



# The Villa Villager

A Monthly Newsletter for Residents and Friends of Vincentian Villa

## MARCH 2020

### *Letter from Larry*

So, last month I touched on the number of newsletters that I have done since starting at the Villa. I also touched on the little twists and turns that come your way during your life.

At the time of writing my last newsletter, I had no idea that there was another twist and turn heading my way!

I have been *so blessed* working for Vincentian for the past ten years and the Villa has literally been my home away from home. As I announced to all the residents that attended our last luncheon, I have been asked to take on a new challenge at our corporate office.

Yes, I am leaving the Villa and my current position of Director of North Campus Facilities. The good news is that I won't be far away and I will also still be overseeing the maintenance in my new role as Director of Facilities and Support Services. I will be keeping an eye on Jim as he has been promoted to Manager, Maintenance Services – independent living and north campuses. Congratulations to Jim!

It's been a wonderful ten years, seeing everything grow from the very beginning and I know there are a good few of you that remember December 2009. For those of you that don't, well let's just say we had our work cut out for us! Getting any kind of grass to grow was a big challenge, and one that we are actually still working on to a certain extent.





I remember the biggest issue was the Christmas tree. We had one, but nothing to decorate it with. We did manage to get it done in time for the event though. The furniture had not arrived so we had to improvise a tad.

And how about this picture less than two months before we welcomed the Villa's first residents. We have certainly come along way in the last 10 years!



As I transition into my new position this will be my final newsletter to you all. Thank you to everyone that have commented on these over the years. I know you have all been interested in my exploits over the years. I did not know going into this that my stories would be so popular, either way, I am glad I was able to share them with you!

I have an office at VCS that overlooks the Villa. It has a view similar to the above picture, so I will be keeping an eye on things from above!

I want to say a huge heartfelt thank you to each and every one of you, past, present and future. You are the ones that have made my time at the Villa so wonderful. I will truly miss every one of you, but I'm sure our paths will cross on occasion, as I go about my new duties.

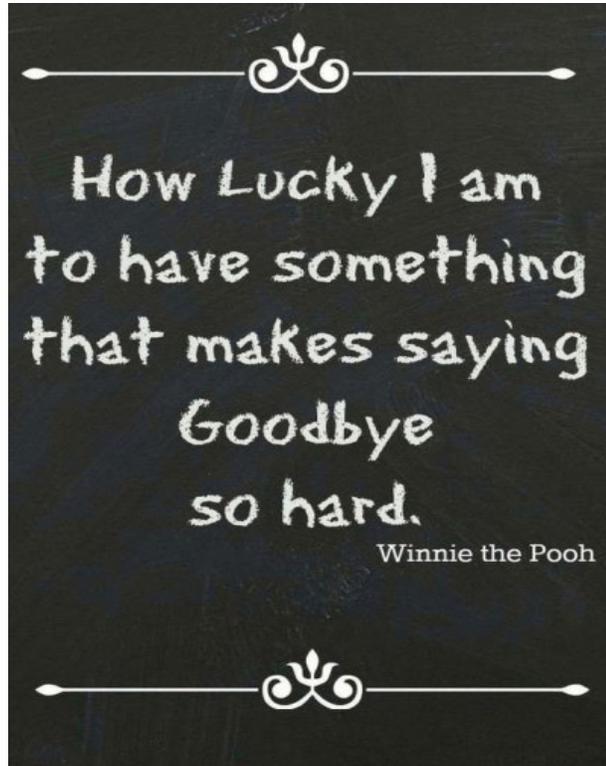
I know you are being left in very capable hands as Vincentian looks to the future. I for one am looking forward to what the future holds during exciting times.



For all of you that have asked about the kids. Well, little Dorothy just turned two and Greg will be five in a couple of weeks, almost time for me to take him on his first fishing trip. Now that would be worth a story.

Thank you all once again and God bless each and every one of you!

Quote of the Month



~ Larry

# What's Up and Where We're Going

The Villa Management office which is located in the Apartment Building #911 is open during the hours of 8:00 am to 4:30 pm Monday – Friday. Office number is 412-364-6591. **Please note the following change:**

**Remember Maintenance/Security is on the campus 24/7.**

**Between the hours of 7 am - 3:30 pm ~ call .... 412-592-5352**

**Between 3:30 pm and 11 pm ~ call .... 412-592-5704**

**Between 11 p.m. and 7 am ~ call ... 412 – 350- 9819**

**Maintenance Emergencies ONLY**

Many of your family and/or friends live out of the area. Please remind concerned loved ones *not* to leave messages on the office phone stating that they were attempting to get in touch with you and were not able to do so.

