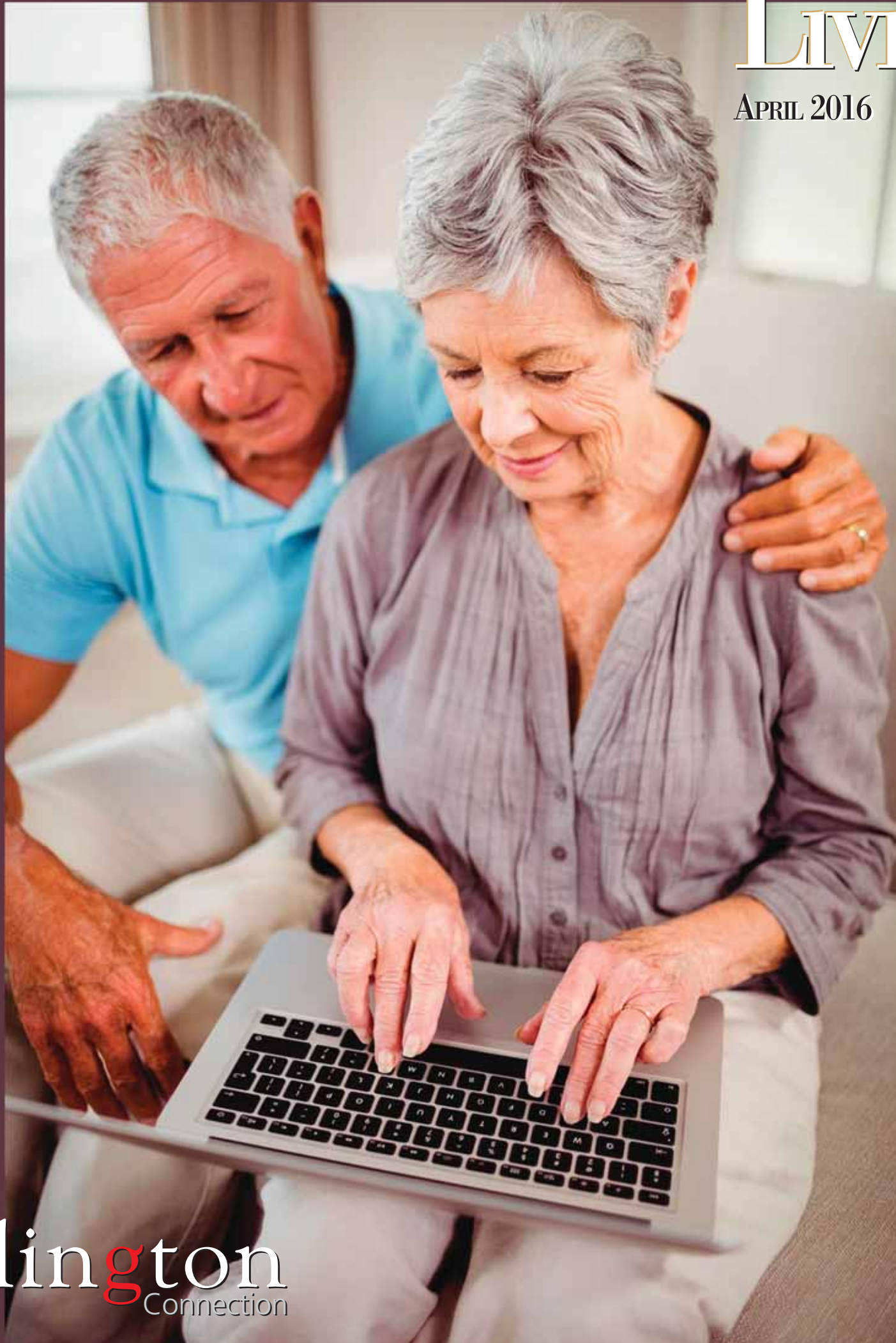


Senior Living

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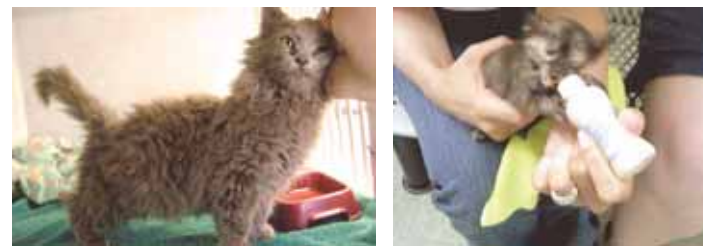
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Senior Living

Many Good Choices for Arlington Seniors

Arlington Neighborhood Village can help seniors thrive at home.

