

Technology Classes for Seniors

Randolph Senior Adults is hosting interactive technology classes (Android and Apple) for seniors 60+.

No more waiting on someone to help you send a message, share a picture or celebrate a special day. Learn to use your smart phone and/or tablet to connect more easily with grandkids, family, friends and healthcare professionals!

- In-person classes held monthly through September
- Two classes per week for four weeks (total of 8 classes)
- Classes are approximately one hour
- Class size is smaller to allow for one-on-one instruction and social distancing
- Through grant funds we have purchased devices to use in class. However, if you own a smart phone or tablet, you can bring it with you to learn how to use yours.
- Classes are available at all four Senior Centers

Call your local Senior Center to register!



DOES YOUR LOVED ONE DRINK NUTRITIONAL SUPPLEMENTS?

As a caregiver, you may be eligible to receive one case each month of the nutritional supplement used by your care recipient.

For more information, contact Margie DiDona or Lisa Alley at Randolph Senior Adults Assn 336-625-3389



Funds provided by the Family Caregiver Support Program



Medicare Open Enrollment

Medicare Open Enrollment is from **October 15-December 7**. SHIIP Counselors from The NC Department of Insurance **Seniors' Health Insurance Information Program (SHIIP)** are an unbiased source to assist you with your Medicare needs. Randolph County SHIIP Coordinators along with trained SHIIP volunteer counselors are available at Randolph Senior Adults to help Medicare beneficiaries all year long and during Open Enrollment to check their plans for 2022.

Even though SHIIP Counselors are available in person Monday-Thursday, 8:30am-4:00pm, you may be more comfortable getting assistance by phone or email.

To check your plan, we need a current list of prescriptions and Medicare card information. If we helped you last year and we have your Medicare card information on file, you can bring in, mail or email us your list of medications along with dosage. We may also need a list of your doctors. We will then get back to you with plan search results. If we did not help you last year, you will need to provide us with a completed Plan Finder Tool Form. You can pick one up at any of our senior centers, print it from our website (www.senioradults.org) or one can be mailed or emailed to you.

It is so important to check your plan during Open Enrollment. Each year plans can have changes in premium, deductible, drug copays, medical coverage or extra benefits. You don't want to find yourself stuck in a plan for a whole year that doesn't meet your needs. This simple inconvenience may save you a great deal of money and aggravation in 2022.

Randolph County SHIIP Coordinators
Margie DiDona and Lisa Alley can be reached by:

Phone: 336-625-3389 Margie x235 Lisa x237

Email: rcaaa2@senioradults.org (Margie)
rcaaa@senioradults.org (Lisa)

Mail or in-person: Randolph Senior Adults Association
347 W. Salisbury Street
Asheboro, NC 27203

3 Basic Rules of Caregiving

1. Trust your gut instincts
2. Make time for yourself
3. *Never* keep the Fixodent and Preparation H on the same shelf.

eldercareissues.blogspot.com

The Nurturer



A Newsletter for Family Caregivers in Randolph County Issue 13 - August 2021



End of Summer

With the end of summer now here, it's a good time to enjoy a family picnic. Even if it's just a meal out on the porch, it will give you all a chance to relax in the outdoors before the cold weather is upon us.

After eating your lunch or dinner, enjoy a special dessert while playing checkers or another game your loved one likes to play.

Ask your loved one to reminisce about when they were young and going back to school. The onset of fall brings on a lot of special memories. Record what they share, it may be a treasure for you and your family later.

Free copies of *The Nurturer* can be picked up at all Randolph Senior Adult Association locations, Randolph Health, Regional Consolidated Services and other community sites. *The Nurturer* is also available online at www.senioradults.org.

To receive free quarterly copies of *The Nurturer* in the mail or via email, call 336-625-3389 or email: rcaaa2@senioradults.org to be added to our mailing list.

Follow Randolph Senior Adults Association On Facebook



OUR PLACE ADULT DAY CARE

Our Place Adult Day Care is designed to aid in the care and quality of life for adults who live at home, yet require assistance with their daily living. **Our Place** provides

care during the day so that family members or caregivers can work, run errands, and get some rest. Caregivers can have peace of mind knowing that their loved one is being well cared for in a safe place. **Our Place** contributes to a richer, more enjoyable life by offering socialization and activities that promote mental and physical well-being, such as:

- **Discussion groups** (current events, weather, hobbies, etc.)
- **Exercise** (chair yoga, Chair Zumba, Walk About, etc.)
- **Arts and Crafts** (watercolors, sun catchers, drawing, etc.)
- **Games** (BINGO, bean bag toss, card games, corn hole, etc.)
- **Music** (piano and singing, music therapy, etc.)
- **Educational programs** (gardening, cooking, trivia, etc.)

