



# Senior Care Central

Your Link to Quality Care

## **Media Kit / March 2013**

Fact Sheet

Site Features

Founder Biography

Logos, Staff Photos, Video

Infographic

Sample Blog Posts & Care Pages

Press Releases

# Fact Sheet

**Mission** - The mission of Senior Care Central (SCC) is to link persons who are seeking care with quality, affordable, professional caregivers.

**Vision** - To become the premiere site for persons seeking professional help with in-home care for older adults and persons with disabilities who wish to age in place.

## Company Background

- **Founded:** August, 2012
- **Headquarters:** Valparaiso, Indiana
- **Service roll-out:** Phase 1- Indiana, Illinois, Michigan, Wisconsin, Iowa, Ohio; Phase 2 - nationwide
- **Member capacity:** Scalable & unlimited
- **Revenue model:** Non-recurring membership for both care seekers and caregivers.

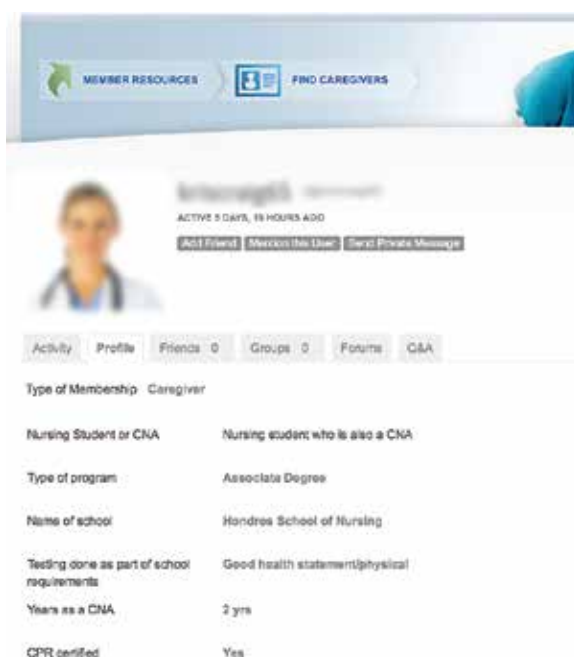
## Company Founders

**Dr. Kristen L. Mauk** - Kristen is the President and co-founder of SCC, an expert in gerontological and rehabilitation nursing and a Fellow of the American Academy of Nursing. A Professor of Nursing, Dr. Mauk has 30 years of clinical and educational experience in rehabilitation and gerontological nursing. In addition to being an award-winning teacher, Dr. Mauk is also an author and health care consultant.

**James M. Mauk** - James is the Chief Financial Officer of SCC. Mr. Mauk is the owner and CFO of several companies, and has a strong background in business and financial planning. He brings over 30 years of experience in business management and accounting to the SCC community, and is a Chartered Financial Consultant as well as a Chartered Advisor for Senior Living.

## Feature Highlights

The Senior Care Central website provides a unique set of tools linking caregivers with those seeking care, providing resources to help manage care of a loved one at home and professional advice for student nurse and CNA caregivers as they advance in their careers.



**Caregiver Database** - At the heart of the Senior Care Central suite of online services is a searchable database made up of student nurse and CNA caregivers. This secure database is accessible to care seeker members, searchable by zip code, background, education, health care experience, and more and is designed to link caregivers and care seekers based on a checklist of needs and wants from both parties.

**Job Opportunities for Student Nurses** - The SCC database links student nurse and CNA caregivers with nearby prospective employers, allowing caregivers to negotiate compensation, and both hours and frequency of employment to best meet the caregiver's schedule. A caregiver forum and insights by SCC founder Dr. Kristen Mauk provide caregivers with an ongoing source of advice and community.

**Health Information for Older Adults** - For care seekers and caregivers alike, the SCC website provides resources on health information including care pages that can help promote healthy aging, an ongoing blog featuring thoughts and articles by Dr. Mauk, as well as guest bloggers, and a library of links to additional online resources.