**As “peace of mind” for them, please provide them with the number/s for Maintenance/Security.**

This way if they are attempting to contact you and you are not at home, they can call Maintenance/Security and have them check to be sure that you are ok.

To make things as convenient as possible for you, please note what is listed below:

The **information bulletin board** which includes the monthly sign up sheets for up and coming events **is located** just inside the front doors in the foyer of the Apartment Building #911. A mail slot just inside the front doors in the foyer of the Apartment Building #911 is for your convenience. This can be used to drop off your menus, other correspondence such as forms, or your monthly fee check (or it can be mailed to the address found on your statement).

Information **ONLY** is posted at Club House for your convenience.

**Remember: If you are planning on using Villa Transportation for a Villa sponsored event, you MUST sign up and/or notify Sandie as seating is limited!**

Please mark your calendar for the following up and coming events:  
**Specifically note the “Sign Up By Date”**

Date: **Every Monday (Unless Otherwise Noted)**  
Time: 6:00 p.m.  
Where: Club House  
What: **Games & Card Night**

Date: **Second & Fourth Tuesday of Month**  
Time: 10:45 a.m. – 12:00  
Where: Apartment Building Library  
What: **Villa Bible Study**  
*All Residents Invited to Attend*

Date: **First and Third Tuesday Every Month**  
Time: 1:30 p.m.  
Where: Apartment Building Library  
What: **Crafty Corner**  
*All Residents Invited to Attend*

Date: **Every Thursday (Unless Otherwise Noted)**  
Time: **9:00 a.m.** (McIntyre Square)  
**12:30 p.m.** (McIntyre Square & Kuhn’s Market)  
Where: Pick up at your home or apartment  
What: **Thursday Weekly Grocery Shopping Trip**

Date: **First Friday of Every Month**  
Time: 1:00 p.m.  
Where: Apartment Building Library  
What: Villa Book Club

# MEDICAL CORNER

## March is Colorectal Cancer Awareness Month



***What is Cancer?*** – The body is made up of cells. Normal body cells grow, divide into new cells, and die in an orderly manner. Cancer begins when cells in a specific part of the body start to grow out of control. Even though there are many different kinds of cancer they all start because of the out of control growth of abnormal cells. Growing out of control and invading other tissues are what turns a cell into a cancer cell. Most cancer cells form a tumor, but some like leukemia, involves the blood. Cancer cells can travel and spread to other parts of the body which is called metastasis. No matter where the cancer has spread, it is always named for the place where it originated. Different types of cancer grow at different rates and respond differently to different treatments. Not all tumors are cancer. These tumors are called benign. Benign tumors can cause problems because they can grow to be very large and can press on healthy organs, but they cannot grow into or invade other tissue or spread to other parts of the body.

### ***Five Myths About Colorectal Cancer:***

**Myth** – Colorectal cancer is a man’s disease.

**Truth** – No...colorectal cancer is as common among women as men. Each year about 150,000 Americans are diagnosed with colorectal cancer and more than 50,000 die from it.

**Myth** – Colorectal cancer cannot be prevented.

**Truth** – In many cases it can be prevented. Colorectal cancer almost always starts with a small growth called a polyp. If found early, doctors can remove it and stop colorectal cancer before it starts. Tests that can find a polyp include double contrast barium enema, flexible sigmoidoscopy, colonoscopy, or CT colonography.

Other ways to help lower your chances of preventing include:

- Get to and stay at a healthy weight – stay lean without being underweight.
- Be physically active
- Eat at least 2 ½ cups of vegetables and fruits a day
- Choose whole grains over refined grain products
- Limit the amount of red meat and processed meat you eat
- If you drink alcohol, limit the amount to 1 per day for women and 2 per day for men
- Don't use tobacco in any form

**Myth** – Age doesn't matter when it comes to getting colorectal cancer.

**Truth** – More than 90% of all colorectal cancers are found in people who are 50 and over. The American Cancer Society recommends you start getting checked when you turn 50. If you are at high risk for colorectal cancer - having a history of colon or rectal cancer in your family - you may need to start testing at an earlier age.

**Myth** – It's better not to get tested for colorectal cancer because it's deadly anyway.

**Truth** – Colorectal cancer is often very treatable. If it is found and treated early, while it is small and has not spread, the 5-year survival rate is about 90%. But, because many do not get tested, only about 4 out of 10 are diagnosed at the early stage and treatment is not as successful.

