



Memory Care the Basics

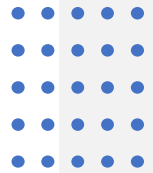


According to the Center for Disease Control:

Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Alzheimer's disease is the most common type of dementia. Though dementia mostly affects older adults, it is not a part of normal aging.

There are many different types of dementia and although there may be some similar symptoms, each individual's journey is unique

- Memory loss, confusion, poor judgement
- Getting lost in familiar places
- Difficulty with money management
- Personality changes
- Withdraw from interests
- Difficulties with balance and movement
- Difficulty expressing thoughts
- Using different words for familiar items
- Repeat questions
- Require more time to complete tasks



Familiar terms related to memory care

Dementia with behavioral disturbances

Challenging behavior

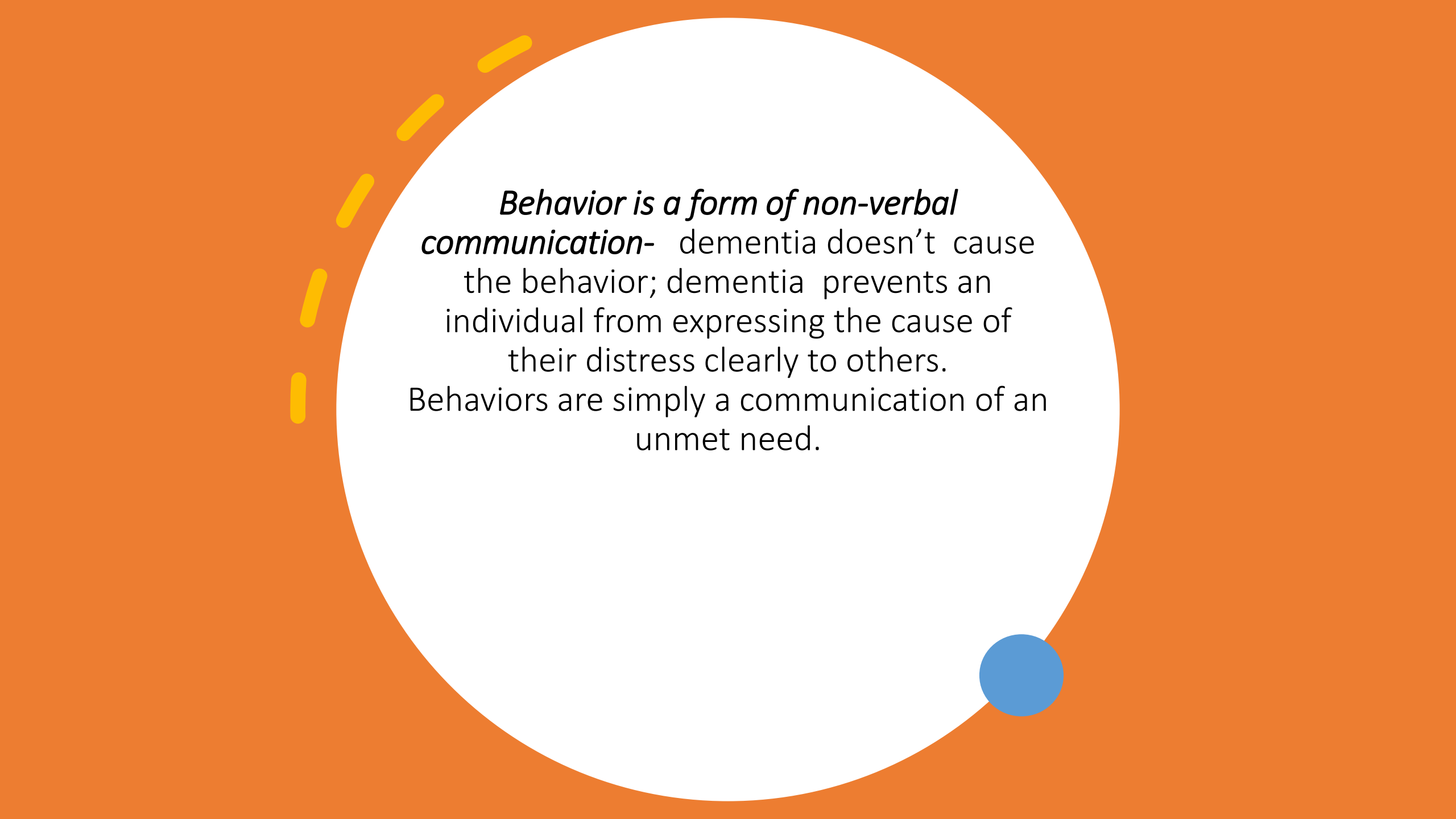
Non-compliant

Combative

Agitated

Exit seeking

Wandering




Behavior is a form of non-verbal communication- dementia doesn't cause the behavior; dementia prevents an individual from expressing the cause of their distress clearly to others. Behaviors are simply a communication of an unmet need.

Behaviors May Communicate:

- Sadness, loneliness
- Fear, anxiety
- Fatigue
- Medical/health condition
- Boredom
- Uncomfortable environment
- **PAIN**- research has found that individuals with dementia are more likely to not have pain identified/treated
- Hunger, Thirst
- Need to use bathroom
- Need to move or change environment
- Frustration, anger

Information from one's senses can create a positive or negative emotional response regardless of the stage of dementia. When an individual feels comfortable, they don't display "challenging behavior".