# Site Features

With a primary mission of [linking persons who are seeking care with quality, affordable, professional caregivers](#), Senior Care Central serves as the premiere site for persons seeking professional help with in-home care for older adults and persons with disabilities who wish to age in place. The SCC website provides a set of secure, easy-to-use tools from which it's member caregiver community can connect, learn, and share their experiences while finding meaningful, flexible caregiver employment opportunities.

[\[click thumbnails to download full size screenshots\]](#)



**Care Pages** - Here members will find helpful articles addressing a variety of health conditions and their impact on the elderly.



**Caregiver Profiles** - Members search for professional, high quality caregivers based on location, educational background, availability, job skills, specialized skills or work experience and more.



**Caregiver Advice** - Student nurses and CNAs can gain valuable career tips and professional insights from Dr. Kristen Mauk's decades-long experience as an educator in the health care field.



**Resource Library** - For caregivers, this section provides links to professional organizations and health care related research. For care seekers, find links to articles and websites designed to help with care management of a loved one at home.

# Founder Biography



## Dr. Kristen L. Mauk

PhD, DNP, RN, CRRN, GCNS-BC, GNP-BC, FAAN  
President, Senior Care Central, LLC

**Kristen is President and co-founder of SCC.** She is an expert in gerontological and rehabilitation nursing and a Fellow of the esteemed American Academy of Nursing. A Professor of Nursing at a mid-size Midwestern University for over 20 years, Dr. Mauk has over 30 years of clinical and educational experience in rehabilitation and gerontological nursing and teaches courses at both the graduate and undergraduate levels. She recognizes the value of helping older adults age in place by having nursing students as care providers in the home, and she seeks to share her insights and expertise with you through the SCC community.

In addition to being an award-winning teacher, Dr. Mauk is also an author and consultant. She has authored or edited eight books, served on editorial boards for professional nursing journals, authored numerous articles and book chapters, and is a frequent presenter at conferences. She maintains an active consulting practice including case management and legal nurse consulting. Below is a partial list of Dr. Mauk's credentials and achievements.

### PROFESSIONAL LICENSES AND CERTIFICATIONS

Licensed Registered Nurse in Indiana and Illinois.  
Certified Rehabilitation Registered Nurse (CRRN).  
Board Certified Clinical Nurse Specialist in Gerontology (GCNS-BC).  
Board Certified Gerontological Nurse Practitioner (GNP-BC).

### PROFESSIONAL HONORS

AJN Book of the Year Award, 2009.  
Fellow of the American Academy of Nursing (FAAN), 2009  
Indiana Professor the Year, CASE/Carnegie Foundation, 2007.  
Educator Role Award, Association of Rehabilitation Nurses (ARN), 2007.  
Caterpillar Award for Excellence in Teaching, Valparaiso University, 2007.  
ARN Distinguished Service Award for contribution to the field of rehabilitation nursing and the Association of Rehabilitation Nurses, 2005.

### PUBLICATIONS

Mauk, K. L. (Ed.)(2014). *Gerontological Nursing: Competencies for Care*. Sudbury, MA: Jones and Bartlett.  
Mauk, K. L. (Ed.)(2012). *Rehabilitation Nursing: A Contemporary Approach to Practice*. Sudbury, MA: Jones and Bartlett.  
Mauk, K. L. & Lehman, C. (2007). *Gerontological rehabilitation nursing*. In K. L. Mauk (ed.) *The specialty practice of rehabilitation nursing: A core curriculum* (5th ed.), pp. 359 – 383. Glenview, IL: Association of Rehabilitation Nurses.

