

Dementia Caregiver 7-14-26

Audio	Video
[Stacey] I'm Stacey Hand and I'm a research associate at the Center for Brain Health, but I'm a gerontologist and, a certified validation teacher, which is, I don't know if y'all have come across it or not, but it's a system of theories and techniques for caring for people with dementia. So, that's and many, many years of experience caring for people in my own family with dementia. Both my mother in law and my mother, had Alzheimer's disease. And so I have a lot of hands on experience as well. And about 15 years of working just in the field of dementia. But today we're not going to talk that much about dementia, per se. We're going to talk about, some of the options that we might want to consider going forward. And sometimes it it's hard to even know what all the options are. So I kind of want to put everything out there that, that we know about and what the pros and cons are. And so, again, in case you just jumped on, we are recording. So if you want to ask questions that you're not comfortable having recorded, please hang on till the end and we'll turn that off and, and, we'll have an opportunity to just talk a little bit, if you wish. All right. I think we're going to switch over to our slides. So that you all can, can see, this will be loaded on the website, so don't feel like you've got to write it all down or copy it.	Lady with short blonde hair and clear frame glasses, wearing a black blouse with white checked sleeves, is sitting in a office with a painting of a beach behind her. (Stacey)

Audio	Video
It is available to you if, if you don't find it in a format that is useful to you, let us know and we'll we'll help you work with that. But, we are going to, as I said, talk about some of the various options, and I'm going to specifically talk with you all about things that are available in the Northwest Louisiana area. If you have questions about what might be available in other areas, I'll be glad to help you as much as I can. But for tonight, I've kind of localized it to our region. So that if you live in this area, this will be a realistic conversation about what's available to you here. We're going to start,	Slide presentation comes up and the camera box shrinks to a tiny box in the top right corner. The slide background is a dark magenta with a lighter gradient in the middle. There is an L S U Health Shreveport center for Brain Health logo in the bottom right corner. White Text: Residential Options for Demetia Care By Stacey Hand, M A, C V T L S U Health Shreveport – Center for Brain Health
very broadly, we're going to we're going to talk about, all of the different kinds of ways that dementia care can look everything from staying at home, independent living, assisted living, assisted living in a dementia unit, assisted livi- skilled nursing in long term care and skilled nursing, in dementia care units. And, all of these kinds of things are available here in various, iterations and formats. And, if you have specific questions about specific facilities here, I'll try to answer your questions. I'm in and out of all of the facilities fairly regularly, so I probably can answer your questions, but, perhaps not all of them.	Title on the left column: Today we will explore the pros and cons of locally available dementia care, including: Bullet points in a column to the right: • Staying at home • Independent living communities • Assisted living, general population • Assisted living, secure area • Skilled nursing facility (long term care) • Skilled nursing facility with secure wing

Let's talk first about staying at home. I think probably that's a situation that you all are mostly in at this point. And that certainly is, the, solution that a lot of people want to work. There are some really good things about about older adults staying at home. Even if they're starting to have some cognitive decline and will include in that keeping somebody at home who has cognitive decline but has a caregiver who is either checking on them very frequently or is living with them and caring for them. There are some really positive things about that. The in theory that would mean that your expenses would be less so. And, and this is one of the things that I want to refer to regularly. And I will, as we talk about each thing, about each opportunity. And that is the cost because it is a factor. We can't pretend that it's not. I wish it wasn't. I wish there were inexpensive options for all of these things, but but, if you've hired in-home caregivers, you know that, that's not easy and it's not free. So, some of you all may be unpaid caregivers providing 100% of care. And that is a huge gift to the person that you're caring for. But it's also a heavy load to be carried. And, taking care of caregivers is another conversation that I love to have. And and so if you're in that situation and you'd like to talk about it, I'd love to do that with you. But there are some real positives about staying at home. One is, in theory, if an older adult is living in a home they've been in for a long time, they don't have a mortgage, so that reduces their monthly output. They're surrounded by the familiarity of their own home and all the memories that come with that, which can help them stay anchored if they're struggling with cognitive loss. You have the privacy of being in your own home, and that can be very important. And you can remain independent, as independent as you can. There's no one to tell you that you can't. You can have your pets and you're in your community, which is familiar to you. And those are all things that are really important to people. Just so that I know, that those of you that are caregivers are do you all have someone living in your home or are you staying in their home? What is your situation at this point? Do y'all mind sharing that?	Left column over magenta titled Staying at home Pros with bulleted list below: • No mortgage? • Familiarity, memories • Privacy • Independence • Can keep pets • Community
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Audio	Video
Okay. It just helps me to kind of see who we're talking to and what your particular concerns might be.	

So what are some of the what are some of the hard things about staying at home? You know, you've got the you've got the maintenance and and I give this I share a lot of this information with people who are starting to have cognitive decline, who are trying to make decisions, about their future.

And they realize that, that things are changing for them. And so a lot of this information is, is the kind of information that I share with people that are beginning to try to figure out what they should do going forward. So there is additional expense associated with owning a home. You've got maintenance, upkeep, utilities. It's also can be very isolating for someone who's having cognitive decline, who is at home.

