

The Boulder Times



September 2022

Hello Everyone,

Together we can do anything.

1. **In a previous email you will find the latest Assisted Living Bill of Rights. Please look over and return form signed, stating you received it.** I need to put it in your loved ones file. We passed them out at the last family council meeting and then set them out at the sign in desk, but I learned that we need to have a form to prove I provided them.
2. **In a previous email you will find a notification that as of Oct 1st change will be happening with lab draws at Boulder Creek. Please read information, sign preference, and return as soon as possible.**
3. Mary will be applying a GEM level to your loved one. This will be presented at your next care conference. We will be providing education about this process and what it means in the monthly newsletter under Mary's corner.
4. Thank you to everyone who has attended the recent care conferences. We really appreciate your taking time out of your busy days. If you have not been scheduled yet, please know that Mary will be calling to set one up soon.
5. **Our Dementia Support Group will be on Sept. 13th at 6:00 pm. The next meeting will be Sept. 13th. This is open to the**

community. Masks will still be required. Family Council will be just prior at 5:30pm. This is for the families of our residents only. Both will be in the Boulder Creek Community room. The September 13th Dementia Family Support Group Speaker will be Rebekah Reynolds former ACE Representative, now life coach. Please look for more information later in the newsletter.

6. We are still looking for titles people are interested in adding to our **lending library**. If you have any books/publications that you found helpful please let me know. Also, if you have any resources, you are willing to pass along, we would forever be grateful.
7. With Covid it is hard to know what to do. So, we will proceed with caution, and September will look much the same as August. Our county is at extremely high levels. Please protect your loved ones. **Masks on, & visits will still be allowed in the common areas.** No appointments are needed to visit. It is best not to come during the scheduled meal times. No eating or drinking in their rooms.
8. We will also be **celebrating all birthdays for the month on the 3rd Wednesday**. This will give you as family member the opportunity to celebrate with your loved ones without fear of them missing out on the facility birthday party.
9. This month we will be having an extra birthday celebration because one of our gals is turning 101.
10. It's that time of year where we need to start changing out your loved ones clothing. Layers is the key.
11. Make sure when you stop by that you **check for mail at the Aides Office**. We aren't putting up little letters any longer because the residents are taking them down and hiding them.
12. Please make sure you check out our Facebook page at **Boulder Creek-Marshall MN**. We will be celebrating several events this month.

Sincerely,
Jan Mason



Mary 's Corner

BC's Nurse Supervisor/Case Manager

Last month, I introduced Teepa Snow's Senior Gem approach which inspires us to take a positive approach to memory care. We remember that each individual is significant, precious and special: like a gem. This method focuses on what those with dementia can do, instead of what they cannot do. Teepa Snow's Gems classification system allows us to understand which stage of dementia the person is experiencing so we can better understand, appreciate and support each person's unique needs. Further understanding of an individual with dementia empowers us to help them shine! There are six individual gem classifications: sapphire, diamond, emerald, amber, ruby and pearl.

This month, we will focus on Emerald and Amber.

Emeralds are green through and through. They are individuals 'on the go' with a purpose. They see themselves as able and independent with limited awareness of changes in ability. They live in moments of clarity mixed with periods of loss in logic, reason and/or perspective. They chat socially, but typically miss out on one to four words. So, it's more challenging for them to follow long conversations. They may not remember the details of time spent with another person, but they are perceptive enough to accurately perceive non-verbal communication (tone of voice and body language). Their brain will make up information to fill in the blanks. Their brain plays tricks on them, taking them to different times and places in their lives. Avoid correcting them or arguing, as it may cause them to feel suspicious or resentful. Keep answers short and concrete. Slow down, use pauses and instruct one step at a time. Best to go with the flow and use a positive, partnered approach, and as always, ensure their environment is safe.