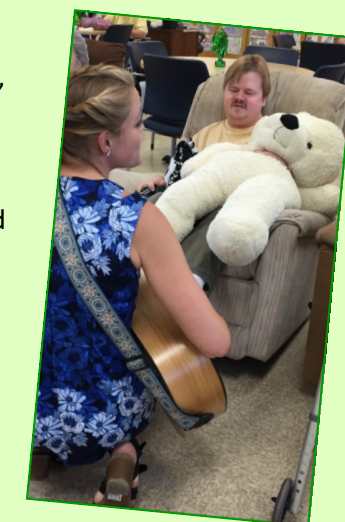


Our Place helps our participants to maintain or regain a responsible level of independence. Many of our participants see an improvement in mental and physical health while attending our program.

Our Place Adult Day Care is a non-profit organization and a part of Randolph Senior Adults Association. We serve adults, age 18 and over and are open Monday through Friday, 8:00am-4:30pm. We are located at 714 Farr Street, at the end of East Pritchard Street in Asheboro. **Our Place** is certified by the NC State Division of Aging and Adult Services.

Enrolling is quick and easy!

Please call 336-629-3787 with any questions or to apply.



This institution is an equal opportunity provider



RANDOLPH SENIOR ADULTS LOCATIONS

ASHEBORO—MAIN OFFICE

The Harry and Jeanette Weinberg Adult
Resource & Education Center
347 W. Salisbury Street
Asheboro, NC 27203
336-625-3389 or 1-800-252-2899

ARCHDALE CENTER

108 Park Drive
Archdale, NC 27263
336-431-1938

RANDLEMAN CENTER

144 W. Academy Street
Randleman, NC 27317
336-498-4332

LIBERTY CENTER

128 S. Fayetteville Street
Liberty, NC 27298
336-622-5844

ADULT DAY CARE

714 Farr Street
Asheboro, NC 27203
336-629-3787

RCATS TRANSPORTATION

347 W. Salisbury Street
Asheboro, NC 27203
Randolph County - 336-629-7433
Montgomery County – 910-572-3430

Check Out Our Facebook Page



SITTERS LIST

Randolph Senior Adults maintains a list of sitters willing to sit, assist with personal care, homemaker chores, errands, etc. This is an option for someone needing in-home help and able to pay out-of-pocket. It is up to the individual or family to check references and conduct interviews.

A copy of the Sitters List can be mailed or e-mailed to you.

Please contact:
Margie DiDona or Lisa Alley
at 336-625-3389 or rcsaa2@senioradults.org



DON'T
MAKE ME
USE MY
CAREGIVER
VOICE

Caring Sharing

Caregivers helping Caregivers is usually the best advice!

"My daddy will sometimes have an impulsive moment and try to stand up and walk unassisted with his walker. One of his aides attached a bell to the front bar of the walker. It barely drags the floor so he won't trip over it. Something as simple as the addition of this bell to his walker keeps us aware of his movements when we are in another room. I'm certain this has kept him from falling."

-Shared by a Randolph County caregiver

Do you have a good caregiver tip that you would like to share with other caregivers? Share your idea by

emailing it to: rcsaa2@senioradults.org,
or by mail to:

Randolph Senior Adults / I&OC
347 W. Salisbury Street
Asheboro, NC 27203



Home Delivered Meals



Meals-on-Wheels volunteers deliver nutritionally balanced meals to homebound eligible seniors age 60+. For more information, contact your local senior center:

Asheboro	336-625-3389
Archdale	336-431-1938
Liberty	336-622-5844
Randleman	336-498-4332



Information & Options Counseling Office

SHIP Medicare Help
Family Caregiver Support Program
Options Counseling
Information & Assistance

Margie DiDona and Lisa Alley
Available Monday-Thursday
8:30 - 4:00
Call 336-625-3389