# Logos, Staff Photos, Videos

## Media Kit Conditions of Use

The media kit contains photos, images and videos owned by Senior Care Central, LLC or authorized to be used by Senior Care Central, LLC. By accessing the material you accept the following terms and conditions: (1) Do not digitally alter photos, images or videos for publication or reproduction (2) photos, images or videos which are used for publication require the acknowledgment of Senior Care Central, LLC as the source of the material or the organization that authorized the use of the material to Senior Care Central, LLC (3) Do not sub-license, resell or make any photos, images or videos available for separate downloading (4) Do not use photos, images or videos in any defamatory or illegal manner, or contrary to the interests of Senior Care Central, LLC or the organization that authorized the use of the material to Senior Care Central, LLC (5) Do not use photos, images or videos in a manner that represents the use or endorsement of a product or service, or to make a false association with other organizations.

Copyright © Senior Care Central, LLC 2013. All rights reserved.



EPS  
TIFF  
PNG



EPS  
TIFF  
PNG



EPS  
TIFF  
PNG



High Resolution - Print  
Low Resolution - Web



High Resolution - Print  
Low Resolution - Web



High Resolution - Print  
Low Resolution - Web



Caregiver Video



Care Seeker Video

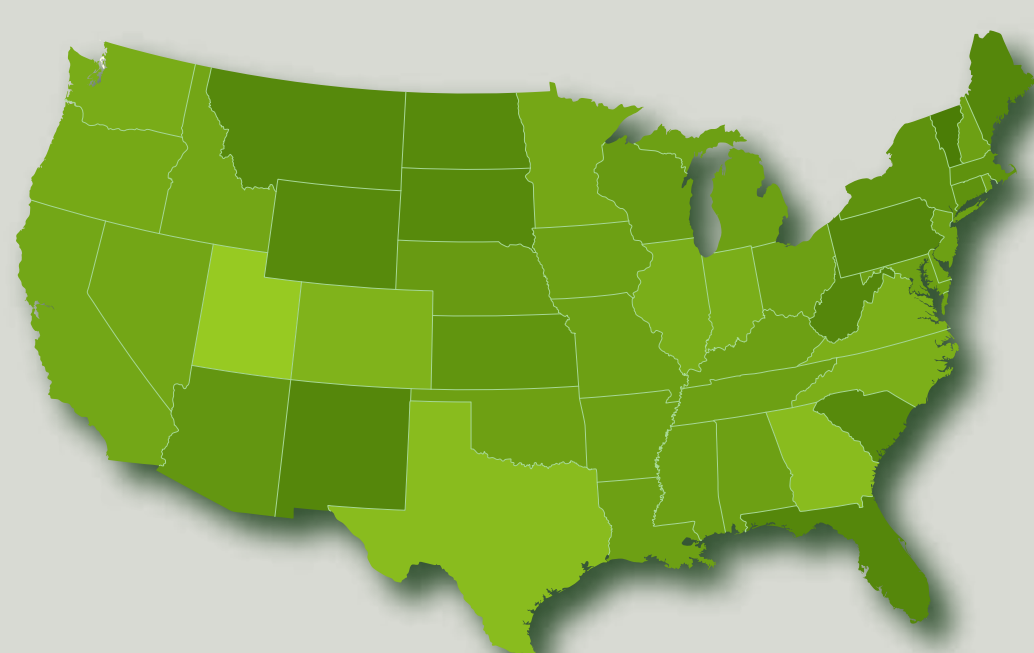
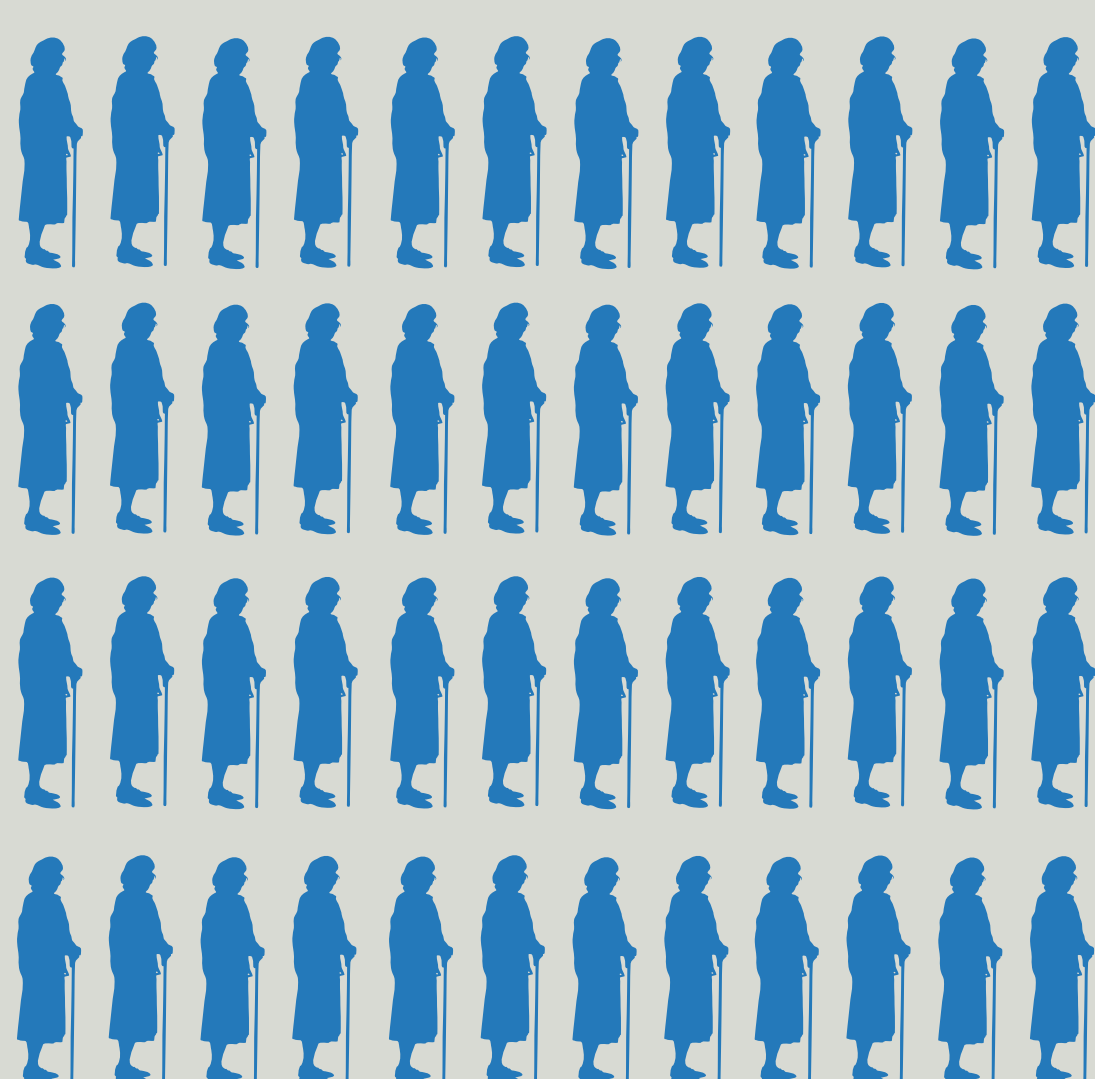


Video News Release

# Aging America

the health care and economic challenges associated with our growing senior population

More than **10,000** Americans turn age **65** every day



state-by-state percent of population **over age 65** by the year 2030

**two-thirds** of seniors 65 & older will require long-term **in home care**



balancing the **cost & quality of care** can be challenging



## living at home

home health aide (limited healthcare training) - **\*\$21/hr**  
companion care (little if any training) - **\*\$18/hr**

**living at a facility**  
assisted living - **\*\$3300/month**  
nursing home (semi-private room) - **\*\$5800 to \$6400/month**

\* costs are based on national averages



## Senior Care Central

meets the quality / cost challenge by connecting **skilled, highly qualified student nurses and CNAs** with those seeking care, typically **at costs below** that of home health aide services.



