

The Pillars Press

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AUGUST RESIDENT SPOTLIGHT: DONNA GRAHAM

Our August resident of the month is Donna Graham. Donna was born and raised in Winnipeg, Canada. She was one of three kids. She attended an all-girls High School and then attended Nursing school at St Boniface Hospital in Winnipeg for 3 years. She graduated in 1958. She and a friend decided to move to the Twin Cities to work at the University of Minnesota Hospital for a year before traveling the world. Instead, she met Gordy who was a Physical Therapist at the hospital and was married in 1959. After they married, Gordy accepted a position at St. Ansgar's Hospital in Moorhead, MN where they bought their first home. Their son Mike was born in 1960 and Jim was born in 1963. Also in 1963 they decided to move to Grand Forks, North Dakota so that Gordy could complete his master's degree at The University of North Dakota. In 1964 while pregnant with 3rd son Dan, Gordy accepted a position working at St Joseph's Hospital in Mankato where he worked for one year before moving over to Mankato State (now Minnesota State University Mankato) to start the Athletic Training Program (one of the first collegiate programs in the nation). Their 4th son Andy was born in 1968. During these years, in addition to raising 4 boys as she had always dreamed of having, Donna worked part time at the hospital and then took the role of the Assistant Director of Health Services at Oaklawn Health Care Center. This is where she worked until she retired. Over the years she volunteered with Boy Scouts, Cancer Drive, and at Charlie Brown Nursery School. Upon retirement, she and Gordy traveled down to Palm Springs/Cathedral City during the winter months, to a lake cabin in Kenora, Ontario in the summer, and a few trips to places like the British Isles and eastern Canada/US. Her favorite thing about The Pillars of Mankato is that the moment she moved in it felt like home!



THE DOG DAYS OF SUMMER

These hot days were considered among the worst in Western antiquity, a time when, according to folklore scholar Eleanor R. Long, "all liquids are poisonous, when bathing, swimming, or even drinking water can be dangerous, and a time when no sore or wound will heal properly. It is also a time when we are likely to be 'dog-tired,' if not 'sick as a dog,' to 'dog it' at work and 'go to the dogs' in our leisure hours—in short, to lead a 'dog's life' until the miserable period is over." Both the ancient Greeks and Romans noticed that the star Sirius — the dog star, Canis major in the Orion constellation — began to rise with the sun not long after the summer solstice. While this is often the hottest time of the summer, and publications like the Farmer's Almanac placed the dog days as occurring between July 3 and August 11 each year.

<https://www.treehugger.com/real-meaning-dog-days-summer-4863812>



Orland Drager

Resident Birthdays

Aug 7—Dwain Petersen
Aug 8—Joe Massop
Aug 13—Dottie Lawson
Aug 14—Mary Stenzel
Aug 15—Gerry Cain
Aug 16—Larna Leitner
Aug 17—Chuck Bisel
Aug 21—Elaine Beutler
Aug 31—Gene Knewtson
Aug 31—Donna Evans

Staff Birthdays

Aug 1—Eva G
Aug 2—Jayden K
Aug 2—Rachel G
Aug 2—Janine G
Aug 3—Kelsey O
Aug 14—Cody I
Aug 24—Derek F
Aug 28—Emma B.



We Remember

Tim Kiecker

Roger Ludwig

Harriet Matchan

Dimensions Minute—

Addressing Guilt as a Caregiver

As a caregiver you may struggle with guilt for a number of reasons such as feeling trapped in the caregiver role, feeling that you fall short in comparison with other caregivers, needing a break or moving your loved one into a care community. Here are some suggestions that can help:

Notice it – acknowledge the guilt you are feeling and allow yourself to forgive yourself

Talk to others – others in similar situations can help normalize your feelings

Remember that guilt is common – remember it is natural to experience these emotions and need time away or support of others

Consider joining our Care Partner Support Group – our next meeting will be August 17th, at 6:00 pm in the 2nd floor Chapel or via Microsoft Teams

*Summarized from Day to Day Living with Dementia from the Mayo Clinic - If you are interested in borrowing this book, please contact Erin Johnson at erin.l.johnson@fairview.org



AUGUST STAFF SPOTLIGHT: KRISTY SCHUFT

Our Staff Spotlight for August is Kristy Schuft. Kristy is our Senior Chef and has been working at The Pillars of Mankato for over a year. She lives in Janesville with her husband Jason and daughters Destiny, Alivia, and Ayda.

Favorite Color: Sage Green or Yellow

Favorite Food: Tacos

Favorite Beverage: Mt. Dew

Favorite Movie: The Greatest Showman

Favorite Hobby: Gardening

Favorite Quote: Have I not commanded you? Be Strong and Courageous. Do not be afraid; Do not be discouraged, for the Lord your God is with you always.—Joshua 1:9

Fun Fact: She has 2 turtles (Sheldon and Shelly) that she has raised from babies.

Three traits that define you:

- Dependable
- Professional
- Loyal

Favorite Thing about The Pillars of Mankato: Being able to prepare meals for our wonderful residents.

In my spare time: I enjoy spending time visiting the many state parks in Minnesota.



Director of Health Services Updates



Bed Rails – Working Together for Your Safety

Historically, physical restraints (such as wrist or ankle restraints) were used to try to keep patients safe in health care facilities. In recent years, the health care community has recognized that physically restraining patients can be dangerous. Although not indicated for this use, bed rails can be considered restraints.

Know the risks. Bed rails run many risks that include:

- Strangling, suffocating, bodily injury or even death when patients or part of their body are caught between rails or between the bed mattress and the rails.
- Significant injury from falls when patients attempt to climb over a bed rail due to confusion.
- Direct injury from the bed rail such as skin tears, bruises, cuts, and scrapes.
- Increased agitated behavior when bed rails feel like a restraint to a patient with memory loss or confusion.

Know the benefits. Bed rails may benefit in ways that include:

- Aiding in turning and repositioning within the bed.
- Providing a place to hold onto to help with getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing risk of falls when patients are getting into or out of bed.
- Help to define the bed edges.

Do I need a bed rail? Many patients are safe in bed WITHOUT bed rails and should consider the following:

- Use beds that can be raised or lowered to accommodate both patient and caregiver needs.
- Those at risk of falling may benefit from fall mats/pads placed next to the bed (as long as this does not create greater fall risk).
- Use of transfer aids, equipment or assistance from caregivers to get into and/or out of bed.

Patients who have problems with sleeping, pain, incontinence, memory, of unsafe transfers out of bed without assistance, must be carefully assessed for the best ways to keep them safe from harm.

When a patient or family is considering the use of bed rails, it is required that a registered nurse assess the patient, the bed, and the bed rail. Per the Minnesota Department of Health guidelines, only a registered nurse, physical therapist, or occupational therapist can complete the necessary assessments and determine if a bed rail is safe to use and within the department of health guidelines. This process also requires ongoing evaluation and monitoring by a registered nurse to optimize continued patient safety.

If you or a family member have questions about bed rail safety, please contact the nursing department at The Pillars at 507-344-6774 for guidance and recommendations.