Amber. Like a particle trapped in amber, they are caught in a moment of time. They may not know you or see you as a whole person. They may react to you based on how you look, move, smell and respond to them. They like to do simple tasks over and over again and repeatedly move, touch, taste, smell or

take items apart. This is soothing for them. Their visual abilities are more limited. Their focus is on pieces or parts, not the whole picture. Changes in their nervous system causes increased sensitivity to their mouth, hands, feet and genitalia. Therefore, tasks like bathing/showering, dressing, toileting, brushing teeth and/or taking medications may be distressing. Care is refused or seen as threatening due to differences in perspective and ability. If this happens, wait a few minutes, connect with the individual and try a different approach. Use only 2 or 3 words at a time. Eliminate items that could cause harm, but offer substitutions.

It is my hope that some of the information I have provided you will inspire you to dig a little further. You may visit: <https://teepasnow.com/> for further information on Gems. Her YouTube videos are very informative and helpful, as well.

As always, it is a joy and privilege to serve and care for your loved ones. Thank you for entrusting them to us!

Please feel free to contact me with any ideas, suggestions, questions or concerns. As a reminder, typically my schedule is Mon-Thurs from 8:00 am-5:00 pm.

Mary Mitzner, RN

Nurse Supervisor/Case Manager

Boulder Creek Assisted Living

Phone: (507) 337-9536



Employment Opportunities:

WANTED: Home Health Aides

(CNA Licensure Preferred)

Currently hiring for: Day, Evening, and Overnight Shifts

We are seeking staff to add to our team! The right person for this position must enjoy working with the elderly and have a compassionate understanding of their care needs. Position includes every other weekend and a holiday rotation.

Looking for Full-time RN or LPN to hold charge position. 36-40 per week.

Looking for a Full or Part-time Dining Staff. *If you have any questions, please contact Margaret at 507-537-2415

To Apply: Stop in to one of our locations to pick up an application or apply online at boulder-creek.org or boulderestates.org

Boulder Creek
601 Village Drive
Marshall, MN 56258

Boulder Estates
604 Village Drive
Marshall, MN 56258

Benefits include: Competitive Wages, Paid Time Off, Rewarding Work, On the Job Training, Education Reimbursement Programs, Continuing Education, Health Insurance, Life Insurance, Short Term Disability, and more! *If you have any questions, please contact Erika at 507-401-3606



Family Council Agenda

September 2022

Open the meeting

Tabled Business of Avera Lab:

BC will accept the Avera Lab with a monthly fee being added to the Service Plan. Those that opt out will be responsible for transporting and getting their loved ones labs completed.

New Business

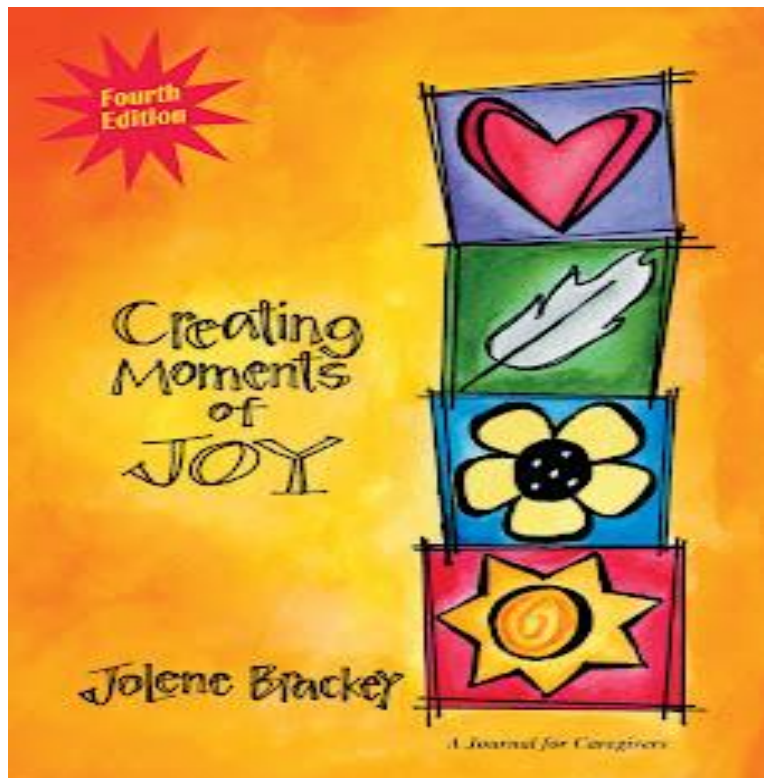
1. Discuss having a Fall Family Festival/Tailgate Party
2. Current Census is 15 on North 7 men and 8 women, and 15 on South with 15 women. A move in is pending.
3. Last meeting it was voted and approved to start the Family Council meeting at 5:30 and the Dementia Support Group at 6pm.
4. Tai Ji Quan will be starting in September for Boulder Creek. Our Assisted Living Director is working to modify the program to be more friendly towards those suffering from dementia. It will be twice a week just prior to lunch. This way residents are in a supportive chair.
5. We are looking for a Full-time RN/ LPN, and both full and part-time home health aides
6. Jennifer Willander our new HR gal is catching on quickly and doing a great job.
7. Looking for new topics to explore for dementia support group. September we will have Rebekah Reynolds former A.C.E. rep and now life coach talk about the importance of self-care for the caregiver. October we will bring in some informational video's with discussion from Jolene Brackey. She is the author of "Creating Moments of Joy".
8. Mary will be gone to a training from Sept 6-9th, and vacation from Sept 12-19th.