What is Comfortable...

- free from pain
 - sleep when they're tired and wake when refreshed
 - eat what they enjoy when they're hungry
 - receive care on their own terms from familiar caregivers
 - being engaged in things that make sense
 - experience predictable routines
 - feel safe
 - experience an environment which meets their needs at every level
- 



Important Information for Caregivers

- Routines- bedtime, morning schedule, hobbies/interests, meals etc.
- Identify terminology for items to avoid confusion
- Identify what provides comfort
- Identify what causes fear, anxiety or general discomfort
- Identify important people by name and relationship
- Medical history
- Trauma

Connecticut General Statutes related to Memory Care continued

- **Connecticut General Statutes 19a-562 – Alzheimer’s special care units or programs. Definitions. Disclosure requirements**
- Current as of: 2020 |
- (a) As used in this section and [§ 19a-562a](#), “Alzheimer’s special care unit or program” means any nursing facility, residential care home, assisted living facility, adult congregate living facility, adult day care center, hospice or adult foster home that locks, secures, segregates or provides a special program or unit for residents with a diagnosis of probable Alzheimer’s disease, dementia or other similar disorder, in order to prevent or limit access by a resident outside the designated or separated area, or that advertises or markets the facility as providing specialized care or services for persons suffering from Alzheimer’s disease or dementia.
- (b) On and after January 1, 2007, each Alzheimer’s special care unit or program shall provide written disclosure to any person who will be placed in such a unit or program or to that person’s legal representative or other responsible party. Such disclosure shall be signed by the patient or responsible party and shall explain what additional care and treatment or specialized program will be provided in the Alzheimer’s special care unit or program that is distinct from the care and treatment required by applicable licensing rules and regulations, including, but not limited to:
 - (1) Philosophy. A written statement of the overall philosophy and mission of the Alzheimer’s special care unit or program that reflects the needs of residents with Alzheimer’s disease, dementia or other similar disorders.
 - (2) Preadmission, admission and discharge. The process and criteria for placement within or transfer or discharge from the Alzheimer’s special care unit or program.
 - (3) Assessment, care planning and implementation. The process used for assessing and establishing and implementing the plan of care, including the method by which the plan of care is modified in response to changes in condition.
 - (4) Staffing patterns and training ratios. The nature and extent of staff coverage, including staff to patient ratios and staff training and continuing education.
 - (5) Physical environment. The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents.
 - (6) Residents’ activities. The frequency and types of resident activities and the ratio of residents to recreation staff.
 - (7) Family role in care. The involvement of families and family support programs.
 - (8) Program costs. The cost of care and any additional fees.
- (c) Each Alzheimer’s special care unit or program shall develop a standard disclosure form for compliance with subsection (b) of this section and shall annually review and verify the accuracy of the information provided by Alzheimer’s special care units or programs. Each Alzheimer’s special care unit or program shall update any significant change to the information reported pursuant to subsection (b) of this section not later than thirty days after such change.

Connecticut General Statutes related to Memory care

- **Connecticut General Statutes 19a-562a – Training requirements for nursing home facility and Alzheimer’s special care unit or program staff**
- Current as of: 2020 |
- (a) Each nursing home facility that is not a residential care home or an Alzheimer’s special care unit or program shall (1) annually provide a minimum of two hours of training in pain recognition and administration of pain management techniques, and (2) provide a minimum of one hour of training in oral health and oral hygiene techniques not later than one year after the date of hire and subsequent training in said techniques annually thereafter, to all licensed and registered direct care staff and nurse’s aides who provide direct patient care to residents.
- (b) Each Alzheimer’s special care unit or program shall annually provide Alzheimer’s and dementia specific training to all licensed and registered direct care staff and nurse’s aides who provide direct patient care to residents enrolled in the Alzheimer’s special care unit or program. Such requirements shall include, but not be limited to, (1) not less than eight hours of dementia-specific training, which shall be completed not later than six months after the date of employment or, if the date of employment is on or after October 1, 2014, not later than one hundred twenty days after the date of employment and not less than eight hours of such training annually thereafter, and (2) annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff.
- (c) Each Alzheimer’s special care unit or program shall annually provide a minimum of one hour of Alzheimer’s and dementia specific training to all unlicensed and unregistered staff, except nurse’s aides, who provide services and care to residents enrolled in the Alzheimer’s special care unit or program. For such staff hired on or after October 1, 2007, such training shall be completed not later than six months after the date of employment and, for such staff hired on or after October 1, 2014, not later than one hundred twenty days after the date of employment.

Family and loved ones need self care



Participate in things that offer care for body, mind and soul



Engage in activities that reduce stress



Join activities that promote well-being



Seek out support groups



Seek out professional counselor/therapist

Resources

- Alzheimer's Foundation of America <http://alzfdn.org/>
- Alzheimer's Association CT Chapter <https://www.alz.org/ct>
- <https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/Aging-and-Disability-Resource-Centers-in-CT>
- <https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/Connecticut-Statewide-Respite-Care-Program>
- The National Alzheimer's Contact Center is a free tool for caregivers available 24 hours/day, 365 days/year. It offers an integrated network of information specialists and clinicians who can provide you with free consultation and support by phone or online. A senior housing finder, group calendars, message boards and other free online tools are accessible at the website: http://www.alz.org/we_can_help/caresource.asp or call the 24-hour helpline toll free # at 1-800-272-3900.