BY SHIRLEY RUHE
THE CONNECTION

Need a ride to the doctor? Your computer break down? Want to join a group trip to a Nats game?

Arlington Neighborhood Village (ANV), a membership-based organization supported by volunteers, is here for you. It offers household or individual full or associate memberships for seniors for a fee of \$500 or \$750.

Patty Sullivan, interim operations director, says the full membership offers a variety of services plus social activities. The associate membership includes only the social activities.

"The most popular benefit is three, round-trip rides a week to anywhere in Arlington County. The rides can be used for any activity sponsored by the county as well as doctor and dental appointments or, for instance, having your nails done."

George Ruppert, who joined in late November before his knee replacement, said he lives in Lyons Village and needed rides to the doctor and shopping. "I can't say enough good things about these volunteers. It's stressful what you have to do and they are such good company."

Sullivan adds that technology assistance is also in demand. "We just had a man call us today who got a new TV and couldn't get his WiFi hooked up." So a volunteer will go solve the problem.

She says ANV has a volunteer base of about 125 people. "It's amazing the robust volunteer resource in Arlington County, the amount of time and skills people are willing to give."

Sullivan adds, "we will fix a leaky faucet, change a light bulb in a stove if you're afraid to put your head into the gas oven." She explains people are entitled to three of the services a month. And the volunteers often gradually establish relationships with the members they assist. "If you go shopping with 105-year-old Martha Ann Miller, you will want to go shopping again."

Virginia Andreani, 93, says she uses the volunteers a lot in the spring to take her to her Encore Learning classes. "I'm taking two classes now, one on Ancient Islam and one on the Bible, non-religious. Next month I'm starting a class on China Inside Out." Every other week she has a couple who come over "and we have tea or something and I brush up on my French. And I have a woman who loves gardening and when the county delivers my mulch she's going to come over and put it down. Isn't that great?"

In addition, there are a variety of social activities available such as the popular monthly dinner. In March they went to an Irish pub to celebrate St. Patrick's Day. She adds, "we make sure everybody gets there."

Sullivan says for people who want to age in place, it is important to get them out of



PHOTO CONTRIBUTED BY ARLINGTON NEIGHBORHOOD VILLAGES

The "butterfly" picture was taken in Oakland Park in Arlington after the weekly Tai Chi class.



PHOTO CONTRIBUTED BY ARLINGTON NEIGHBORHOOD VILLAGES

This ANV group took a trip to Richmond in 2015 to George Mason University where Del. Patrick Hope gave ANV members an update on the General Assembly session.

their homes. "And they make friends; it's really fun to go." Also popular is the Wednesday morning coffee with a speaker at different places around the county.

Sullivan speculates the bocci team will form again this spring, they will head to a Nats game and "this month is an antiques roadshow. What we offer depends on what the members are demanding." They have three years of data now since this program was established in Arlington County "so we

can pretty well figure out what they will need."

Currently the village has 152 members between 55 to 105 years old. She says new members are getting older and are single.

"But I've learned that age doesn't tell you anything about the capacity of the person." Sullivan says they can also track people, do a daily check-in with the person. "Lots of kids want us to do that for their parents." Sullivan says. "We get to know people's



SHIRLEY RUHE/ARLINGTON CONNECTION

Arlington Neighborhood Village is a membership-based organization for seniors over 55 years old. It is supported by a robust and talented volunteer base willing to commit many hours to assist with services for seniors.

patterns and if they don't call in for the regular Thursday morning grocery shopping, we check in."

She adds, "I have a Ben Franklin impersonator who travels a lot and worries about his wife while he is gone so we call every day to check."

The Arlington Neighborhood Villages office is located in the Covenant Presbyterian Church on Military Road. It is open 10 a.m.-3 p.m., five days a week. ANV is part of the national Village to Village Network, but Sullivan says it's not true when you've seen one village you've seen them all. Each village responds to what their community needs.

Senior Living

Luxury Condos are a Growth Market for Seniors

Active retirees seek options for independent living, including condos in Alexandria, Arlington, Tysons, Reston, McLean, Bethesda and Chevy Chase, among others.