9. Ask for any questions, new business

Close the meeting

The Book in which the videos are made “Creating Moments of Joy” is available in our lending library.

Jolene Brackey has a vision: that we will soon look beyond the challenges of Alzheimer’s disease to focus more of our energies on creating moments of joy. When people have short-term memory loss, their lives are made up of moments. We are not able to create perfectly wonderful days for people with dementia or Alzheimer’s, but we can create perfectly wonderful moments, moments that put a smile on their faces and a twinkle in their eyes. Five minutes later, they will not remember what we did or said, but the feeling that we left them with will linger. The new edition of *Creating Moments of Joy* is filled with more practical advice sprinkled with hope, encouragement, new stories, and generous helpings of humor. In this volume, Brackey reveals that our greatest teacher is having cared for and loved someone with Alzheimer’s and that often what we have most to learn about is ourselves.



How Is Alzheimer's Disease Treated?



Understanding Alzheimer Treatment Options

With an Alzheimer's disease diagnosis, the questions will probably follow as you struggle to come to terms with this disease. Understanding Alzheimer treatment options will be crucial so you can make decisions about care.

What is Alzheimer's?

Dr. Alois Alzheimer gave his name to this progressive brain disorder in 1906. Dr. Alzheimer examined the brain tissue of a patient who had recently died with symptoms of mental illness. The woman had been behaving unpredictably and she had issues with language and memory. The tests showed strange clumping and tangled fibers in the brain, both considered the most common traits of Alzheimer's, states the National Institute on Aging.

Someone with Alzheimer's will show signs of memory problems, perhaps not being able to think of a word or maybe showing lapses in judgment. As the Alzheimer's disease stages progress, it will be hard to manage everyday activities such as cooking, shopping, driving and paying bills.

First Steps After Diagnosis

Educating yourself about Alzheimer's will probably be your first action after receiving a diagnosis. Your doctor may continue to see you or may refer you to a specialist. Ask for referrals to local services to get support too.

Memory aids around the house can help you remember details like taking medication or getting the mail. Use sticky notes, set reminders on your phone or have family members help you keep up with details.

Typical Course of Treatment

Doctors often have to try several different medications in treatment of Alzheimer's disease, because every medication won't be suitable for every patient, states the National Institute on Aging.

The U.S. Food and Drug Administration has approved several different prescription medications to help manage Alzheimer's symptoms. Cholinesterase inhibitors are best-suited for people either in early or middle stages of the disease. For treating moderate to severe Alzheimer's, your doctor might prescribe an N-methyl D-aspartate antagonist, which often helps alleviate symptoms. No cure has been found for Alzheimer's.

