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# CARA VITA HOME CARE

*Our Loving Care in YOUR Loving Home*

## **MAKING CHOICES: DETERMINING THE BEST FIT FOR SENIOR HEALTH CARE**

Since CaraVita Home Care's founding in 1998, we've worked with many families, and we've found that most of them start at the same point when searching for care for themselves or a loved one: confusion about what options are available and what, exactly, each type of care can provide.

The amount of information confronting you and your family may seem overwhelming when you just need a simple, straightforward answer. We know families often need to find appropriate services immediately. Because we are usually in denial about or don't know how to face our own needs or those of our loved ones, we tend to put off having difficult conversations or making difficult decisions until a crisis forces us to do so. We've seen time and again how a serious fall or a hospital admission makes families seek help, and we know how stressful it can be to try to research options and make difficult care decisions without much time. We've put together basic information to help you learn the ABCs of care options. You'll learn what types of care are available to you, how cost is covered, how different types of care work, what questions to ask when exploring care options, and what the differences are between options that appear to be very similar.

While we hope you find this e-book helpful, we also hope you'll take an opportunity to talk with CaraVita Home Care staff directly to answer any questions you may have. You can reach our office at 770-643-1712.



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## **GETTING YOUR BEARINGS**

The best first step in exploring care options and making any changes is first to have a good idea of your starting point. Making an honest assessment of the current situation for yourself or your loved one will help point you in the right direction. CaraVita Home Care's [online assessment](#) can be a great starting point. The assessment will take a look at several daily functions to help you determine the level of independence or level of assistance your loved one has or needs in different categories.

### ***How Well Do You Move?***

Mobility is a key factor in determining levels of independence. In order to care for ourselves, we need to move around safely. Mobility includes a wide range of skills. Can your loved one move around in her home to avoid dangerous situations, including evacuating the home in case of fire or other disaster? Can your loved one navigate his way around the kitchen to prepare meals? Can your loved one make it to and from the grocery store or to and from doctors' appointments? Reviewing your answers to these questions will help you better understand the current situation and evaluate whether or not assistance is needed.

- Does your loved one use any type of assistance, such as a cane or walker or another person, to walk?
- Can your loved one easily get up and down from a chair or his bed?
- Are there obstacles in your loved one's home, such as stairs or rugs, that make it more difficult for her to move around inside the home?
- Has your loved one stopped using parts of his home because it's too difficult to move from room to room?
- Does your loved one still drive? Is she able to tackle basic errands such as getting groceries or going to doctors' appointments?
- Does your loved one live alone, or is there someone else living in the home?
- Has your loved one fallen or experienced emergencies over the last six months? How many times?



### ***Daily Hygiene and Cleanliness***

Another area to assess is how well your loved one is able to care for his personal hygiene as well as maintaining the cleanliness of his home environment. Lack of appropriate personal hygiene and environmental cleanliness can lead to a higher risk of infections and illnesses which can be especially harmful to older adults. Needing assistance with hygiene or cleaning could be a sign that your loved one needs assistance.

- Can your loved one handle personal hygiene tasks by himself, including bathing, grooming, toileting, caring for teeth or dentures, and maintaining fingernails and toenails?
- If your loved one needs assistance to use the toilet, how many times a day does she need assistance?
- Can your loved one manage routine tasks of housekeeping such as doing laundry, washing dishes, and taking out the garbage?
- If your loved one has a pet, is he able to care for the pet, including cleaning up after the pet?

### ***Nutrition and Hydration***

Keeping up with nutritious eating habits and ensuring that your loved one is drinking enough nutritious fluids can have a huge impact on overall health. If your loved one needs assistance in any of the areas listed below, you will want to consider some positive changes.

- Is it easy for your loved one to get fresh fruits and vegetables to eat?
- Is your loved one able to prepare her own meals?
- Is it common for your loved one to depend on frozen, pre-packaged, or canned foods and drinks?
- How often does your loved one drink "meal replacement" drinks instead of eating?
- If you went through your loved one's refrigerator and pantry, would you find a lot of expired foods?
- Does your loved one have any support for his meals? What type of support?
- If your loved one still cooks, do you have fears of her forgetting to turn off the oven or stovetop after cooking?



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### ***Taking Care of Business***

One area often overlooked when assessing the need for assistance is basic life skills and the ability to manage personal affairs. Consider whether or not your loved one needs help in any of the following areas.