BY MARILYN CAMPBELL
THE CONNECTION

When Joyce and Don Lipman decided to move out of their Potomac, Md. home, they opted for a high-end townhouse instead of a retirement community. They gained a cosmopolitan environment and lost the burdensome maintenance of a large home.

"My husband always hated taking care of the grounds and he didn't want to pay someone to do it, and we weren't ready for a retirement community," said Joyce Lipman, who is 71. "Now I can walk to the shopping center and to my doctor's office. I couldn't believe it the first time I was able to go without my car. It was like a new lease on life."

When another active retired couple decided to downsize and move out of their home, they opted for a high-end condominium instead of moving to a retirement community. They enjoy traveling and own a beach home where they often spend time. When it came time to design their new living space, they sought the help of Kelley Proxmire of Kelley Interior Design in Bethesda, Md.

The couple wanted "a pretty, yet practical home and also a place they could lock and leave on a moment's notice," said Proxmire.

Condominiums and townhouses are growing in popularity for midlife couples because unlike large homes, they don't require a lot of maintenance, and they offer opportunities for living independently.

"In the next three to five years, luxury condominiums are going to be extremely popular with that age group, those who feel the colonial home is too big and they don't want the ... mentality of retirement communities," said Debbie Miller, an Arlington-based associate broker with McEneaney



PHOTO CREDIT

Kelley Proxmire designed plush interior for a retired couple who downsized from a larger home into a luxury condominium.

"In the next three to five years, luxury condominiums are going to be extremely popular with ... those who feel the colonial home is too big and they want the freedom of locking and leaving their home."

— Debbie Miller, McEneaney Associates

Inc. who specializes in the 55 and over real estate market. "Luxury condominiums provide a great option."

Miller says that in addition to proximity to shopping, dining and public transportation, amenities such as a 24-hour concierge

service that can handle requests such as meal delivery and grocery shopping make high-end buildings sought after among well-heeled retirees.

The buyers Miller works with are looking for condos "that provide a 'lock-and-leave' advantage for residents who ... like to travel or who spend six months here and six months elsewhere."

Such condominiums are prized and often hard to obtain.

"There are some that are very exclusive and [others that] don't come on the market very often," she said. "I sold a unit in the Rotonda [in McLean] a year ago and had multiple offers that were all cash."

ONE REASON THAT retirees opt for condominiums over retirement communities is freedom without restrictions, such as the frequency or length of stay for overnight guests. "In a retirement community, your

grandchildren might only be able to visit for two weeks. Condos provide more of an independent feel," said Miller. "Owning a condo allows them the opportunity to pay the condo fee and come and go as they please and someone else takes care of the maintenance."

Another reason is proximity, with a condominium community more likely than a retirement community to be in an urban environment like Arlington, Reston or Tysons.

Among the most favored luxury condominium properties in Northern Virginia, says Miller, are The Palladium of McLean, Midtown at Reston, the Porto Vecchio in Old Town Alexandria, and the Turnberry Tower in Arlington.

"There are many other high-rises that appeal to the 55 and older crowd due to convenience and lots of amenities and that are walkable," she said.

Gerontology experts offer perspective for retirees who are looking to buy a new home. "The main thing is to consider safety," said Beverly Middle, DNP, RN, Assistant Professor of the College of Health and Human Services in the School of Nursing at George Mason University. "Communities where there are other older adults tend to have services in place to support them."

Middle recommends using evidence-based design when creating dwellings suitable for seniors. "It's a new science that's geared toward older adults and is very specific to their needs," she said.

Addressing retirees' desire to live a vibrant and active life that takes freedom and safety into consideration, some retirement communities are working to broaden their appeal to a wider group of seniors. For example, Sunrise Senior Living, based in McLean, created a Live With Purpose program which offers residents structured programs that include activities for volunteering and learning.

"No matter your age, each of us has interests, desires and activities that make us feel whole and help contribute to a meaningful, healthy life," said Rita Altman, senior vice president of Memory Care & Program Services for Sunrise.



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German Conversation for Fun

Seniors gather weekly in Arlington to engage in German.

BY SHIRLEY RUHE
THE CONNECTION

Last week the theme was “hats.” Some people wore hats, and one person brought a computer print out of hats with names and historical dates associated. The weekly German conversation at the Langston-Brown Community and Senior Center is about to begin. This Friday according to Diane Ullius, the team leader of the week, the theme is the impact of learning something new. Irmay Herrmann-Haut comes in. She said she has been coming to this German conversation in Arlington for four to five months.

