

### The Client

*When we met Dorothy, she was 95. Dorothy loved food, discussing current events, and reading novels. Her memory, however, was eroding. What began as mild dementia had gotten worse, and Dorothy's disorientation was causing drama on the floor of her assisted living facility. She'd start arguments with residents, wander into the wrong room, take things that didn't belong to her, and try to leave the building.*

*The facility felt it was time to move her to the memory care unit. They were ready—but her family wasn't.*

### The Challenge

In most facilities, there is assisted living and a separate memory care unit and they are very different worlds. Separated by a simple secured door, the two wings couldn't be farther apart. Assisted living often provides activities like music, movies, bingo, performances, and beer tasting. Memory care, on the other hand, can suffer from understaffing and fewer resources. It has, unfortunately, come to signify a loss of hope. Families fight to keep their loved ones on the other side of that memory care door.

But Dorothy's behavior was affecting the quality of life of other residents. She was a fall risk. She had trouble swallowing. Her disorientation was increasing.



And because of her growing confusion, Dorothy couldn't advocate for herself. She couldn't alert the staff when she had been sitting for hours in wet underwear. She couldn't ask for her room to be cleaned, or where her favorite sweater was, or to take her meds.

Dorothy's needs were growing but her ability to explain them was withering. Something had to be done.

### The Solution

When someone with dementia needs more attention than their assisted living community can provide, facility directors will often suggest partnering with us.

We can help relieve staff and improve quality of life.

With Dorothy, we started with the goal of keeping her in assisted living, which was the least restrictive environment possible; a familiar setting where she could move around confidently.

We stayed by her side all night long, reminding her at 3 a.m. that it wasn't time to get the day started just yet. We helped her get a good night's sleep instead of wandering the halls, potentially hurting herself or leaving the building.



Our Memory Care Professionals kept Dorothy calm during hallucinations, made her feel safe when she was scared, and validated her feelings when she was angry. We ensured Dorothy didn't fall and hurt herself and we helped her maintain good relationships with her fellow residents.

We also provided an additional level of oversight to her care: facilities often have their hands full with demanding residents, and sometimes medications can get skipped. We were another pair of eyes making sure the right pills were taken at the right time.

Most importantly, we were a companion to Dorothy, accompanying her to meals, encouraging her to get involved in her community, and helping her find joy and meaning again.

## The Outcome

By working together with Dorothy's daughter and her assisted living facility, we were able to provide the one-on-one care Dorothy needed to stay out of the memory care unit. The facility could turn their attention to other residents, and Dorothy's daughter knew her mother would enjoy the highest quality of life she could give her.

**If someone you know with dementia is refusing care, needs medical help or has no quality of life, call us. We'll help you find a solution.**

Call (415) 340-3990 or visit [www.TenderRose.com](http://www.TenderRose.com)

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