- Is your loved one still able to manage his finances, including paying the bills in a timely manner?
- Are you confident that your loved one takes prescribed medications at the right times and in the right doses?
- Have you noticed periods of increased confusion or any changes in your loved one's personality?
- How much time each week are you able to spend helping your loved one and observing in what areas she needs the most help?

Our experience has taught us that we often make the false assumption that everything is all right unless we're faced with a crisis. Of course, it's natural that our loved ones want to remain independent, and we want to help them stay independent as long as possible. Getting your bearings regarding your loved one's situation may also help you better understand how frightening the process of losing control, of losing independence, can be for him or her. A decline in overall health, in vision or hearing, in mobility, or in memory can shake your loved one's confidence and leave him or her feeling vulnerable while also struggling to maintain a sense of control.

### **AFTER THE ASSESSMENT**

So you've done your assessment. You've likely also gotten information from your loved one's physician or other health care providers. You've probably gotten advice from family members and friends. How do you put what you now know to work for the best outcome for your loved one?

Understanding what options you can choose from will be your next step. We'll provide an



overview below of some of the most common sources of help that include

- In-home Care,
- Home Health Care,
- Independent Living Communities,
- Assisted Living Communities,
- Skilled Nursing Facilities,
- Rehab Centers, and
- Hospice Care.

The list above includes both places where your loved one can receive care and types of care offered. Making the right choice means having a good understanding of these different places and forms of senior care.

“Aging in place” is a term you may hear frequently. Aging in place is what most of us want—to remain in one place (our home) while receiving increased levels of care as the need arises. With an aging in place solution, your loved one may be able to spend the rest of his or her life in a setting that is home (whether that’s a family home or a community environment that has become home). Be aware, though, that some changes may be necessary—either in living environment or in care offered—as needs change. No one type of care or placement is a one-stop shop. Your loved one may ultimately use several different care options and may transition into different living arrangements if making those changes is in her best interest. Before we talk about senior living arrangements, let’s look first at the types of care that may benefit your loved one.

## **WHO CAN HELP?**

Several types of care can be delivered wherever the patient lives. That might be a family home, an assisted living community, or even a nursing home. The most common health care options you will encounter are home care (also called private duty care), home health care, and hospice. Home care and home health care—even the names can be confusing for consumers, but these two resources offer very different services.



At a glance, below are some of the primary differences between private duty home care and home health services. Note that home health requires a referral from a physician and approval by Medicare while private duty home care does not have these same requirements.

<i>Private Duty Home Care</i>	<i>Home Health Care</i>
<ul style="list-style-type: none"> <li>Contracted Independently (no physician's order needed)</li> </ul>	<ul style="list-style-type: none"> <li>Requires an order from a physician to begin receiving services</li> </ul>
<ul style="list-style-type: none"> <li>Paid for privately with costs averaging between \$17 and \$22 per hour; some long-term insurance policies or assistance through VA benefits may help defray costs</li> </ul>	<ul style="list-style-type: none"> <li>Covered either in full or in part by Medicare and most insurances</li> </ul>
<ul style="list-style-type: none"> <li>Can be contracted on an ongoing basis as long as services are needed. No time limit.</li> </ul>	<ul style="list-style-type: none"> <li>Designed for short-term intervention to address specific skilled nursing or therapeutic needs. Ongoing care requires recertification and approval by Medicare/insurance carrier</li> </ul>
<ul style="list-style-type: none"> <li>Typically hired on an hourly basis and caregivers can be in the home for specific time frames that meet the family's needs</li> </ul>	<ul style="list-style-type: none"> <li>Average time spent in the home is about 45 minutes per day and nurses are typically scheduled to visit between one and five times per week</li> </ul>
<ul style="list-style-type: none"> <li>Staff are usually Certified Nursing Assistants (CNAs)</li> </ul>	<ul style="list-style-type: none"> <li>Staff will include LPNs, CNAs, social workers, and therapists</li> </ul>

These two services can be provided to the client at the same time. In fact, since each type of care has a different focus, the two together can provide a more comprehensive and coordinated plan of care to benefit the client.