**Senior Care Central**  
Your Link to Quality Care

Pew Research Center - December 29, 2010 "Baby Boomers Retire" <http://www.pewresearch.org/daily-number/baby-boomers-retire/>  
Proximity One - "Population Age 65 & Over Estimates & Projections" <http://proximityone.com/st003065.htm>  
Colorado State University - "Long-Term Care Planning" <http://www.ext.colostate.edu/pubs/consumer/09152.html>  
Northwestern Mutual - Cost of Long Term Care Study <http://www.northwesternmutual.com/learning-center/studies-and-reports/cost-of-long-term-care-study.aspx#Home-Care>  
MetLife - Market Survey of Long-Term Care Costs <https://www.metlife.com/mmi/research/2012-market-survey-long-term-care-costs.html#keyfindings>  
Genworth - Cost of Care Map [https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html?WT.mc\\_id=mm\\_ltc\\_coc\\_v1](https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html?WT.mc_id=mm_ltc_coc_v1)

## Resolve To Be A Healthier You

POSTED BY KRISTEN MAUK

/ MARCH 16, 2013 / LEAVE A COMMENT



Most of us have New Year's resolutions. One of my new goals for 2013 is to *age better*. Andrew Weil, MD, in his bestseller *Healthy Aging: A Lifelong Guide to Your Well-Being* (2005) said, "to age gracefully requires that we stop denying the fact of aging and learn and practice what we have to do to keep our bodies and minds in good working order through all the phases of life" (p. 7). You may well ask, "how does one do that"? For me, it means actually practicing what I preach. We are fortunate today to have so much research and information on aging that we can pinpoint some specific areas that are common to successful aging. I have taught these to numerous students and groups of older adults, but it wasn't until I joined the over 50 age group that this knowledge seemed more personally applicable. So, let me share with you five keys that both scientists and the oldest old persons in our society have found contribute to healthy aging.

**Have a positive attitude towards life.** This includes having good coping skills and being able to deal with grief and loss appropriately. Most centenarians will say that you should always have something to look forward to. Make a list of places you want to travel this year, vacations to take, people you need to visit, or things that need to be fixed around the house. Then start to cross them out as you do them, and bask in your accomplishments.

**Maintain key relationships.** These include having a stable marriage and/or being involved in a religious or social community. In George Vaillant's book *Aging Well* (2002), he reported the results of the Harvard Study of Adult Development. Generativity, or selfless investment in others (including the next generation), was found to be the best predictor of a long and happy marriage. Likewise, studies show that older persons who affiliate with a religious organization, such as attending church regularly, report better health and better social support systems, and tend to remain independent longer.

**Maintain a healthy weight through proper nutrition.** Eat a diet with plenty of fiber, fruits, vegetables and water. Limit saturated fats, salt, processed foods, and less useful calories from alcohol or sugary drinks. The modified MyPyramid for older adults can be found at <http://nutrition.tufts.edu/documents/ModifiedMyPyramid.pdf>

**Stay active.** Physically, do some moderate exercise on most days of the week. For persons who are older and unable to do strenuous activity, remember that regular daily chores that include continuous





motion such as doing laundry, gardening, or cleaning house can count as exercise and can also be spread throughout the day to accumulate the recommended 30 minutes of activity. If able, brisk walking is highly recommended. Keep your mind active as well. Resolve to take up a new hobby such as a craft, learning to play an instrument, or studying a foreign language. Working puzzles, playing cards, and reading are also good ways to stimulate your brain function and keep your memory sharp.

**Avoid negative behaviors** such as overeating or drinking too much alcohol. Adopt an attitude of “everything in moderation”. Don’t smoke, and if you do smoke, stop. Sadie Delany (1994) at over 100 years of age wrote in her book *Having Our Say*, “so you want to live to be 100. Well, start with this: No smoking, no drinking, no chewing” (p. 11).

