facilities (unless that person is his or her relative), may be appointed as an agent, including a spouse, child or friend.

Who needs to witness the Advance Directive?

If a person is living in a skilled nursing facility, an Ombudsman must be one of the witnesses. Persons excluded from acting as witnesses to Advance Directives are: the person's named agent, doctor, health care provider, or employee of a care facility. At least one witness must not be related or named in the will.

Points to remember

- Persons with existing Advance Directives do not have to execute new one.
All valid Durable Powers of Attorney for Health Care (DPAHCs) remain valid including valid printed forms, *even if they were executed on or after July 1, 2000.*

All valid, executed Natural Death Act Declarations remain valid.
- A facility may not force a resident to execute an Advance Directive.
- A person acting as an agent or surrogate decision maker, in good faith, is not subject to civil or criminal liability.
- A resident, with capacity, may revoke all or part of an Advance Health Care Directive other than the designation of an agent *at any time and in any manner that communicates an intent to revoke.*
- A resident, with capacity, may revoke the designation of an agent by a signed writing or by personally informing his or her primary physician, or the healthcare provider who has undertaken primary responsibility for the patient's care.
- A resident should insist that his or her decision to revoke become a part of, or be written down in, his or her health care records.
- Facilities cannot insist that a cognitively impaired resident have a conservator, although in some cases, it may be a good idea.
- The best approach to health care decision-making is family discussion before the need arises.

- An agent is legally bound to follow the wishes of the resident, as written in his or her Advance Health Care Directive form.
- A resident may give full authority to an agent, or limit that authority to specific instructions.
- Under California law, an agent may NOT authorize convulsive treatment, psychosurgery, sterilization or abortion, and may not have the principal committed to a mental institution.
- Unless a specific end date is mentioned in the Advance Directive, it will be valid indefinitely.
- Any adult, except the principal's doctor, someone who operates a health care facility or a residential care facility, or any employee of these facilities (unless that person is his or her relative), may be appointed as an agent, including a spouse, child or friend.
- A copy of an Advance Directive is as effective as the original document.
- Persons excluded from acting as witnesses to Advance Directives are: the person's named agent, doctor, health care provider or employee of a care facility. At least one witness must not be related or named in the will.
- An Ombudsman is required to be one of the witnesses when the Advance Directive is executed, if the principal is a resident of a skilled nursing facility.
- An attorney is NOT required to execute an Advance Directive.

Creating an Advance Directive

Creating an Advance Directive can be a difficult process for anyone as it requires thinking about illness and even death. Although it may be unpleasant to think about, it's better to plan ahead and be prepared.

It's never too early to ask yourself, or your loved one, the questions and discuss the ideas that follow which are designed to help you through the process:

What is important to you?

- Think about what's important to you in your life. That will help you decide on the treatment you would want if you were seriously ill or injured.
- What makes you happy to be alive? Could there be a time when life would no longer have meaning for you?
- Your feelings may also change as you get older. They may also change as your health changes. So ask yourself these questions from time to time.

Your quality of life

- What things give meaning to your life? If you lost some of them, how would you feel?
- What do you fear most about being seriously ill or injured?
- How would you feel if you couldn't do the things that you enjoy the most?
- How would you feel if you couldn't get around by yourself or think for yourself?
- Would you want to be moved from your present home?
If so, where?
- Would you want to be in a nursing home or hospital at the end of your life?
- Would a close friend or a family member be a better choice for your agent to ensure your wishes will be followed?

Your beliefs

- What do you believe about life and death?
- Do pain and suffering play a role in life?
- Should treatment keep you alive as long as possible?
- When does life stop?

Your values

How important is it for you to do each one of the following things? (Very, Somewhat or Not Very)

Care for yourself
Get out of bed each day
Go out on your own
Recognize family and friends
Decide things for yourself
Stay in your home
Leave money to your family or a cause you believe in
Talk to and understand others
Live without a lot of pain
Pay your own expenses
Live without needing medical treatment
 or machines to keep you alive
Be faithful to your beliefs
Live as long as you can
Try all medical treatment possible
Not linger before you die

In addition to the above, you may want
to make a list of other things that are
important to you.

Advocacy, Inc.

an independent non profit serving
Santa Cruz and San Benito Counties

*Protect, through advocacy, education and intervention, the rights of facility-placed
seniors and disabled persons, and individuals with mental health needs.*

**The
CARES
Handbook**

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