***Private duty home care*** typically is more flexible. Care schedules can accommodate particular client and family needs and can provide care from 4-hour sessions to 24-hour live-in care. Private duty home care includes services like these listed below:

- Personal hygiene tasks such as bathing, toileting, dressing, and grooming,
- Reminders to take medications and monitoring vital signs,
- Assistance with walking and doing mobility exercises,
- Taking clients to and from doctors' appointments and to do other shopping excursions such as buying groceries,



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- Specific health maintenance tasks such as changing a feeding tube or a colostomy bag,
- Care for a few hours or for longer periods while the primary caregiver is away.

Before hiring a home care company, you'll want to ask questions about the agency and its policies and care to be sure the company is a good fit for your needs. Some questions to consider are

- Who owns the agency? Is it locally owned or part of a larger franchise?
- What services does the company provide?
- How does the company hire caregivers? Are caregivers employees of the agency or staffed through a third party?
- What type of training do the caregivers receive?
- Can the agency be flexible in scheduling services?
- Is a contract or minimum number of hours required?
- Is the agency licensed, bonded, and insured?
- What is the company's cancellation policy?
- Can you readily reach the agency after hours or on the weekend if needed?

**Home health care services** are often ordered by physicians after a hospitalization or rehab stay so the patient receives care to regain strength and continue the recuperation process. Home health care focuses on specific tasks and rehabilitation services outlined under the physician's order. Services home health care often provides include

- Wound care and dressing changes;
- Skilled nursing services;
- Pain management;
- Prescription management;
- Assistance with personal hygiene, including bathing, dressing, and grooming;
- Physical, occupational, and/or speech therapy services in the home;
- Guidance for healthcare related concerns from a licensed social worker;
- Monitoring vital signs; and
- Obtaining specimens for lab tests.



You will probably be referred to a specific company for home health services, but you can choose any provider. Interviewing the company and asking some of these questions may prove helpful before you commit to signing up for home health care. You can always ask your doctor to refer you elsewhere if you're not happy with the company.

- Is the home health company certified?
- How happy are patients? Does the company have patient satisfaction data?
- What staff will handle your needs? Does the company provide RNs or LPNs? Are the therapists licensed physical therapists (PT) or physical therapy assistants (PTA)?
- What happens if you have an emergency and need help?
- Is everyone on staff an employee or does the company use contract staff?
- Are background checks performed on employees?
- Are there any special rehabilitation or therapy programs offered?
- What sets this company apart from others?
- Does the home health provider accept your insurance carrier?
- How will the care be coordinated between the home health company and family members or other caregivers who are assisting with care?

**Hospice** is the most under-used of the three health care options for seniors. Because hospice is a special type of care offered for patients who have a life expectancy of six months or less, families and even physicians are reluctant to discuss this option. We're often in denial about the status and prognosis for our loved ones, and physicians often won't discuss hospice as an option unless family members specifically ask for information. Consequently, families who are assisting loved ones who have a terminal illness may not start receiving hospice care as early as they could.

Hospice, however, can be a tremendous benefit to patients and families. Hospice care focuses on the patient's quality of life, including helping the patient to be pain free, yet still



alert and as active as possible. You may find these facts about hospice care useful.

- A patient must have a physician's referral to being hospice care.
- A patient under hospice care cannot receive hospice and receive any type of aggressive or curative treatments (such as chemotherapy).
- Hospice care's goal is to help patients have as much comfort and quality of life as possible.
- Hospice staff will provide emotional and caregiving support for the patient and for family and friends or other caregivers.
- Hospice staff include nurses (usually RNs), CNAs, social workers, volunteers, and chaplains.
- Hospice is covered in full by Medicare and most insurance carriers.
- Grief support and counseling is available both before the patient passes away and for up to 13 months after the patient passes away.
- Hospice services are delivered anywhere the patient lives.
- The patient can change his or her mind and cancel hospice services at any time.
- If a hospice patient is in a crisis situation that requires 24-hour nursing supervision, hospice agencies may provide continuous care services in the patient's home, or, if eligible under Medicare regulations, the hospice agency may transfer the patient to an inpatient facility for 24-hour care and monitoring.

Again, before hiring any services, we encourage you to interview different providers and select the one that seems to be the best fit with your loved one's unique personality and needs. Don't forget that you have choices when selecting health care providers. Patients can receive both hospice care and private duty home care services at the same time. Below are some questions to ask when interviewing agencies.