DEMENTIA RESOURCES

Alzheimer's Association
1-800-272-3900 (24 hours/7 days)
alz.org

Dementia Alliance of NC
1-800-228-8738
dementianc.org

Positive Approach to Brain Change
1-877-877-1671
teepasnow.com

Lewy Body Dementia Association
LBD Caregiver Link: 800-539-9767
www.lbda.org

**Duke Family Support Program
Project CARE**
(Dementia and Alzheimer's)
1-800-646-2028
dukefamilysupport.org

Coloring Corner



Family Caregiver Support Program provides a range of supports that assist family caregivers



Eligible family caregivers are:

- A caregiver of any age providing care for an older adult age 60 or older or providing care for a person with Alzheimer's disease or related brain disorder.
- A caregiver (who is not the birth or adoptive parent) age 55 or older, raising a related child age 18 and younger or an adult with a disability.
- A caregiver age 55 or older (including parents) who provides care for a related adult with a disability.

In Randolph County these funds are currently used by the following agencies:

Randolph Senior Adults Association which provides Care Planning Assistance, The Powerful Tools for Caregivers workshop, Care-giver Skills Class, *The Nurturer* newsletter, and CARES Act CARE Bags and Incontinence Supplies.

Call Margie DiDona or Lisa Alley at 336-625-3389 for more information.

Regional Consolidated Services provides caregiver respite to provide temporary relief for the family caregiver.
Contact Teri Mabry at 336-629-5141.

RESOURCES

NC Stroke Association
336-713-5052
ncstroke.org

National Stroke Association
1-800-STROKES (787-6537)
stroke.org

American Diabetes Association
1-800-DIABETES (1-800-342-2383)
diabetes.org

The Foundation for Peripheral Neuropathy
877-883-9942
www.foundationforpn.org

National Kidney Foundation
1-800-622-9010
kidney.org

Arthritis Foundation
1-404-872-7100
arthritis.org

Parkinson's Foundation
1-800-473-4636
parkinson.org

Anxiety & Depression Association of America
1-240-485-1001
adaa.org

National Alliance on Mental Illness (NAMI)
1-800-950-6264
www.nami.org

Caregiver Action Network
Online Instructional Videos for Caregivers
caregiveraction.org

Family Caregiver Alliance
Online information and resources for caregivers
caregiver.org

Family Caregiving
aarp.org/caregiving/



Are you caring for a Veteran?
Call 704-638-9000 x15505 to see if you are eligible
for services through the Program of Comprehensive
Assistance for Family Caregivers (PCAFC).



DID YOU KNOW . . .

That Randolph Senior Adults has a medical equipment loan closet? We accept gently used walkers, canes, shower benches or stools, manual wheelchairs, and bedside commodes. If you would like to borrow or donate any of these items, please call 336-625-3389. RSAA also accepts donations of adult diapers and bed pads to share with those in need.

**Items other than those mentioned above can be donated to
Christians United Outreach Center at 930 S. Fayetteville Street,
Asheboro or call 336-625-1500.*



SUPPORT GROUPS

*In-person groups may be cancelled or virtual
due to COVID-19, contact for more information*

Diabetes Support Group
Third Monday each month – 4:00-5:00pm
Randolph Health
336-625-9400

Alzheimer's Support Groups
Second Wednesday each month – 1:00pm
The Harry and Jeanette Weinberg Adult REC
Linda Luther – 336-629-7619 or
Joan Wilson – 336-629-8155

Last Monday of each month – 5:30pm
Brookdale Asheboro
Emma Lambe – 336-672-6600

Second Thursday of each month - 6:30 pm
Cross Road Retirement Center
1302 Old Cox Road, Asheboro
Bernie Raymond - 336-629-7811

Support Services for the Blind
Third Wednesday each month – 2:30pm
(March-October)
The Harry and Jeanette Weinberg Adult REC
Christina Sterling – 336-683-8107

Marilyn Usher Parkinson's Support Group
First Tuesday of each month – 10:30am
Episcopal Church of the Good Shepherd
Annette Caughron – 336-629-6397

Aphasia Puzzle Program
(Stroke & Brain Injury)
Second Thursday of each month – 11:00am
Randolph Health – 336-625-5151 x5109

**Alzheimer's Association
Caregiver Telephone Support Group**
First Tuesday of each month – 12:30-1:30pm
1-866-316-2054
Enter Code 5894744516

**Duke Dementia Family Support Program
Various Support Groups via Zoom**
Various dates and times
Natalie Leary - 919-660-7542

A Practical To-Do List For Family Caregivers

Ask Kathy Kenyon about what it's like to be a family caregiver, and she'll give you an earful. On several occasions, doctors have treated this accomplished lawyer like she was an interloper — not the person to whom her elderly parents had entrusted health care and legal decision-making. Kenyon wasn't told how to identify signs that her mother, who had low sodium levels, was slipping into a medical crisis. Nor was she given any advice about how to prevent those crises from occurring.