Why did she come to America? “A long story but officially to go to the University of Pennsylvania.”

According to Carlos Hecker, who has been attending for five months because he didn’t know about it before, “this is an advanced class for people who are fluent in German. You couldn’t come here and learn it.” Hecker’s parents came from the Austro-Hungarian Empire and moved to Venezuela where he grew up.

He says every week there is a different theme and people prepare stories related to the theme.

“And some of them talk too long and we need to remind them,” says Ursula Alao. Alao says she is from Hanover and came here in 1984. Why? “A man,” she smiles. Alao had been a nurse in the German Peace Corps.

The German conversation was set up in October 2011 and now has 42 members with about 20 appearing in any week. About half are native speakers.

“We learn from each other a lot of facts about living but also better German,” said John Stepanchuk, an American. “I’ve told stories here I’ve never told to anyone else.” Heckler added, “We enjoy each other very



The German conversation get-together at Langston-Brown has 42 members with about 20 participants on any one Friday morning. Each week the team leader chooses a different topic to practice advanced German. One of the members says, “we really enjoy each other.”

much.”

One of the members addresses the impact of learning something new by volunteering that the brain is plastic and can be remolded. Hecker says, “well, if you are asking if sports can improve the mind or change the brain, I think sports are very important and healthy but if you think it changes the brain, you need a new researcher.”

Stepanchuk says the nuances of German are unbelievable.

Ullius points out that the word *geist* means both mind and spirit in German and that makes this discussion interesting.

To sum it up, *Etwas neues zu lernen halt den geist und körpes jung und gesund.* Or in English “learning something new keeps the body and spirit young and healthy.”



Diane Ullius, team leader for the week for the German conversation at Langley-Brown Community and Senior Center, discusses the impact of learning something new with Carlos Hecker.

PHOTOS BY SHIRLEY RUHE/
THE CONNECTION

This German conversation (not really a County 55+ programs offered through the class they say) is one of the Arlington six County senior centers.

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Photo by Ed Knepley

Threading Your Way Through the Maze

Help for dementia patients and their families in Arlington; excellent services but many people don't know what they are.

BY EDEN BROWN
THE CONNECTION

Laura "Fayse" Howard lives in the house her husband Allen built in South Arlington. The side entrance looks out on bird feeders hanging from a tree he planted. There is a bench big enough for two in the garden. The kitchen is the way kitchens used to be: cozy, galley size. In the living room, there are pictures of family, an antique organ, crocheted blankets, and a rescued dog named Diva who is keeping an eye on things from "her" armchair.

It feels like home, and it has been home to the Howards since Laura, or "Fayse" as her husband nicknamed her, came to Washington from southern Virginia, at age 17, to work at the FBI, and met Allen Howard, who had just been demobilized after serving the Coast Guard on a destroyer escort in WWII.

It was here that Allen Howard, 91, died recently, at home, with his wife and daughter Joan, and his nighttime caregiver, by his side.

Allen Howard had dementia, he probably had it longer than anyone knew, his wife thinks. He was 91. At Christmas, a year ago, he started really showing it. He went upstairs to be by himself while his much loved family was visiting downstairs in the family room; that wasn't like him. He accidentally set things on fire in the kitchen, leaving burners on. He put the outside water hose into the dryer vent.

In January, they sought medical advice. Dr. Foster, the neurologist, did tests and reported that Allen Howard had dementia. His wife couldn't leave him alone anymore. She had a good neighbor up the street who would come watch him while she ran to the supermarket. Otherwise, she was with him, 24/7. He was disoriented. He kept on wanting to go home. He fell a lot.

The neurologist prescribed physical therapy, but that fell apart when Allen didn't show any "progress;" Medicare and other insurance ends coverage when a patient reaches a plateau. It is a fairly common occurrence in Dementia care, because those patients are not going to show progress, but they need physical therapy, it's one of the most important ways to keep from losing ground: but it rarely even gets prescribed by neurologists.

Howard's daughter, Joan Davis, had come home for Christmas and saw how things were with her father. She didn't know how bad it had gotten, though, because over the next two months, her mother didn't let on how much the disease was taking a toll on both Allen as patient and Fayse as caregiver, or how little help they were getting. She didn't want to burden her children.