### ***Signs and symptoms of colorectal cancer.***

Colorectal cancer may cause one or more of the symptoms listed. If you have any of the following, you should see your doctor:

A change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days

A feeling that you need to have a bowel movement that is not relieved by doing so

Rectal bleeding, dark stools, or blood in the stool

Cramping or abdominal (belly) pain

Weakness or fatigue

Unintended weight loss

Most of the above symptoms are more often caused by other conditions. Still, if you have any of these problems it is important to see your doctor right away so the cause can be determined and treated if necessary.

### ***What are the risk factors for colorectal cancer?***

Having a risk factor or even several risk factors does not mean you will get the disease. Some who get the disease may not have any known risk factors. Research has found several risk factors that may increase the chance of developing colorectal polyps or colorectal cancer.

### ***Risk factors you cannot change:***

**Age** – Younger adults can develop colorectal cancer, but the chances increase after the age of 50. About 9 out of 10 diagnosed are at least 50 years old.

**Personal history of colorectal polyps or colorectal cancer** – A history of adenomatous polyps increases the risk of developing colorectal cancer.

If you have had colorectal cancer and even if it has been completely removed, you are more likely to develop new colorectal cancer.

**Personal history of inflammatory bowel disease** – This includes ulcerative colitis and Crohn's disease which are conditions in which the colon is inflamed over a long period of time. Those with IBD or inflammatory bowel disease often develop dysplasia (which when seen under a microscope look abnormal but are not true cancer cells) but over time they can turn into cancer. IBS or irritable bowel syndrome does not increase your risk for colorectal cancer.

**Family history of colorectal cancer or adenomatous polyps** – Most colorectal cancers occur in people without a family history. Still as many as 1 in 5 do have other family members who do have a family history. This risk increases if one or more first-degree relatives (parents, siblings, or children) have been affected. The reason for this is not clear in all cases. Cancers can “run in families” because of inherited genes, shared environmental factors or a combination of these.

**Inherited syndromes** – About 5-10% of those who develop colorectal cancer have inherited gene defects (mutations). Several types of cancer can be linked with these syndromes. If you know you have a family history of cancer or colorectal polyps, you should discuss this history with your doctor.

FAP or familial adenomatous polyposis is caused by mutation (changes) in the APC gene that is inherited from a parent and accounts for about 1% of all colorectal cancers.

HNPCC or hereditary non-polyposis colon cancer also known as Lynch syndrome is caused by an inherited defect in genes involved normally in helping to repair DNA damage and accounts for 2-4% of all colorectal cancers.

Turcot syndrome is a rare inherited condition in which people are at increased risk of adenomatous polyps and colorectal cancer as well as brain tumors.

Peutz-Jeghers syndrome is a rare inherited condition caused by mutations in the gene STK1. They tend to have freckles around the mouth and sometimes on the hands and feet, and a special type of polyp in their digestive tracts (called hamartomas).

MUTYH-associated polyposis syndrome caused by mutations in the gene MUTYH. People with this syndrome develop colon polyps which become cancerous if the colon is not removed.

**Racial and ethnic background** – African Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the United States. The reasons for this are not understood. Jews of Eastern European descent (Ashkenazi Jews) have one of the highest colorectal cancer risks of any ethnic group in the world. Several gene mutations leading to an increased risk for colorectal cancer have been found in this group. The most common of these DNA changes called the 11307KAPC mutation is present in about 6% of American Jews.

**Type 2 diabetes** – People with type 2 (non-insulin dependent) diabetes have an increased risk of developing colorectal cancer. They also have a less favorable prognosis after being diagnosed.

***Lifestyle related factors:***

**Diets** – A diet high in red meats and processed meats can increase the risk. Cooking meats at very high temperatures creates chemicals that might increase cancer risk. Diets high in vegetables, fruits and whole grains have been linked to a decreased risk of colorectal cancer but fiber supplements do not seem to help.

**Physical inactivity** – If you are not physically active, your risk increases.

**Obesity** – Being very overweight increases your risk in both men and women but the link seems to be higher in men.

**Smoking** – Long-term smokers are more likely than non-smokers to develop and die from lung as well as colorectal cancer.

**Heavy alcohol use** – Colorectal cancer has been linked to the heavy use of alcohol. Some of this may be due to the fact that heavy alcohol users tend to have low levels of folic acid in the body.