When her parents — both with early-stage dementia — moved to the Washington, D.C. area, it took months for medical records to be transferred because Kenyon's right to the information wasn't initially recognized. An aberration? Hardly, according to a long-awaited report on family caregiving from the National Academies of Sciences, Engineering and Medicine, which acknowledges that the nearly 18 million caregivers for older adults are routinely marginalized and ignored within the health care system.

"Caregivers are, on the one hand, heavily relied upon but on the other hand overlooked," said Richard Schulz, chair of the 19-member expert panel that crafted the report and a professor of psychiatry at the University of Pittsburgh. Deeming that unacceptable, the panel has called for extensive changes to the health care system, including a family-centered approach to care that would recognize caregivers' essential contributions.

What might that look like, practically, from a caregiver's perspective? The report doesn't say, but recommendations can be extrapolated from its findings.

Your identity needs to be documented in your loved one's medical records. "We need to start by having a clear sense of who the caregiver is" so that individual can be recognized as part of a team looking after an older adult, Schulz said. Currently, this doesn't happen routinely.

That's beginning to change. Thirty states, the District of Columbia, the U.S. Virgin Islands and Puerto Rico have now passed versions of the Caregiver Advise, Record, Enable (CARE) Act, drafted by AARP, which calls for information about family caregivers to be included in hospital medical records.

At every doctor's appointment with an elderly family member or friend, check that the record lists your name and phone number, and ask that you be contacted in any kind of emergency.

Your capacity to provide care to a loved one should be assessed. A classic example: An elderly man with diabetes and severe arthritis who weighs 220 pounds is discharged from the hospital, barely able to walk. His elderly wife, who weighs just over 100 pounds, is his caregiver and she's expected, somehow, to help him get in and out of bed and keep him from falling. "No one asks you if you're comfortable doing the things you'll need to be doing, if you have the time or what other responsibilities you have," said Laura Gitlin, a member of the panel and director of the Center for Innovative Care in Aging at Johns Hopkins University School of Nursing. Your job: Speak up and tell doctors, nurses or social workers what you can and cannot do.

Your capacity to provide care should be incorporated into your loved one's care plan. Your abilities and limitations need to be recognized and addressed in every care plan that's developed for your loved one. If you work from 7am to 3pm and a parent needs help toileting, dressing and eating breakfast in the morning, for instance, that gap needs to be acknowledged and discussed. There's a lot at stake: Unrealistic expectations about caregivers' capacities put the health of seniors — and caregivers' own health — at risk.

You should get training in medical tasks for which you'll be responsible. More than half of family caregivers don't receive training in the tasks they're expected to perform for loved ones at home: dressing wounds, changing catheters, administering medications or managing incontinence, for instance. Although the CARE Act calls for training to be provided in hospitals and rehab centers, this isn't happening on a widespread scale, yet. Nothing substitutes for hands-on instruction, usually from a nurse. Be sure to reach out to hospital, rehab or home health nurses and ask for help understanding what you need to do and how to do it.

You should be connected with community resources that can be of help. A variety of resources for caregivers are available in many communities: local Area Agencies on Aging, which offer assistance accessing services; centers on independent living, which help people with disabilities; and disease-focused groups such as the Alzheimer's Association, among other organizations.

But too often, "it's not at all clear where families should turn when they get a diagnosis," Gitlin said. "No one tells them who they should contact or which resources might be most helpful." Ask for this kind of information from your physician's office, discharge staff at a local hospital and people you know in the community. The government's Eldercare Locator is a good place to gather names of local organizations that may be of help.

You should be given access to medical records and information. Misunderstanding of the medical privacy act known as HIPAA (Health Insurance Portability and Accountability Act) is common and creates barriers to family caregivers getting information they need to oversee a loved one's care.

In fact, medical institutions are obligated to hand over information when an older adult has granted a caregiver a durable power of attorney for health care decisions or a HIPAA authorization specifying that they receive access to medical materials. In written testimony to the government, Kenyon said she was once told she couldn't walk down a hall to see her father in a sleep center because doing so would violate HIPAA. That was an ill-informed interpretation of the law. While there's no easy solution, standing up for yourself is essential. "Advocate for your rights and make sure your caregiving contributions are recognized and supported to the extent they can be," said the University of Pittsburgh's Schulz. "You're an important person in the health care system."