In late March, Howard called Arlington



PHOTO BY EDEN BROWN/THE CONNECTION

Fayse Howard at home in Arlington with her dog, Diva.

County to get hospice care set up because she had been told by Dr. Foster it was a way to get help. When she called Arlington County's Office on Aging and Disability, she says they told her over the phone that he didn't qualify.

Arlington County offered people who would come over to clean the house or do errands, but no one who would stay with her husband. Everyone kept suggesting Adult Day Care, but Fayse Howard said, "No, he's upset enough. That will upset him more."

THAT WAS BEFORE the accident.

On May 12, as Fayse Howard guided Allen into the dining room for lunch, he fell backwards, on her, and she fell too, breaking her hip. They lay on the floor. Neither of them could move for a while. Then she helped him get up to a sitting position and

"Imagine putting a 91-year-old man with late stage Alzheimer's on a waiting list."

— Fayse Howard

asked him to try to reach the phone; he handed her the TV remote control. She talked him through it, finally getting him to pull on the telephone cord. "Just pull it down on the floor," she told him. She didn't call 911 first. She called her neighbor to come watch her husband before she went to the hospital.

Davis came out from Wisconsin to help as soon as she could: she was surprised things had gone downhill so fast with her

Help for Dementia Patients and Caregivers:

- ❖ Hospice: You can get hospice care with a doctor's prescription. Hospice provides a social worker, along with weekly visits from a nurse and equipment to facilitate the home stay. Hospice is a step towards assuring care at home is the best it can be, when you are facing a terminal illness. Hospice will give the patient a shower twice a week, as well.
- ❖ Arlington Aging and Disability Office: 703-228-1700. There are a number of services available to those Arlingtonians who have Medicaid, as well as some for those who do not. They can offer up to 20 hours a week of care for the elderly or handicapped, and they also offer housekeeping services for elderly residents who cannot clean their own floors or empty their own garbage cans anymore. Expect to call many times over many days before you get through to someone since the staff at the Aging and Disability Office is often out on call at residents' homes. See: <http://aging-disability.arlingtonva.us>.
- ❖ Arlington Neighborhood Village, a volunteer aid organization which refers people to County services and helps older residents remain in their homes. ANV can also help you get through to the Aging Office if you haven't succeeded in doing that. 703-509-8057 or info@arlnvil.org, see also www.arlnvil.org. See related story in this section.
- ❖ email arlaaa@arlingtonva.us or visit <http://www.arlingtonva.us/aging>
- ❖ Arlington also offers Alzheimer's and Dementia Caregiver Support Groups. One is coming up on April 12 at the Walter Reed Community Center. Call Vicki Surash, the Walter Reed Dementia Contact person at 703-228-5340.
- ❖ A Personal Advocate: either privately paid (very expensive), or through Arlington County's service (expect to wait), or through Arlington Neighborhood Village; this person will help local residents negotiate the bureaucracy of health care, insurance, and benefits.
- ❖ Alzheimer's 24-hour hotline - 800-272-3900.
- ❖ Elderly or Disabled with Consumer Direction Waiver; see website:
- ❖ PACE - (Program of All-inclusive Care for the Elderly) is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility.
- ❖ Get the Virginia Hospital Center's Senior Resource Guide. Their Senior Health Department also offers a Caregiver Support Group : call 703-558-6859.
- ❖ More information from the Alzheimer's Association <http://www.alz.org/facts/>

father. She got the doctor to intervene on the hospice option: Allen definitely qualified for hospice services which began right away.

But that wasn't enough care. Davis started diving into the problem. She quit her job after 22 years, thinking, "I could always go back to work, but I couldn't always take care of my parents."

Davis had done research from her home in Wisconsin; she wanted to make sure her mother was never left alone with her father again. She knew there were many options for help in the Arlington area: the Elderly Disabled or Consumer Direction Waiver (EDCD), PACE, the Veterans Administration (VA) Hospital, Arlington County Office on Aging and Disability. Davis started keeping a journal to help her thread her way through the daunting maze of options.