***Factors with uncertain, controversial, or unproven effects on colorectal cancer:***

**Night shift work** – Results of one study shows that working a night shift at least 3 nights a month for at least 15 years may increase the risk of colorectal cancer in

women. The study *suggested* this might be due to changes in levels of melatonin in the body.

**Previous treatment for certain cancers** – Some studies have found that men who survive testicular cancer seem to have a higher rate of colorectal cancer and some other cancers. Some other studies have shown that men who had radiation therapy to treat prostate cancer might have a higher risk of rectal cancer.

***Two common tests used to look for colorectal cancer:***

**Colonoscopy** – This is an exam that lets the doctor closely look at the inside of the entire colon and rectum. The doctor is looking for polyps or signs of cancer.

**Sigmoidoscopy** – The doctor uses this to look closely at the lower part of the colon and the rectum. With this test the doctor is able to see the entire rectum but less than half of the colon.

***What if they find something:***

If a small polyp is found, it will probably be removed during the test. If the doctor sees a large polyp, a tumor, or anything else abnormal, a biopsy will be done. For the biopsy, part or all of the polyp or abnormal area is taken out through the colonoscope or sigmoidoscope. It is sent to a lab to be looked at under a microscope and checked for cancer or pre-cancer cells. If a polyp or colorectal cancer is found during sigmoidoscopy, the doctor will do a colonoscopy later to check for polyps or cancer in the rest of your colon.

***Why are these tests so important:***

Colorectal cancer screening helps people stay well and saves lives. Regular screening is the most reliable way to find these cancers in the early stages. Ask your doctor about the best screening plan for you.

***This information is general information.  
Please consult with your physician with any questions / concerns.***

# Taste of the Villa - Shepard's Pie

Hayward Kitchen Tested

- 1-1/3 Cups instant mashed potato buds
- 1-2/3 cups milk
- 2 Tablespoons of margarine or butter
- 1 teaspoon salt, divided
- 1 pound ground beef
- ¼ teaspoon black pepper
- 1 jar (12 oz) beef gravy
- 1 package (10 oz) frozen mixed vegetables, thawed and drained
- ¾ cup grated parmesan cheese



1. Preheat broiler. Prepare 4 servings of mashed potatoes according to package directions using milk, margarine and ½ teaspoon of salt.
2. While mashed potatoes are cooking, brown meat in a medium broiler proof skillet over medium high heat, stirring to separate meat. Drain drippings. Sprinkle meat with remaining ½ teaspoon salt and pepper. Add gravy and vegetables; mix well. Cover over medium low heat for 5 minutes or until hot.
3. Spoon prepared potatoes around outside edge of skillet, leaving 3-inch circle in center. Sprinkle cheese evenly over potatoes. Broil 4 to 5 inches from heat source, for 3 minutes or until cheese is golden brown and meat mixture is bubbly.

Makes 4 servings

Prep and cook time 28 minutes

## FYI

There are many reasons why you chose to come to Vincentian Villa to live but one of the important reasons was to take the guesswork out of where to go if and/or when you would require the services of assisted living and/or a nursing home. This is part of the “Continuum” of care. If you end up in the hospital and the doctor tells you that you need to go to an assisted living or a nursing home for rehabilitation, you need to:

- Call the Villa office to let them know you are in the hospital
  - Inform the Social Service worker assigned to you that you are a resident of Vincentian Villa, therefore, they need to contact Admissions at Vincentian Home
  - You yourself can call Julie Schell, Admissions Coordinator at Vincentian Home @ 412-366-5600 Ext. 1526 to inform her of your need for a bed
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- ➡ Remember to check the bulletin board in the Apartment Building foyer and the bulletin board at the Club House for event postings, changes and/or corrections, and items of general interest.
  - ➡ As a reminder, Maintenance/Security is here 24 hours a day / 7 days a week. If you need assistance...do not hesitate to call them.
  - ➡ Update the Villa Management Office of any/all changes you may have since your original move in, i.e. new vehicle, phone number change, etc.
  - ➡ Transportation Services – As a reminder ALL personal transportation requests MUST be scheduled through the Villa Management Office. You need to call the Management Office for available dates and times BEFORE scheduling any/all appointments or requesting transportation to a function sponsored by the Villa. Please refer to your Resident Handbook under the heading “Transportation Services” for further clarification. If you have any questions, and/or to schedule a trip, call Sandie at 412-364-6592.
  - ➡ REMEMBER – If you are planning to be away overnight or longer, please complete a Residence Absence Notice. You can pick this form up at the management office or in the lobby at the Apartment building.