- What is different or special about the hospice agency?
- Will your loved one be able to keep his doctor?
- Are there any changes in your loved one's healthcare routine that you can expect?
- How does the agency use volunteers?



- What happens if you have an emergency and need help?
- What is the hospice agency's response time in an emergency situation?
- What professionals will be on your hospice team?
- How often will hospice staff visit and how flexible are they with scheduling?
- Does the hospice agency have its own staff or does it use contract staff?
- What type of training do the staff receive?
- Are background checks performed on caregivers coming into my home?
- How long have most staff worked for this hospice agency?
- How happy are patients with the agency's services?
- Will a hospice staff member be with your loved one when he or she is near death or at the time of death?
- Are there any circumstances when the hospice agency would provide therapeutic services such as rehab services?

## HOME SWEET HOME

If living alone at home just doesn't seem to be the best option for your loved one any longer, you may want to look at other senior living arrangements. Senior living options come with different levels of independence and assistance. If you don't understand what each type of living situation provides, or if you're not certain what level of assistance your loved one needs, researching options can seem like spinning your wheels. Once again, honestly assessing your loved one's needs will guide you to the best environment. The most common living arrangements for seniors from the lowest level of assistance to the highest level of assistance are

- Independent Living Communities
  - Assisted Living Communities or Personal Care Homes
    - Memory Care Communities
      - Skilled Nursing Facilities

Like hiring an agency to provide care, you will also want to gather information about different living options and tour these communities. While researching these options, remember these key pieces that will apply to any type of community setting.



- Ask who owns the community. How long has the owner had the community?
- Does the ownership manage the community, or does a third party manage the community? If a third party is involved, how long has the company managed the property?
- Obtain a copy of the latest survey from the community or from the Department of Public Health or from Medicare. (Some of this information will be available online.)
- What is the staff to resident/patient ratio?
- What is the average tenure of staff? Of managers?
- How would a move to this community be paid?
- Tour without an appointment in order to see the community “as is.”
- When touring, look for staff interaction with one another and with residents/patients as well as their interaction with you.
- What is the look and feel of the community? Does it feel like a home environment? Does it seem clean and well cared for?
- Always discuss options with your loved one’s physician.

### *Independent Living Communities*

An independent living community is the most independent setting in senior living communities. You may know these types of communities by other names such as retirement communities or retirement homes. If your loved one is active and largely independent, this may be the best option. Your loved one will maintain independence, yet have more opportunities to socialize with other residents and enjoy planned activities and events. This option also frees your loved one from the burden of maintaining a home. The cost for an independent living community varies by the type of community and the geographic location, but the price range will likely be between \$2500 and \$5000 per month. For couples, there is typically an additional charge for the second occupant. Some of the more common amenities you’ll find in an independent living community are listed below.

- Meal plans are usually included for at least one or two meals per day, and residents still have access to a full kitchen in their residences.



- Housekeeping and maintenance services are included. Some may also include laundry services.
- Communities will offer a full schedule of planned activities and events.
- Resident ages will vary, but are most likely to be between the 70- and 90-year-old range.
- Many residents still drive, and most communities offer personal parking spaces.
- Opportunities for physical fitness, continuing education and cultural programming are included.
- Emergency call systems are located in the residence in case of emergency.
- Independent communities usually do not provide any personal care assistance such as dressing, bathing, or taking medications, but some communities may partner with outside agencies to provide these services.
- Residents must be able to evacuate their residences independently in case of an emergency.
- Residents actively participate in the community through governing bodies such as resident councils.

While doing your research, don't forget to find out

- What's included in the lease agreement,
- How often you can expect a rent increase,
- What types of programming are available,
- What happens if you have an emergency and need assistance,
- What additional healthcare services can you bring into the community if needed, and
- Under what circumstances would you have to move from the community.

### *Assisted Living Communities*

You may want to look at communities that provide greater assistance with personal care if your loved one needs more assistance than is provided in an independent setting. Where independent communities don't typically provide any assistance with personal hygiene and other personal care, that assistance is exactly what an assisted living community is designed to provide. Staff are available to help with bathing, toileting, dressing, grooming, medication



management, and dining. A nurse oversees caregiving staff and helps design a care plan to meet your loved one's needs and accommodate any changing needs. Residents will need varying levels of assistance based on what their abilities are, and, prior to admission, staff at the assisted living community must have a physician's evaluation that states the assisted living environment is appropriate. Memory care is a special type of assisted living that caters specifically to residents who have some type of memory impairment and need increased assistance and supervision. Assisted living communities differ in design and the population served, but there are some common qualities you'll find.