Kaiser Health News, khn.org

When Family Caregivers Feel Used — and Angry About It

To lighten the caregiving load, make small, direct requests for assistance

No one told 54-year-old Carol she'd be the caregiver for her mother, Kathleen, who was declining from arthritis and Parkinson's disease. It was as if her relatives had voted her into the job at some mysterious family meeting to which she hadn't been invited. Carol felt the unspoken expectations of her three older sisters, aunts and Kathleen herself to drive her to medical appointments, make her meals and keep her company. At first, she felt mostly proud and special playing this role. But as Kathleen needed more assistance over time, including help with grooming and toileting, Carol began to feel burdened. It was true, as her sisters sometimes reminded her, that she didn't have her own spouse and children to take care of. But she had a demanding job and close friends with whom she wanted to spend time. “You are Mom's favorite,” her sisters replied whenever Carol asked them why they weren't helping more. After two years of being Kathleen's assigned primary caregiver, Carol began to wonder if this was a privilege or whether her mother and sisters were using her. In the majority of families caring for an older adult, the bulk of the care does fall on one person's shoulders. Research suggests that different families use different rationales for determining which person that is. In many, according to studies by Cornell University sociologist Karl Pillemer, it is the youngest or oldest daughter. In others, it is simply the person who lives closest and/or has the most available time to pitch in. Some families choose the adult child who received the most financial support from the parents in the past and “owes” them care now. With some cultures, it is the oldest son's wife who is expected to care for her in-laws. Regardless of the method by which the primary caregiver is chosen, if she is required to make too many sacrifices while others contribute little, then she may become tired and resentful. Feeling used may even make her feel embittered and lead her to angrily confronting family members she thinks are manipulating her. How can these primary caregivers not be or feel used? Here are some ideas.

Don't expect equity

Caregiving families are not rowing teams in which each member pulls hard on the oars to propel the boat forward. They are often more like canoes in which one person paddles and the others en-

joy the scenery. That primary caregiver, sweat pouring down her brow, may feel this is unfair. But everyone knows she won't put down her paddle and let the boat drift toward the rocks.

Make small, direct asks

It is not a good idea to run headlong into the family resistance you are likely to face if you call a family meeting to air your complaints and demand greater justice. It is more effective to go to family members individually, ideally in person, with small requests for help. For instance, Carol can ask her oldest sister to take Mom to the doctor because she has a big work deadline to meet. She can ask an aunt to pick up groceries. It is harder for family members to say no when the task is easily doable, and Carol looks them beseechingly in the eye. The end result may be that a new pattern is set in which previously absent relatives become accustomed to pitching in.

Talk with the care receiver

Sometimes family members justify their lack of involvement by saying the care receiver only wants to be helped by the primary caregiver. This is usually true; care receivers do play favorites with caregiving tasks, such as bathing, with those they most trust. But the primary caregiver can still talk with the care receiver about getting other family members involved. For example, Carol can tell her mother that she knows she is most comfortable having Carol by her side but that her other daughters want to play their parts. If Mom gives her blessing to this notion — and directly asks her other daughters to assist her — then they probably won't continue passing the buck to Carol.

Feeling ill used or well used

In psychology, we say that if you can't change the situation, then change your reaction to it. If Carol's family members refuse to change, then it is wise for her to try to stop feeling like the victim and look toward the gratifications of her essential role. Perhaps her sisters will be wracked with guilt one day that they didn't do more for Mom before she died; perhaps not. Carol will know she did her best to do what she thought was right.

Barry J. Jacobs, a clinical psychologist, family therapist and healthcare consultant

What is Respite Care?

Respite care is planned or emergency temporary care provided to family caregivers. Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming without some support, such as respite.

Respite provides a break for the family caregiver, which may prove beneficial to the health of the caregiver. Sixty percent of family caregivers age 19 to 64 surveyed recently by the Commonwealth Fund reported fair or poor health, one or more chronic conditions, or a disability, compared with only 33% of non-caregivers.

Respite has been shown to help sustain family caregiver health and well being, avoid or delay out-of-home placements, and reduce the likelihood of abuse and neglect.