Resolve with me to age more gracefully during 2013 and let’s see how we do. Do you have any secrets of healthy aging that have worked for you or your parents/grandparents? Please share them with us.

Posted in Dr. Mauk's Boomer Blog, News Posts







## Stroke

### **Background**

Stroke, also known as cerebrovascular accident (CVA) or brain attack, is an interruption of the blood supply to the brain that may result in devastating neurological damage, disability, or death. Approximately 795,000 people in the United States have a new or recurrent stroke each year (American Stroke Association [ASA], 2012a). Stroke accounts for 1 in 18 deaths, making it the fourth leading cause of death in the United States. A death from stroke occurs every 4 minutes and the cost of stroke treatment and disability was over \$73 billion dollars in 2010. Death from stroke is generally higher among females, with higher rates in Black males (67.7/100,000) and females (57.0/100,000) than in Caucasians (ASA, 2012a). In Canada, stroke is the fourth leading cause of death, affecting 50,000 people each year (Heart and Stroke Foundation of Canada, 20059).

There are two major types of stroke: ischemic and hemorrhagic. The vast majority of strokes are caused by ischemia (87%), usually from a thrombus or embolus (ASA, 2012a). The symptoms and damage seen depend on which vessels in the brain are blocked. Carotid artery occlusion is also a common cause of stroke related to stenosis

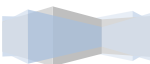
### **Risk Factors**

Some risk factors for stroke are controllable and others are not. The most significant risk factor for stroke is hypertension. Controlling high blood pressure is an important way to reduce stroke risk. Those with a blood pressure of less than 120/80 have half the lifetime risk of stroke as those with hypertension (ASA, 2012a). Smoking 40 or more cigarettes per day (heavy smoking) increases the stroke risk to twice that of light smokers. If a person quits smoking, their risk after 5 years mirrors that of a nonsmoker, so older adults should be particularly encouraged to stop smoking.

### **Warning Signs**

Several warning signs are common. These include:

- SUDDEN numbness or weakness of face, arm or leg - especially on one side of the body.
- SUDDEN confusion, trouble speaking or understanding.
- SUDDEN trouble seeing in one or both eyes.
- SUDDEN trouble walking, dizziness, loss of balance or coordination.





SUDDEN severe headache with no known cause (National Stroke Association, 2013)

## **Diagnosis**

There are several tools for assessing for signs and symptoms of stroke. One easy acronym is FAST:

F stands for facial droop. Ask the person to smile and see if drooping is present.

A stands for arm. Have the person lift both arms straight out in front of him. If one arm is drifting lower than the other, it is a sign that weakness is present.

S stands for speech. Ask the person to say a short phrase such as “light, tight, dynamite” and check for slurring or other abnormal speech.

T stands for time. If the first F-A-S checks are not normal, then one is to remember F-A-S-T that Time is important and the emergency medical system should be activated (National Stroke Association, 2012).

Older adults experiencing the warning signs of stroke should note the time on the clock and seek immediate treatment by activating the emergency response system in their area calling 911 (American Stroke Association, 2012). Transport to an emergency medical facility for evaluation is essential for the best array of treatment options. A history and neurological exam, vital signs, as well as diagnostic tests including electrocardiogram (ECG), chest Xx-ray, platelets, prothrombin time (PT), partial thromboplastin time (PTT), electrolytes, and glucose are routinely ordered. Diagnostic testing imaging may include computed tomography (CT) without contrast, magnetic resonance imaging (MRI), arteriography, or ultrasonography to determine the type and location of the stroke. The CT or MRI should ideally be done within 90 minutes so that appropriate emergency measures may be initiated to prevent further brain damage.

## **Treatment**

The first step in treatment is to determine the cause or type of stroke. A CT scan or MRI must first be done to rule out hemorrhagic stroke. Hemorrhagic stroke treatment often requires surgery to evacuate blood and stop the bleeding.