- Residents are usually between the ages of 85 and 100.
- Residents bring their furniture and belongings to make their apartments a home setting unique to them.
- Assisted living communities provide housekeeping, maintenance, laundry, and transportation services.
- Floor plans are typically smaller studio or one bedroom plans that accommodate seniors with mobility challenges.
- Residents can receive assistance with a variety of daily activities depending on their individual needs.
- Activities and event programming are part of a daily routine designed to keep residents engaged and active.
- The cost for an apartment in an assisted living community is paid for privately; however, long-term care insurance policies and some benefits through the Veterans Administration may help cover the cost.
- Leases typically are on a month-to-month basis with a 30-day move-out notification clause.
- Some assisted living communities also provide living arrangements only for those with memory impairments (memory care).
- The cost for an apartment in an assisted living community will vary depending on the community and the geographic location, but an average range would be between \$3500 and \$6500 per month.
- In addition to the monthly rent, fees will usually be assessed for care provided to each resident.



Don't forget to ask these questions when researching an assisted living community:

- Are staff available on a 24-hour basis to assist with needs?
- How are the staff trained?
- Is a nurse on site at all times?
- How is the community licensed—as an assisted living community or a personal care home?
- How will your loved one be assessed for the type of care he or she needs?
- How often will your loved one's care needs be re-assessed?
- Is the community open for family and friends to visit?
- What is the staff to resident ratio?
- How will the fees be broken down each month (will the fees for care be billed separately from the rent)?
- How long have the managers been in their roles?
- How well do the staff interact with the residents during your visit?
- What health care needs or conditions would cause you to have to move your loved one from the community?

### *Skilled Nursing Facilities (SNF)*

You probably know these facilities as nursing homes, but much has changed in the world of skilled nursing care over the last several decades. Rather than primarily serving as a place for older adults to live out the rest of their days under nursing supervision and care, more and more, skilled nursing facilities are focusing on short-term rehabilitation stays. Skilled nursing facilities do offer both types of care: long-term care (the nursing home becomes the patient's residence) and short-term care (a limited stay with specialized care and/or therapy). You'll want to be aware of the difference in these two types of stays.

- Medicare requires a 3-day hospital admission prior to covering a rehab stay.
- Medicare will pay for up to 100 days of skilled care per short-term stay. Day 1 through day 20 are covered in full; day 21 through day 100 are covered at 80 percent by Medicare. The patient is responsible for the copay amount. To qualify as a



different covered period, the patient must not have received skilled care for at least 60 consecutive days.

- Rehab stays are focused on physical, occupational, and speech therapies as needed; however, short-term stays may also be covered for wound care or other specialized post-hospitalization or post-surgical needs.
- The SNF provides 24-hour care and oversight by both certified nursing assistants (CNAs) and nurses (both LPN and RN).
- Physicians who are affiliated with the SNF oversee patients' care during their stay.
- Medicare will not cover any portion of a long-term care stay in a SNF (the SNF becomes the person's home rather than a short-term placement).
- Long-term care may be covered in full or in part through long-term care insurance benefits, benefits through the Veterans Administration, and/or through Medicaid.
- A patient who needs 24-hour care and observation beyond what can be provided in the person's home or in an assisted living community may be eligible for long-term care.

### *How do You Get There?*

When families begin seeking help, they may start contacting nursing homes on their own to ask about the process of moving their loved ones to the facility. Families are usually not familiar with the placement process and what's required. As noted above, for short-term stays, Medicare requires a minimum hospital stay of 3 days. SNF staff work with hospital discharge planners in placing patients who need this type of short-term rehab stay. So you can't simply call up the nursing home and make arrangements for your loved one to receive rehab. There may be some rare scenarios where a patient can be placed directly from home into a long-term care setting, but it's very unusual. In most cases, patients are initially referred to a SNF setting for rehab before transitioning to long-term care status or possibly referred directly from the hospital to a nursing home for long-term care if rehab is not appropriate.