Fayse Howard had already enlisted the help of Arlington County's office of Aging

SEE DEMENTIA, NEXT PAGE

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Finding Help as a Caregiver

FROM PREVIOUS PAGE

and Disability Services after the fall. She needed someone to come in and watch Allen while she was in the hospital. Arlington had given her a list of caregivers. Some were very good, and very expensive, she said. She paid out of pocket for the care. But later, when her daughter got involved, and because she stressed that both parents were disabled now, they were more helpful. Howard said, "I would have given up after the first voice message. My daughter just kept on them."

Davis filled out the "Common Help" application on May 18, and had a response from Arlington on May 22.

They worked with Rachel Sparico, the Human Services Technician. Rachel was able to set up care through an agency by May 24. Sparico was easy to get in touch with, nice, and caring, Howard said. She would even stop by the house occasionally to give them encouragement. Because both members of the family were disabled, Arlington provided paid care from 9 a.m.- 2 p.m. five days a week. But as soon as Howard's hip was healed the benefits stopped.

Howard said she was distraught and tired. "I just gave up," she said. "All I cared about was my husband and his comfort."

Davis called the County and got more help. They were then able to get 15 hours of care a week, but by June 30 time ran out for that application; they had to reapply for help. Howard had trouble with the online application and said she wishes Arlington would offer paper applications to those who didn't grow up with computers.

But there was still not enough support. It was up to the family to fill in the hours with private caregivers, paying them out of pocket, to help take care of her husband. Howard said she paid an assortment of part-time workers about \$6,000 a month for 8 months in order to keep her husband at home.

Davis's research showed that there were benefits due Howard because of his veteran status. She called the Veterans Administration Hospital and they agreed to evaluate him in D.C.

Davis described a series of events that she said was almost comical. There they were, her mother on a walker, her father in a wheelchair. The doctor said they needed to see a social worker, and there was not a single social worker anywhere in the hospital that day. After making them wait, they went down to the emergency room and found the duty social worker.

Howard remembers the social worker suggesting her husband "really needs to be

in a nursing home." Their own doctor too had said the place for the Howards was not in their home, but in a facility. But Fayse Howard didn't think that was the right solution for her.

Both she and her daughter remember that painful day at the VA, filling out the long, involved forms, listing their finances. The VA sent them home that day with no plan, and said they could do more the next time he came in for a psychiatric evaluation.

HOWARD SHAKES her head in dismay telling the story. "Do they have any idea how hard it is to get a dementia patient out of the house, into a car, into a large hospital, on time, without an accident?" She had to hire a caregiver just to help get him into the car.

Davis said she had filled out the lengthy application for the pension: it was immediately declined. The appeal could take years.

The Howards finally got a social worker assigned who helped them get approved for in home care. They were told an agency would contact them, but they didn't call because the paperwork was lost, then resent.

Then the Howards were put on a waiting list because there was no staffing for them.

"Imagine," Howard said with a wry smile. "They put a 91-year-old man with late stage Alzheimer's on a waiting list."

On Sept. 9, the VA social worker finally organized care at home. The care from the VA Hospital was helpful, Howard said, but there were many challenges. Sometimes the caregiver got lost on the way to the house, and sometimes they called at the last minute and cancelled. They often had new people. Alzheimer's patients benefit from consistency. Howard had to explain the house, the idiosyncrasies of her husband's disease, to a new person repeatedly. Howard didn't feel comfortable leaving her husband alone in the care of some. Some slept or talked on the phone.

Howard remained the chief caregiver, despite the help. She managed the new challenges thrown her way as the disease progressed.

"He would hold pills in his mouth," she said. "They'd find them later on the floor when he spit them out." His dentures no longer fit so he couldn't chew his food anymore so Fayse pureed three meals a day for him so he could eat.

Fayse Howard found that she alone could get him to swallow when he resisted, or calm him down when he was upset. He would hold her hand, and give it a squeeze. Sometimes, he'd give her a smile that made it all worth it, she said.

Although their doctor took good care of

her husband, Howard says she had to tell him one day to stop telling her to "remember you are not alone."

"I am alone," she said. "I've been alone since he got sick. When a decision has to be made, I make it. When I'm all alone in that house with him and he looks at me for consolation, it's I who have to take his hand and hold it, and try to keep things even."

And fewer people came to visit. Those who did found that Allen Howard always perked up when an old friend or family member came by, even if he didn't remember them by name. Howard was so housebound that many times she felt isolated, and would have really lost her ability to cope had it not been for her neighbors, particularly Woody and Margaret Staeben. Woody, she said, comes in once a week to have a beer with her. "We call it our "meeting", she laughed. It meant she and her husband had not been forgotten.