Early-Onset Alzheimer's Disease

Early-onset Alzheimer's disease involves typical symptoms setting in before the age of 65. Although rare, this type of the disease can be particularly tragic. Doctors don't know why early-onset Alzheimer's happens, but there could be a genetic factor. Early diagnosis of this form of the disease is crucial, especially to rule out other medical problems that could cause the symptoms, warns the Mayo Clinic.

Prognosis of Alzheimer's

The prognosis for Alzheimer's is challenging. The disease gets worse over time, usually over a period of years. Initially, patients just experience mild memory lapses, but in the later stages, someone with Alzheimer's won't be able to communicate or interact with surroundings. The Alzheimer's Association estimates that on average, most people with Alzheimer's live between four and eight years after a diagnosis.

[Alzheimer's disease](#) is complex, and it is therefore unlikely that any one drug or other intervention will ever successfully treat it in all people living with the disease. Still, in recent years, scientists have made tremendous progress in

better understanding Alzheimer's and in developing and testing new treatments, including several medications that are in late-stage clinical trials.

Several prescription drugs are already approved by the U.S. Food and Drug Administration (FDA) to [help manage symptoms](#) in people with Alzheimer's disease. And, on June 7, 2021, FDA provided [accelerated approval](#) for the newest medication, aducanumab, which helps to reduce amyloid deposits in the brain and may help slow the progression of Alzheimer's, although it has not yet been shown to affect clinical symptoms or outcomes, such as progression of cognitive decline or dementia.

Most medicines work best for people in the early or middle stages of Alzheimer's. However, it is important to understand that none of the medications available at this time will cure Alzheimer's.

Treatment for mild to moderate Alzheimer's

Treating the symptoms of Alzheimer's can provide people with comfort, dignity, and independence for a longer period of time and can encourage and assist their caregivers as well. Galantamine, rivastigmine, and donepezil are cholinesterase inhibitors that are prescribed for mild to moderate Alzheimer's symptoms. These drugs may help reduce or control some cognitive and behavioral symptoms.

Scientists do not yet fully understand how cholinesterase inhibitors work to treat Alzheimer's disease, but research indicates that they prevent the breakdown of acetylcholine, a brain chemical believed to be important for [memory and thinking](#). As Alzheimer's progresses, the brain produces less and less acetylcholine, so these medicines may eventually lose their effect. Because cholinesterase inhibitors work in a similar way, switching from one to another may not produce significantly different results, but a person living with Alzheimer's may respond better to one drug versus another.

Medications that target the underlying causes of a disease are called disease-modifying drugs or therapies. Aducanumab is the only disease-modifying medication currently approved to treat Alzheimer's. This medication is a human antibody, or immunotherapy, that targets the protein beta-amyloid and helps to reduce amyloid plaques, which are brain lesions associated with Alzheimer's. Clinical studies to determine the effectiveness of aducanumab were conducted only in people with early-stage Alzheimer's or mild cognitive

impairment. Researchers are continuing to study whether this medication works to affect a person's rate of cognitive decline over time.

Before prescribing aducanumab, doctors may require PET scans or an analysis of cerebrospinal fluid to evaluate whether amyloid deposits are present in the brain. This can help doctors make an accurate diagnosis of Alzheimer's before prescribing the medication. Once a person is on aducanumab, their doctor or specialist may require routine MRIs to monitor for side effects such as brain swelling or bleeding in the brain.

Several other disease-modifying medications are being tested in people with mild cognitive impairment or early Alzheimer's as potential treatments.

FDA's Accelerated Approval Program

Aducanumab was approved through the FDA's [Accelerated Approval Program](#), which provides a path for earlier approval of drugs that treat certain serious conditions. This helps people living with the disease gain earlier access to the treatment. The approval of aducanumab was based on the ability of the drug to reduce amyloid in the brain. When using the accelerated approval pathway, drug companies are required to conduct additional studies to determine whether there is in fact clinical benefit after the drug is approved. If the follow-up trial fails to verify clinical benefit, the FDA may withdraw approval of the drug. Results of the phase 4 clinical trial for aducanumab are expected to be available by early 2030.

