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Senior Living



Deputy Derek Gaunt, HR Manager Chris Whelan, Captain Robyn Nichols, and Deputy Chief Tim Gleeson

March for Meals Champions — Spreading the Word about Senior Hunger

elected city officials, city employees, school and community volunteers delivered Meals on Wheels in March to celebrate March for

Senior Services of Alexandria along with Meals, raising awareness around senior hunger. Mayor Allison Silberberg proclaimed March as "March for Meals" month in Alexandria.



Diana Franklin, Vice Mayor Justin Wilson and daughter, Dolores Viehman

Speaker Series

Senior Services of Alexandria will present Aging Well, Working Together for a Livable Community for all Ages, next in a speaker series, on Wednesday, April 13, 10 a.m. to noon, at the Beatley Central Library, 5005 Duke Street, Alexandria.

making Alexandria a "Livable Community"

for all ages and improving the lives of senior residents, programs and opportunities currently available to seniors and priorities for the future.

Register for this free event by calling Senior Services of Alexandria at 703 836 4414 ext 110 or visit http://seniorservicesalex.org/ City representatives will discuss plans for april-speaker-series-aging-well-inalexandria/.

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Senior Living March for Meals Champions — Spreading the Word about Senior Hunger





U.S. Rep. Don Beyer and Stephanie Beyer, Mayor Allison Silberberg, Councilwoman Del Pepper, and Fire Chief Robert Dube

Senior Services of Alexandria Executive Director Mary Lee Anderson and Councilman John Chapman



Councilman Will Bailey, Shahnaz Ahmed from the Rotary Club of Alexandria, Councilman Tim Lovain and Senior Services of Alexandria Executive Director Mary Lee Anderson



Todd Turner and Alisha Jackson, Meals on Wheels America



Alexandria Commission on Aging Jane King and Carol Downs



Esthefanie Zepata, member of Alexandria's Black Firefighters

Senior Living Threading Your Way Through the Maze

One family's journey finding help to care for husband with dementia at home.

> **By Eden Brown** The Gazette Packet

aura "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. Their 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 fell a lot.

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 County to get hospice care set up because she had been told by their doctor that 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.

Everyone kept suggesting Adult Day Care, but Fayse Howard said, "No, he's upset enough. That will upset him more."





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

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 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. 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 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 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 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."

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 parttime 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.

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.

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.

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.

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 iso SEE DEMENTIA, NEXTPAGE

Senior Living Finding Help

From Previous Page

lated, 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 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 www.ConnectionNewspapers.com 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."

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.
- 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
- Insist on having a social worker assigned to you from the beginning, especially at the VA.
 If you are rejusted by the Vaterane.
- 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.
- 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
- Get physical inerapy for the patient for as long as possible.
 Don't be ashamed to tell others.
- 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.

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

— Fayse Howard



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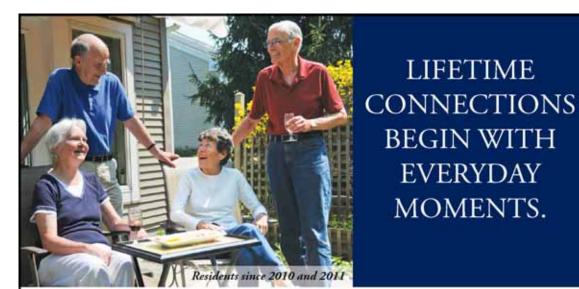
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apartments.

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where I've finally

found my family."

Helena Scott

Senior Living Taking the Long View

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

By John Byrd The Gazette Packet

hen 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 emptynesters 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

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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.



but the four-window course with "eyebrows" creates a visual continuum that makes the room feel significantly larger.

we assessed the budget issue."

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 sta-

tion 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."

John Byrd (byrdmatx@gmail.com or www.HomeFrontsNews.com) has been writing about home improvement for 30 years.



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.



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 Gazette Packet

hen 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 Arlingtonbased associate broker with McEnearney



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, McEnearney Associates

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-andleave' 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."