For more information on Family Caregiver Respite Options, contact Margie or Lisa at Randolph Senior Adults Association 336-625-3389

6 Falls Prevention Steps to Help Your Older Loved Ones

Did you know that one in four older Americans falls every year? Falls are the leading cause of both fatal and nonfatal injuries for people aged 65+. Falls can result in hip fractures, broken bones, and head injuries. And even falls without a major injury can cause an older adult to become fearful or depressed, making it difficult for them to stay active. If you have an aging parent, grandparent, or neighbor in your life, helping them reduce their risk of falling is a great way to help them stay healthy and independent for as long as possible.

The good news about falls is that most of them can be prevented. The key is to know where to look. Here are some common factors that can lead to a fall:

- Balance and gait:** As we age, most of us lose some coordination, flexibility, and balance— primarily through inactivity, making it easier to fall.
- Vision:** In the aging eye, less light reaches the retina—making contrasting edges, tripping hazards, and obstacles harder to see.
- Medications:** Some prescriptions and over-the-counter medications can cause dizziness, dehydration, or interactions with each other that can lead to a fall.
- Environment:** Most seniors have lived in their homes for a long time and have never thought about simple modifications that might keep it safer as they age.
- Chronic conditions:** More than 80% of older adults have at least one chronic condition like diabetes, stroke, or arthritis. Often, these increase the risk of falling due to lost function, inactivity, depression, pain, or multiple medications.

Six Steps to Reducing the Risk of Falls by the National Council on Aging (NCOA):

- 1. Enlist their support in taking simple steps to stay safe.** Ask your older loved one if they’re concerned about falling. Many older adults recognize that falling is a risk, but they believe it won’t happen to them or they won’t get hurt—even if they’ve already fallen in the past. A good place to start is by sharing NCOA’s Debunking the Myths of Older Adult Falls. If they’re concerned about falling, dizziness, or balance, suggest that they discuss it with their health care provider who can assess their risk and suggest programs or services that could help.
- 2. Discuss their current health conditions.** Find out if your older loved one is experiencing any problems with managing their own health. Are they having trouble remembering to take their medications —or are they experiencing side effects? Is it getting more difficult for them to do things they used to do easily? Also make sure they’re taking advantage of all the preventive benefits now offered under Medicare, such as the Annual Wellness visit. Encourage them to speak openly with their health care provider about all of their concerns.
- 3. Ask about their last eye checkup.** If your older loved one wears glasses, make sure they have a current prescription and they’re using the glasses as advised by their eye doctor. Remember that using tint-changing lenses can be hazardous when going from bright sun into darkened buildings and homes. A simple strategy is to change glasses upon entry or stop until their lenses adjust. Bifocals also can be problematic on stairs, so it’s important to be cautious. For those already struggling with low vision, consult with a low-vision specialist for ways to make the most of their eyesight.
- 4. Notice if they’re holding onto walls, furniture, or someone else when walking or if they appear to have difficulty walking or arising from a chair.**

These are all signs that it might be time to see a physical therapist. A trained physical therapist can help your older loved one improve their balance, strength, and gait through exercise. They might also suggest a cane or walker—and provide guidance on how to use these aids. Make sure to follow their advice. Poorly fit aids actually can increase the risk of falling.

- 5. Talk about their medications.** If your older loved one is having a hard time keeping track of medicines or is experiencing side effects, encourage them to discuss their concerns with their doctor and pharmacist. Suggest that they have their medications reviewed each time they get a new prescription. Perhaps a spreadsheet can help keep track of medications and schedules, or adding a timed medication dispenser that notifies you or your loved one of refills will promote their peace of mind and allow for an adherence to a prescribed regime. Also, beware of non-prescription medications that contain sleep aids—including painkillers with “PM” in their names. These can lead to balance issues and dizziness. If your older loved one is having sleeping problems, encourage them to talk to their doctor or pharmacist about safer alternatives.

- 6. Do a walk-through safety assessment of their home.** There are many simple and inexpensive ways to make a home safer. For professional assistance, consult an Occupational Therapist. Here are some examples:
 - **Lighting:** Increase lighting throughout the house, especially at the top and bottom of stairs. Ensure that lighting is readily available when getting up in the middle of the night.
 - **Stairs:** Make sure there are two secure rails on all stairs.
 - **Bathrooms:** Install grab bars in the tub/shower and near the toilet. Make sure they’re installed where your older loved one would actually use them. For even greater safety, consider using a shower chair and hand-held shower.

For more information: www.ncoa.org/FallsPrevention