Howard said she had never heard of any of the services of Arlington County, like the Personal Advocate. She hasn't been to any community centers. She has a computer, but doesn't use the internet. "I guarantee you without my daughter, I wouldn't have made the second phone call," she says of the effort to find help. Allen Howard had run his own business. Fayse Howard had given up her retirement fund to add money to the business when it was having trouble. They worked hard, raised three children, sent one to college. They had enough to live on, just not enough to manage a long health crisis.

Davis says the thing that bothered her the most is that "there was no one to tell us what to do, no road map." There were so many moving pieces.

Patty Sullivan, Interim Operations Manager of Arlington Neighborhood Village (ANV), agrees it is a real maze. As a member of the Arlington Commission on Aging, she knows there are many services available to Arlington residents, but is not sure why the word is just not reaching those who need the information, despite the brochures Arlington hands out.

"There isn't a system," she said. "Medicaid and Medicare, Social Security, State programs, County programs — none of them overlap." You can hire a "care manager" to help you thread your way through the system, but that is prohibitively expensive, or you can join Arlington Neighborhood Village which provides some personal advocacy.

"Arlington County doesn't have the capacity to handle all the issues with the elderly

Advice from People who have been there:

- What to do if you have a family member with Dementia:
- ❖ Plan for this even if both parents or spouses are healthy now.
 - ❖ There are shortcuts: find out what they are. Tell your caseworker you don't have much time.
 - ❖ Ask for help; don't try to do it alone.
 - ❖ Don't take "no" for an answer: keep asking and adding information. Often no doesn't mean no.
 - ❖ Insist on having a social worker assigned to you from the beginning, especially at the VA.
 - ❖ If you are rejected by the Veterans Administration, don't appeal: file to "reopen with new evidence." Otherwise, you could be waiting years.
 - ❖ Plead and beg: this is not a time to act self-sufficient. Don't underestimate how bad your problem is: be graphic about the need.
 - ❖ Plan ahead for this: no one wants to plan for Dementia, but if you don't, you could end up being unable to arrange care; consider long term care insurance or find a living situation where there is a bedroom on the ground floor and room for a relative or caregiver to stay there overnight.
 - ❖ Keep a journal with careful notes about who you have spoken to and what you were told. It will be invaluable when you have to call people back or remind them what they had agreed to last week.
 - ❖ Be understanding when a child can't or won't help. Different people react in different ways, and some are not "jump in and get your hands dirty" people or just cannot bear to see their parent in such a changed state.
 - ❖ Get hospice early, check eligibility early.
 - ❖ Volunteer: you can learn a lot about opportunities for the elderly by being part of an organization, and it will help keep you plugged in.
 - ❖ Ask multiple sources about available resources. Everyone has a different piece of information to add.
 - ❖ Get physical therapy for the patient for as long as possible.
 - ❖ Don't be ashamed to tell others. Dementia now affects 5.4 million Americans.
 - ❖ Encourage visitors; some people shy away from visiting because dementia patients don't always know who they are or respond appropriately, but they know when they are being visited; it provides relief for the family member too.

that are now coming into play," she said.

Allen Howard will be laid to rest in Arlington National Cemetery on June 24.

Fayse Howard has a little more she'd like people to know.

"I want people to know it's not all bad. When he looked across at me and smiled, or held my hand", Fayse Howard said, "I knew I was doing the right thing. Knowing they depend on you, and that the sound of your voice would still make a difference to them, even in the late stages of dementia, added a dimension to the meaning of marriage that some people might find hard to understand but it's just as beautiful as some other stages."

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Senior Living

Taking the Long View

BY JOHN BYRD
THE CONNECTION

Budgeted, incremental improvements are the key to effective planning, aging in place.

When they decided not to move-on after retirement, seniors Mike and Sandy Nusbaum slowly began enlarging their long-term residence with several goals in mind.

Ten years and four improvements later, the couple's Alexandria home is ideal for extended visits with children and grandchildren—and all sorts of everyday pleasures.

Home improvements can come in many sizes: life-changing or simply necessary; comprehensive, or something to please the grandkids.

The real problem is practical: how to conveniently and affordably implement a list of desired improvements—especially when experience tells you that securing a satisfactory outcome for even a basic household repair can be challenging.

