Timbercrest's Social Services

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The vision that adults will age successfully in all aspects of their lives physically, psychologically, emotionally, financially, and spiritually ("Our Vision - Timbercrest," n.d.). They strive to meet this vision through their mission to be an innovative, collaborative and trustworthy resource that enables adults to experience aging with peace of mine ("Our Mission - Timbercrest," n.d.).

Timbercrest nursing home officially opened for residents in March of 1968, but the history goes much further back all the way to 1889. Timbercrest is part of the Church of the Brethren ministries, and in 1889 the first home was established in Mexico, Indiana. Originally, the Mexico home was to care for orphans and older adults, officially in 1942. The Mexico home shut its doors sometime in the 1950's due to dilapidated buildings, and it was decided to build a new home in North Manchester, which was named Timbercrest. Timbercrest has grown and is still growing since the opening in 1968 with new phases of construction in the plans currently.

At the current time, Timbercrest has four areas for different levels of care and need. The least need for residents who are fully ambulatory and not quite ready for assisted living can be found living in one of the many independent living units. As they begin to transition they may move into the residential side where there are approximately 200 beds (Depending on single or couples) of which 132 are occupied. In this area, residents typically care for themselves but may need some assistance with everyday things. As the aging process continues and the care needed progresses to be too much for the residential area, residents are moved to health care where they are nearly entirely

cared for by the nursing staff. Healthcare currently has 37 of its 49 beds filled. If dementia becomes evident with a resident, they may be moved into the specialized unit called Crestwood, where they will receive care and treatment geared towards dementia patients. Currently, Timbercrest has 14 beds filled in Crestwood out of a possible 16. Timbercrest also has around 105 independent living units around the 104-acre campus.

Certain criteria have to be met before a resident can be admitted into Timbercrest. Age is one factor, and all residents need to be 65 or older, with an exception for spouses who may be under 65. The potential resident will have a full health screening, to ensure that the potential resident's special needs if any can be met adequately by the Timbercrest staff. Financial feasibility is conducted to ensure that the potential resident can fulfill their financial obligations. Other criteria are not listed here, such as sex offenders have an entirely different set of criteria. There are specific rules for the use of tobacco, alcohol, and possession of weapons by residents.

The role of the social workers at Timbercrest appeared to be a catch all do all type position. Social services are involved with the resident from the moment the decision to move into Timbercrest, until after death with the residents family. Before admission, the social worker is responsible for ensuring the resident meets all criteria for admission. During the stay of the resident, the social worker has regular interactions. Social workers perform all cognitive and depression assessments on a regular basis. They serve as an advocate for the residents and their families. Consultation with many outside facilities is done through social services. The primary outside service the social workers deal with other than Medicare/Medicaid is Bowen Center a center for mental health treatment. When a resident's mental health seems to be outside the realm of adequate help through

Timbercrest's knowledgeable staff, they may be referred to the Bowen Center for further evaluation. Some types of mental health problems that may be seen by the Bowen Center include, but are not limited to Bipolar Disorder, Schizophrenia, Narcissism, and other more extreme mental heal diagnosis as such.

During my day with Sabine, I was able to fully see and understand what someone in social services does in a typical day within a assisted care facility. Timbercrest employs two social workers in the social services. One (Sabine) is over primarily the residential side, and Kira is first and foremost over healthcare. They do work together and cross over quite a bit. I was supposed to be working with both for part of the day. However, Kira called off Sick. By Kira calling off sick her daily caseload was added to Sabine. The morning started (after coffee) with two very lengthy boring meetings, but beneficial and crucial. These meetings went over fall assessments of residents, upcoming medical procedures, Medicare/Medicaid issues, PT/OT status'. It was very a very thorough meeting, in which a lot of pertinent information was presented.

With Kira's absence, a couple of items that Sabine had to pick up was quarterly assessments and an emergency appeal to Medicare. The assessments had to be done that day so that they could be filed with the state that day. With the assessments, I was able to see the residents and Sabine's skillful interactions with them. I was impressed when doing the cognitive tests, which required the residents to memorize words and answer questions to determine orientation to time and place, how her compassion showed through. When they answered wrong, encouraging words came forth, lifting the spirits of the patient. I watched as eyes lit up and saw something I have not seen in quite some time, a sense of genuine happiness. These residents all was willing maybe with a little of

coaxing, to do their assessment the same one they do so often. Then there was this one lady, in Crestwood, a dementia patient. I felt my heart cry for her, as she sat there and just stared towards my way with a blank smile. She asks about me, who I am and why I am there, even though just a few minutes earlier she was advised. She was unable to answer any of the questions, which was no surprise. I found myself wondering what was going on in her mind, what was she thinking, what was she feeling? What could have been done differently to make her happy? However, she appeared happy; she was smiling. Maybe it was the love and compassion showed by Sabine that made her smile and happy. Maybe it was just a new face she never saw that made her happy, or did I remind her of someone? I will never know what she was thinking, as I do not believe she can say herself. I will never know what it was that made her smile, but I do know that the interactions from a caring social worker did not hurt.

"When people suffering from dementia neither have access to nor can retain an inner picture of themselves or others, a total confusion occurs" (Emilsson, 2008). This quote is the center of what being a social worker in a retirement home is all about. The social worker and the nursing staff, are there to help identify that confusion and help keep it at a minimal. With this thought of helping maintain the confusion at a minimum, I start to see social workers at least in this environment as a central hub of communication and resources. I wonder what happens in this environment if the social worker is no longer there? It is plausible when you consider that "The number of social workers providing service to older adults is decreasing, despite projected increase in the number of older adults wh0 will need social work services" (Suppes & Wells, 2012, p. 22) I decided to ask this question what happens if the social worker was no longer there? I asked it to both

the social worker, and someone from the nursing staff. This question was posed a couple days after the initial field trip in a follow up phone call. The response was it has happen at least in the Residential setting, there was no social worker here for a period. All of those responsibilities fell on the already overworked nursing staff, it led to nursing burn out. The attrition rate of the nursing staff was not good, this was one of the main reasons that another person was brought on in to social services to work in the residential side.

"Many social workers go wherever people are experiencing problems—to the places where people live, work, study, and play" (Suppes & Wells, 2012, p. 12). A quote that could not be more true. There is one thing that needs changed in that quote, social workers also go to the area that they are passionate about. I for example could not work with the older adult population. Seeing it the other day in that context, assured me that is not even close to where I want to be. However, in talking with Sabine, she basically stated same thing about youth, not her passion. With this thought about passion, if a social worker is employed working with a group of people that they are not passionate about, then how much do the clients suffer from their lack of intrest and passion?

References

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