The gold standard at present for treatment of ischemic stroke is t-PA (tissue plasminogen activator). At this time, t-PA must be given within 3 hours after the onset of stroke symptoms. This is why it is essential that older adults seek treatment immediately when symptoms begin.





Only about 3 – 5% of people reach the hospital in time to be considered for this treatment (ASA, 2012d). t-PA may be effective for a select group of patients after the 3-hour window (up to 4.5 ½ hours), and this treatment window has been approved in Canada (Heart and Stroke Foundation of Canada, 2009). The major side effect of t-PA is bleeding. t-PA is not effective for all patients, but may reduce or eliminate symptoms in over 40% of those who receive it at the appropriate time (Higashida, 2005). Other, much less common procedures such as angioplasty, laser emulsification, and mechanical clot retrieval may be options for treatment of acute ischemic stroke.

To prevent recurrence of thromboembolic stroke, medications such as aspirin, ticlopidine (Ticlid), clopidogrel (Plavix), dipyridamole (Persantine), heparin, warfarin (Coumadin), and enoxaparin (Lovenox) may be used to prevent clot formation. Once the stroke survivor has stabilized, the long process of rehabilitation begins. Each stroke is different depending on location and severity, so persons may recover with little or no residual deficits or an entire array of devastating consequences.

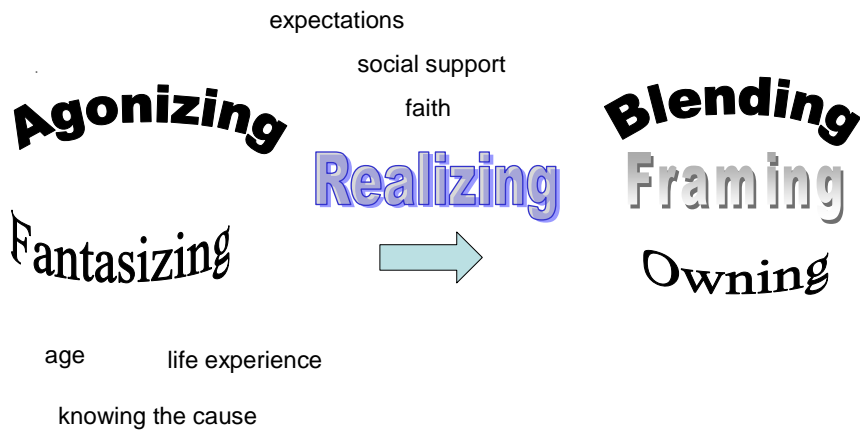
The effects of stroke vary, and some persons may recover with no residual effects. But more often, stroke survivors may have problems that include hemiplegia or hemiparesis (paralysis or weakness on one side of the body), visual and perceptual deficits, language deficits, emotional changes, swallowing dysfunction, and bowel and bladder problems. Ninety percent of all dysphagia (swallowing problems) results from stroke (White, O'Rourke, Ong, Cordato, & Chan, 2008).

### **Poststroke Rehabilitation**

Rehabilitation after a stroke focuses on several key principles. These include maximizing functional ability, preventing complications, promoting quality of life, encouraging adaptation, and enhancing independence. Rehabilitation emphasizes the survivor's abilities, not disabilities, and helps him or her to work with what he or she has while acknowledging what was lost.

Stroke survivors go through a unique recovery process. This model shows the process of stroke recovery where forward progress after stroke lead to acceptance and adaptation:





### The Mauk Model of Post-stroke Recovery

If significant functional impairments are present, evaluation for transfer to an intensive acute inpatient rehabilitation program is recommended. Inpatient rehabilitation units offer the survivor the best opportunity to maximize recovery, including functional return. An interdisciplinary team of experienced experts, including nurses, therapists, physicians, social workers, and psychologists, will help the survivor and the family to adapt to the changes resulting from the stroke. Outcomes for geriatric stroke survivors are enhanced by intensive rehabilitation programs, whether offered in rehabilitation units or in skilled nursing facilities (Duraski, Denby, Danzy & Sullivan, 2012; Jett, Warren, & Wirtalla, 2005).