Because nursing home placement is most often coordinated prior to leaving the hospital, you'll likely be working with a discharge planner or social worker who will give you the



names of facilities that have beds available. You can still do your own research, though, by asking some of the same types of questions you would ask if researching other living arrangements. You should also plan to tour the nursing home if possible before making a commitment to transfer your loved one there; your gut feeling is a great guideline. Here are some questions you may want to ask while touring:

- Who owns the SNF and how long has it been under the current ownership?
- How long have the managers and key personnel been working there?
- What is the Medicare rating for the facility (a one- to five-star rating which you may also find available online)?
- How many days per week and sessions per day will your loved one be in therapy?  
What kinds of therapy?
- What are the therapy goals? Be sure these are clearly stated so both family members and therapists have the same expectations.
- How will the therapists and other staff communicate with you regarding your loved one's progress?

### *Continuing Care Retirement Communities (CCRC)*

Some senior living companies have built communities that offer all the care options on the needs spectrum, from independent living apartments to long-term care placement. These communities are known as Continuing Care Retirement Communities (CCRC). CCRCs can be appealing for a number of reasons, including offering different options for spouses with differing care needs and offering the security of transitioning from one care level to another in the same community setting. CCRCs operate on a buy-in basis rather than a rental agreement. A large sum is required as an initial investment, and residents will also pay monthly fees. Each part of the CCRC (independent apartments, memory care, assisted living, and nursing care) would provide the type of care outlined above, and you would ask the same kinds of questions when doing your research. In addition, you'll also want to ask the CCRC for detailed financial information because the initial investment will become part of their investment portfolio to ensure your future care. You'll want to know how the funds are managed and how they've performed historically.



## OTHER RESOURCES

Whether you decide that your loved one can safely continue living at home or decide to make a move to some type of community living, there are other resources that may be helpful. Many technology-based care aids and other services are thriving in a market catering to aging baby boomers.

- **Adult Day Care** services might be a good answer if a loved one is living with other family members who are gone during the day, but home at night. Adult day programs will provide participants with oversight, assistance with daily activities such as dining and medication management, and activities. Aging loved ones with memory impairments may especially find this setting beneficial, and caregivers feel comfortable taking a break from their caregiving responsibilities.
- **Respite Care** is another type of break for family caregivers. Respite can be provided in the home or in a community setting such as an assisted living community. The short-term break may be only for a few hours or could be for a few weeks. This short-term care can also be most helpful when transitioning home after a hospital or rehab stay. If your loved one enjoys his stay, you may discover that he's willing to discuss a permanent move to a community setting after a respite stay.
- **Modifying Your Loved One's Home** may be a way to provide added safety and security if she does plan to stay in her own home. Home modifications can include a variety of renovations such as installing handicapped ramps, grab bars, or chair lifts for stairs. You may opt for renovating a bathroom to get rid of bathtubs that create fall hazards. The cost could be as little as a few hundred dollars for minor renovations or thousands of dollars for more extensive renovations.

Other community resources might be useful, too. Check with your local senior center or council on aging to see what's available in your area.

- Meals on Wheels
- Transportation Services
- Companionship through Church or Other Groups



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- Using smartphone and computer technology to monitor health (such as vital sign monitoring and medication management tools)
- Geriatric Care Managers
- Push-button Alert Systems in Case of Emergencies

## **A FINAL NOTE**

As you put together all the information in front of you and select the best option for your loved one, we encourage you to remember your goal. Families want the best in care and comfort for their loved ones; knowing that loved ones are well-cared for brings a sense of peace. As you research different options and gather information, look to the advice of other consumers via online rating platforms, and trust your instincts.

Regardless of what solution you find for your loved one, understand that you must also take care of yourself. Finding the right solution can give you peace of mind, but you also need to nourish your spirit in order to make the time spent with your loved one as carefree as possible. Enjoy one another. During times of change, understand that you and your loved one will both experience grief—grief over loss of what you've become accustomed to and fear for the unknown that lies ahead. You'll both have bouts of denial, anger, bargaining, depression, and acceptance, though not necessarily in that order and not necessarily with a clearly defined beginning and end to each stage. As your loved one changes and you have good days and bad days, you may be emotionally drained. Know that the feelings of grief and sadness and loss will lessen over time, while the moments you cherish with your loved one will become the memories that remain with you.