In this context, it's heartening to talk with Mike and Sandy Nusbaum, retired empty-nesters who have executed mid- to large-scale renovations to their thirty-year-old south Alexandria residence in phases, about once every two years and for more than a decade.

Plainly, the Nusbaums like their house, a circa-1980s Colonial-style home where they raised three children. While somewhat space-constrained at its original 2,100 square feet, the structure's location adjacent to woodland and minutes from historic Old Town made it hard to beat.

As retirement neared, however, the couple began cautiously reassessing their home's basic assets, even briefly considering a move to a bigger place.

"You have to ask yourself whether the next house will actually improve your quality of life," Sandy Nusbaum says, recounting her thoughts of twelve years back. "When we looked at the alternatives ... we realized there were only a few things about our house that we didn't like."

AND SO IT BEGAN. Plans for incremental changes. Kitchen and screened porch. New family room and deck. Lower level. Enlarged Garage ... Facilitated by a new relationship, with 30-year veteran remodeler David Foster, principal of Foster Remodeling Solutions.

"We met some homeowners at a local home show who raved about David," Sandy recalls. "David has a low-key style, and a strong service orientation that helps us make informed decisions."

Looking back, while the remodeler's fresh design ideas were critical, the couple also appreciated his clearly-stated, always-reliable cost projections.

"WE WERE ON THE CUSP of retirement and didn't want debt," Mike Nusbaum says. "Our first thought was to make targeted improvements to the kitchen while keeping our options open for the larger family entertainment suite we might undertake as we assessed the budget issue."



Mike and Sandy Nusbaum have enlarged their home four times in the past ten years. Each phase has improved the home's overall functionality, which has transformed it into a preferred gathering place for children, grandchildren and extended family. The garage and storage units have resulted in a dramatic improvement in available space and eliminated clutter.



Only 150 square feet was added to the family room, but the four-window course with "eyebrows" creates a visual continuum that makes the room feel significantly larger.



The first phase of a 10 year remodeling plans entailed replacing the kitchen/living room divider wall with a dining counter/serving station. The revisions allowed light from three directions. Maple cabinets and Silestone quartz surfaces provide a tonal and textural contrast.

Foster was not only supportive of such thinking, but, as the Nusbaums learned, considers "phased remodeling" an integral part of his company's service.

"I grew up in Fairfax County and have learned my business by helping homeowners find a process that will work for them as they think ahead," he says.

Once work began, the Nusbaums particularly noted the foresight Foster brought to each improvement.

"Ten years ago, we wanted the rooms extending from the kitchen to function better as a place for entertainment. We had a small dining room that wasn't being used much. The back rooms were too dark," Sandy Nusbaum recalls.

In short order, the wall between the kitchen and dining room disappeared, replaced by a three-stool Silestone counter that has become the couple's primary kitchen gathering area. That counter surface was also positioned as a serving station for the new elevated 16-by16-foot

screened porch that is now a much-used fair-weather dining spot.

A new window over the kitchen sink adds natural light and a lovely view of the backyard. "When you walk from the kitchen to the screen porch, it feels like you're walking in the air through the trees," Sandy says. "This gave us a wonderful re-discovery of our own backyard."

From there, it wasn't long before the Nusbaums began planning an extension of the rear family room, an open-air grilling deck and a pathway that permits children, grandchildren and guests to circulate freely through a wide-ranging suite of rooms used for social gatherings.

"It was at this point that we started having holiday gatherings for up to thirty," Sandy says. "Such fun!"

WHICH LED TO THE THIRD PHASE: Transform the 800-square-foot lower level into an exercise room that doubles as a guest suite. Here a comfortable Murphy bed

folds out of a discrete closet. There's a full bath, and built-in serving station with refrigerator and microwave. The Nusbaums refer to it as "the family suite." On holidays, it can be occupied for two or three days a stretch.

Then, just last year, Foster created a second bay for the garage by building a wing off the side elevation. The new construction is supplemented by a garden shed accessed from the yard. The contents, pruning tools, mower, freed up floor space in the garage, which now (for the first time) has room for something special: two cars.

"What we really appreciate about David Foster is there are no bad surprises, and frequently there are good ones," Mike Nusbaum said. "Last year, for instance, he repaired a window that was out of warranty and didn't charge us. That kind of service encourages you to think ahead."

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