Treatment for moderate to severe Alzheimer's

A medication known as memantine, an N-methyl D-aspartate (NMDA) antagonist, is prescribed to treat moderate to severe Alzheimer's disease. This drug's main effect is to decrease symptoms, which could enable some people to maintain certain daily functions a little longer than they would without the medication. For example, memantine may help a person in the later stages of the disease maintain his or her ability to use the bathroom independently for several more months, a benefit for both the person with Alzheimer's and caregivers.

Memantine is believed to work by regulating glutamate, an important brain chemical. When produced in excessive amounts, glutamate may lead to brain cell death. Because NMDA antagonists work differently from cholinesterase inhibitors, the two types of drugs can be prescribed in combination.

The FDA has also approved donepezil, the rivastigmine patch, and a combination medication of memantine and donepezil for the treatment of moderate to severe Alzheimer's.

Doctors usually start patients at low drug doses and gradually increase the dosage based on how well a patient tolerates the drug. There is some evidence that certain people may benefit from higher doses of Alzheimer's medications. However, the higher the dose, the more likely side effects will occur.

Patients should be monitored when a drug is started. All of these medicines have possible [side effects](#), including nausea, vomiting, diarrhea, allergic reactions, and loss of appetite. Report any unusual symptoms to the prescribing doctor right away. It is important to follow the doctor's instructions when taking any medication, including [vitamins and herbal supplements](#). Also, let the doctor know before adding or changing any medications.

Managing behavioral symptoms of Alzheimer's disease

Common behavioral symptoms of Alzheimer's include [sleeplessness](#), [wandering](#), [agitation](#), anxiety, aggression, restlessness, and depression. Scientists are learning why these symptoms occur and are studying new treatments — drug and nondrug — to manage them. Research has shown that treating behavioral symptoms can make people with Alzheimer's more comfortable and makes things easier for [caregivers](#).

Experts agree that medicines to treat these behavior problems should be used only after other strategies that don't use medicine have been tried. Learn more about [behavioral changes in people with Alzheimer's disease and ways to cope](#).

Medicines to be used with caution in people with Alzheimer's disease

There are some medicines, such as sleep aids, anti-anxiety drugs, anti-convulsants, and antipsychotics, that a person with Alzheimer's disease should take only:

- After the doctor has explained all the risks and side effects of the medicine
- After other, safer nonmedication options have not helped treat the problem

People living with Alzheimer's and their caregivers must watch closely for side effects from these medications.

Sleep aids are used to help people get to sleep and stay asleep. People with Alzheimer's should NOT use these drugs regularly because they make the person more confused and more likely to fall. There are lifestyle changes people can make to improve their sleep. Learn more about [getting a good night's sleep](#).

Anti-anxiety drugs are used to treat agitation. These drugs can cause sleepiness, dizziness, [falls](#), and confusion. For this reason, doctors recommend they should only be used for short periods of time.

Anti-convulsants are drugs sometimes used to treat severe aggression. Side effects may cause sleepiness, dizziness, mood swings, and confusion.

Antipsychotics are drugs used to treat [paranoia, hallucinations, agitation, and aggression](#). Side effects of using these drugs can be serious, including increased risk of death in some older people with dementia. They should only be given to people with Alzheimer's when the doctor agrees that the symptoms are severe.

The future of Alzheimer's disease treatments

Alzheimer's disease research has developed to a point where scientists are exploring a variety of avenues to not only treat [symptoms](#) but also address [underlying disease processes](#). In ongoing [clinical trials](#), scientists are developing and testing several possible interventions, including immunization therapy, drug therapies, cognitive training, physical activity, and treatments for cardiovascular disease and diabetes.

Receive weekly tips and resources on Alzheimer's disease and related dementias from NIA's [Alzheimers.gov](#)



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Parade Fun!