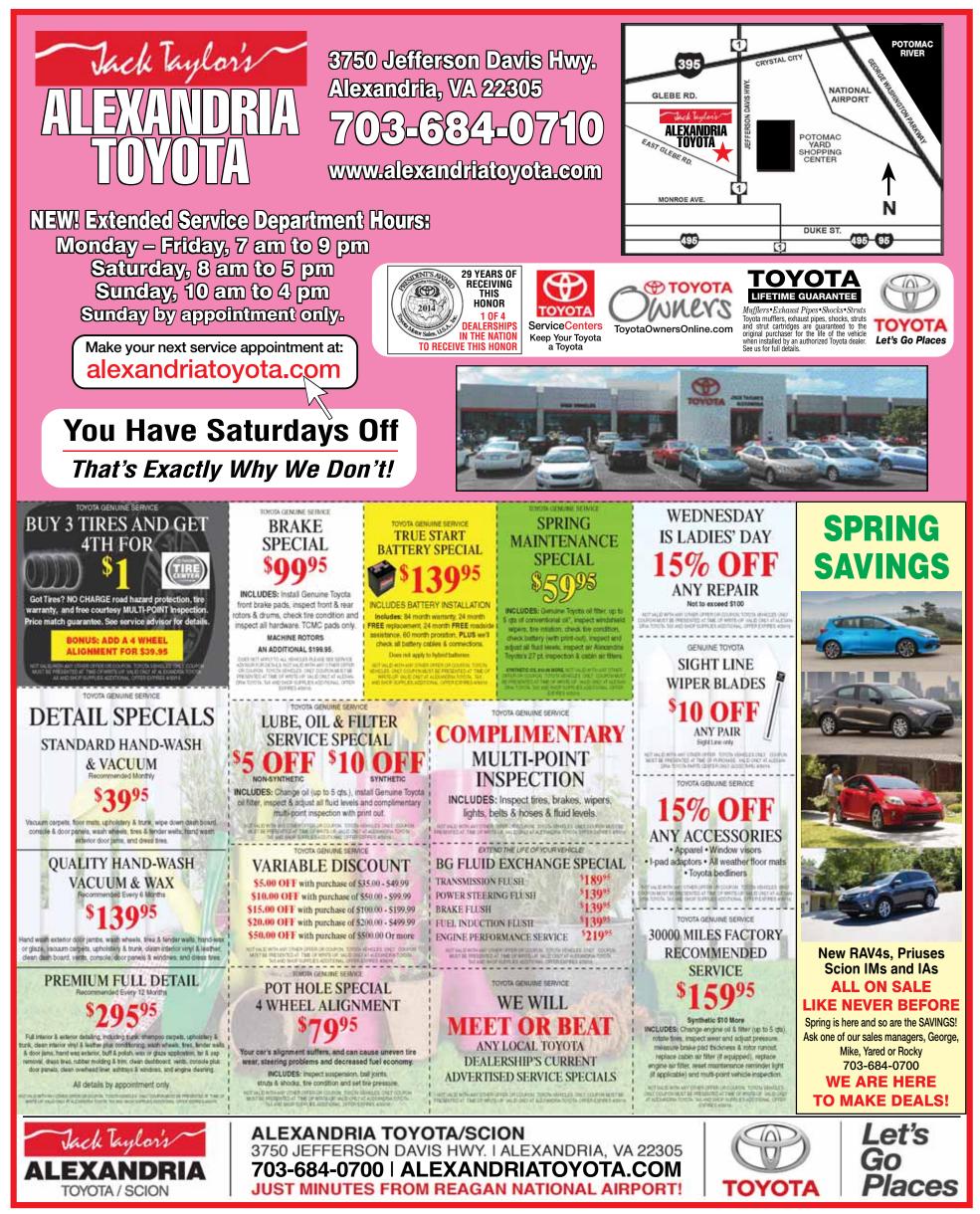
Middle recommends using evidencebased design when creating dwellings suitable for seniors. "It's a new science that's geared toward older adults and is very specific to their needs," she said.

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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