I'm sure that y'all have noticed or are aware that when somebody starts struggling cognitively, sometimes they stay home more, they may not. They may not. Maybe at first they still go to church, but they scoot out really fast during coffee hour because they're nervous about remembering people's names. At some point, they stop going to church because they realize that they're not going to remember people.

And maybe it's even a little scary to try to navigate in the building. And then at some point they don't drive. And so the more that their cognitive, abilities decline, the more isolated they tend to become. And isolation is actually a really important factor to keep in mind, people who are isolated generally experience faster decline. So it's really, really positive for people to be more engaged with other people.

And the more sometimes when people stay at home, they become more and more isolated, which causes them to decline more quickly. If somebody is staying at home, they may not have the support they need. Not everybody has caregivers that are caring, that are supportive, that are able to, or that, have schedules that allow them to provide the kind of support they may need.

So sometimes things can really fall apart and problems can develop when somebody is trying to maintain their own home. And when the time comes that they decide to hire someone to come into the house and help, maybe, maybe their children make that decision. Maybe they make that decision. But in-home care is very costly. It's, in fact, can be one of

On the right side of the slide over white, black font appears with the title Cons and bulleted list below:

- Additional expense
- Maintenance
- Isolation
- No support (shopping, cooking, bill paying, appts., etc.)
- In-home care very costly

Audio	Video
the most costly options, depending on how much care you need and how you contract it. If you hire someone yourself, it can sometimes be a little bit cheaper. You can pay a little bit less per hour. You may even have somebody that's a family friend that's willing to do it for less money, or even a family member that you decide as a family. You're going to pay to carry carry the major part of the load. But, if you're doing it on your own, when the person that you're depending on is not able to come through on any given day for whatever reason that might mean maybe they're sick, maybe their car is broken down. It really can throw things into, a topsy turvy situation. And you may have to cancel your day to go cover. It can be really hard when you're the person managing that. So that means that if you have to have somebody there all the time, sometimes hiring an agency is more effective because they will send, a substitute if their caregiver can't come in that day. But there's pros and cons with that. With both of those scenarios too, whether or not you use somebody that you're contracting with privately or whether you use an agency, but it's expensive if you need somebody every day and if you need them overnight, it doubles that cost. So that can that can easily run 60, 70, even \$100,000 a year, depending on how much care your loved one needs.	

Audio	Video
We do have some adult daycare here in, Shreveport-Bossier area. The The Bridge Alzheimer's Resource Center, has a adult day center that's available, I think three days a week now. It's not available all day. So it's not a solution for somebody who works full time and needs, all day care for someone. But it can be a great help, to family members that are carrying the burden of care. And it can add to the diversity of experience for your loved one and help keep them from being isolated. If you are staying at home, it's usually very moderately priced. It's probably one of the cheapest options, the cheapest way of getting some help without having a major expense. It is secure and supervised. They do activities and have lots of social interaction. But in fact, we really only have one option for that in Shreveport. We've had various other adult daycares over the years, but right now, what the bridge is offering, which I think is three days a week, a partial day, is all we've got. But if that's something that would be really beneficial to you as a caregiver, I would definitely explore it. There is a some depending on where someone is in their disease process. Sometimes it's a really great experience for them too. But sometimes it gets really hard if they, cannot develop a level of familiarity with it and feel like they're being left, every time they go. So that can be kind of stressful for you and for them. Depending on just on this stage of their disease.	Slide with photo on the left showing a bunch of seniors around a table playing a game. On the right a column titled Adult Day Care with a bulleted list: • Moderately priced (Medicaid accepted) • Secure and supervised • Activities and social interaction • Schedules can vary • Not many choices available in our area

There are quite a number or a fair number of independent living communities in Shreveport. And for somebody, with the early stages of cognitive decline, independent living community can be a good solution. An independent living community usually consists of their own apartment with, limited ability to cook, or, you know, in some cases, they can disconnect the stove and just leave the microwave.

It, depending on the independent living community. And again, like I said, if you have specific questions about specific communities, I might be able to answer them. But some of them provide one large meal a day, others provide all three meals. But there will be at least one substantial meal provided every day at an independent living community, and in some cases more so, because they you have your own apartment and an independent living community, you still have privacy in the big picture. It's one of the lower cost options. There are lots of other people around, so someone can have as much social interaction as they want, but they send somebody to clean the apartment every week. You can still keep your vehicle if you're still driving. They usually have one person on duty in a, in a community overnight.

So there is somebody there. And, most independent living communities allow pets. Some of them have some size restrictions on them, but most of them do not. And so, one of the things that I've discovered in working with the independent living communities here is that, they are a pretty good support system, even if somebody has some mild cognitive decline, they help remind, other residents, help remind each other.

They kind of look out for each other. If somebody hasn't come to lunch, usually one of their neighbors will go by and check on them. So they kind of create their own support system. And if you're the person that you're caring for, that you're concerned about is, relatively easy to get along with if you're making sure that the bill is paid every month.