A large amount of teaching is often done by stroke rehabilitation nurses who work with older survivors and their families. These include knowing the warning signs of stroke and how to activate the emergency response system in their neighborhood, managing high blood pressure, understanding what medications are ordered as well as how often to take them and why, the importance of regular doctor visits, preventing falls and making the home environment safe, available community education and support groups, and the necessity of maintaining a therapeutic regimen and lifestyle to decrease the risk of complications and recurrent stroke. All survivors will need assistance in re-integrating into the community. This is generally begun in the rehabilitation setting.





Adapted from Mauk, K. L., Hanson, P., & Hain, D. (2014). Review of the management of common illnesses, diseases, or health conditions. In K. L. Mauk's (Ed.) *Gerontological Nursing: Competencies for Care*. Sudbury, MA: Jones and Bartlett Publishers. Used with permission.

The American Heart/American Stroke Association has published numerous guidelines in for the treatment of various types of stroke. These can be accessed through the ASA's website at [http://www.strokeassociation.org/STROKEORG/Professionals/Professionals\\_UCM\\_308581\\_Su](http://www.strokeassociation.org/STROKEORG/Professionals/Professionals_UCM_308581_Su) bHomePage.jsp



FOR IMMEDIATE RELEASE

**Local Professor, Health Care Expert Launches Senior Care Central**  
**Dr. Kristen Mauk Creates Online Venture Designed to Address Gap**  
**In Providing Quality, Affordable In-Home Care**

VALPARAISO, IN, USA March 26, 2013 – Senior Care Central, LLC launches today as a unique online portal designed to link those seeking in-home care for older adults and persons with disabilities to nursing student and CNA caregivers located in their geographic area. Founded by Valparaiso native Dr. Kristen L. Mauk, an expert in gerontological and rehabilitation nursing and a Fellow of the American Academy of Nursing, Senior Care Central was developed in response to the growing need to provide high quality, affordable caregiver services to the nation’s growing population of older adults.

The Senior Care Central website connects persons seeking care with a pool of health care-educated, local caregivers using a powerful, easy-to-navigate set of online tools. By providing direct access and communication between care seekers and caregivers, arranging for in-home care becomes more flexible and affordable.

“The increase in the population of older Americans and their desire to age in place has led to some serious challenges within the health care community,” stated Senior Care Central founder, Dr. Kristen L. Mauk, “chief among them, how to provide high quality, in-home care at an affordable price and in a way that provides flexibility to those seeking care.”

Senior Care Central’s pool of care providers is made up exclusively of student nurses and Certified Nursing Assistants (CNAs). Using the Senior Care Central website, in contrast to traditional home health care agencies, care seekers and caregivers can negotiate directly the terms of care, compensation, hours of care and more, and do so in a safe, secure online environment. Membership to Senior Care Central is based on a low, one-time fee for those seeking care, which results in lower cost of care as well as a more responsive care delivery model.

“We know nursing students tend to be more motivated and more knowledgeable care providers than the typical home health care worker by virtue of their ongoing education and career path,” said Dan Easton, in charge of caregiver recruitment at Senior Care Central. “They’re also very enthusiastic about finding health care-related employment opportunities that fit into their academic schedules.”

Free membership to Senior Care Central for both caregivers and those looking for in-home care is being offered on a limited time basis. Interested parties can sign up at [www.SeniorCareCentral.net](http://www.SeniorCareCentral.net). where they can also find helpful resources and tools.

###  
Media Contact  
Christopher Pupillo  
Bright Idea Creative Services  
(219) 462-6713  
[c.pupillo@brightidea-cs.com](mailto:c.pupillo@brightidea-cs.com)