If they don't create any problems, usually an independent living community will allow someone with some noticeable cognitive decline to be there and to be as independent as possible for a pretty long time. Before they'll recommend that they go to, a higher level of care. Some of that has to do with

Slide titled Independent Living Communities with two bulleted columns
The left is titled Positives with list below:

- No maintenance
- New surroundings
- Some or all meals provided
- Privacy
- (Relatively) Low cost
- Social interaction
- Cleaning service
- Can keep vehicle (independence)
- Some overnight staff and supervision
- Most pets allowed

The right column is titled Negatives with the following list:

- New rules
- Not all meals may be provided
- Less space
- Communal laundry (in some)
- Minimal transportation included
- Less privacy than at home
- Loss of familiar community

Audio	Video
whether or not it's a standalone, independent living community or a standalone independent living community will do more to keep someone there than one that is on a campus that has offers all of the different levels of care in those situations. Usually the independent living community is much more, aggressive about bumping someone to a higher level of care because they have one that's also in their network and on their campus, that they charge more for, obviously. So, but but in a standalone one, usually they'll maintain somebody for a pretty long time. The things that are hard for someone when they move to an independent living community are that there are going to be rules at your own house. You make the rules at an independent living community. They have rules that can be hard for some people. And if someone's really not able to cook at all, they may especially need to look for one that provides all three meals. Obviously, you're going to have less space than you do in your own home. And you're not going to have as much privacy and you're going to be someplace new. And, those things can be challenges for somebody in the early stages of cognitive decline. Does anybody have any questions about independent living communities that they'd like to ask right now? If not, we will go on to assisted living.	

Let's talk a little bit about assisted living. Assisted living is a relatively new animal, and we're all pretty familiar with it at this point.

But I know with a lot of families that I talked to and with a lot of elders, their image of assisted living is much more like what we would consider a nursing home or skilled nursing now. So I think it's really important to talk about, the advantages and the benefits of assisted living. For me, it's kind of the best of both worlds. There's still a lot of, independence available to somebody, but there's also a strong support system there. Let's talk about that a little bit. So if you move to an assisted living, you'll have an apartment of your own. It will most likely open on to an interior hall rather than you having direct access to the outside. Now, some assisted living apartments have access to a small patio area or an enclosed outdoor area, but most of them do not have outdoor areas that someone can leave through, can leave the campus through.

But again, each one of them is a little bit different. It does cost more than independent living to go to assisted living, because there are more services in place. But in most assisted livings you can sign up for tiers of care and that, is connected to the tiers of cost. So when I say tier, it's tier.

We're not weeping over it yet. But, you can sign up, say, for instance, your loved one needs continence support. That is a tier that you can pay for without paying for other things that you need that you don't need. Maybe your loved one just needs a medication reminder, if that's all they need. That's all they need to pay for.

They don't have to pay for continence care. They can just pay for medication. Reminder care. So, in an assisted living, generally, they cannot administer medication because they're not, they're not a medical facility, but they keep they usually keep your loved ones medicine in a locked cabinet in their apartment, and they will come and open it up and observe them, put it out and watch them take it so that they are sure they're taking what they're supposed to be taking at the right time, but don't have access to it otherwise.

That's generally the way it's handled. But they do not actually administer it. They don't put it in their mouth for them. They put it out and watch them take it. That's kind of a regulatory distinction in assisted

Title on left: Assisted Living (General Population with

Less privacy

More expensive

Limited transportation incl.

Small pets only listed below.

On the right side of the slide a bulleted list:

- No maintenance
- Laundry services optional
- All cleaning provided
- Medication reminders
- Opportunities for social activities
- All meals provided
- 24/7 on-site supervision
- Can keep vehicle (independence)
- Graduated levels of support for ADL's (cost increases)

Audio	Video
living. They will they all of the assisted livings in our area have pretty good activity programs, things going on. They provide three meals a day. So in an assisted living, usually the only cooking, implement that's available is, a microwave. Usually there's no heat producing element there, but they can cook with a microwave if they have things that they'd like to warm up. They have a refrigerator, they have a kitchenette, type situation. So but they don't need it to, to eat because all the meals will be provided. Some assisted living still have, communal laundry room so that people can go do their own laundry if they like to, if they choose to, but they also will provide laundry service. Now, in assisted living, you can still have your vehicle, because you're in assisted living, it doesn't mean that you're dependent. It mostly just means that you need some support. But it doesn't mean you can't drive your car if you still want to. And you can stay in assisted living for a pretty long time. A pretty, complete, comprehensive, system of care. You can go from everything from no supervision whatsoever. You just live there, you eat your meals there, maybe you participate in the activities. Maybe you hop on their bus when it goes to Walmart. You're doing some of those things. And so you just may pay a very basic rate, which would be comparable to a high rent someplace. It's not going to be a whole lot, higher than rent renting a home. But the, the levels of care are there for when you need them. So when you start to need them, you can start to add, the tiers of care and pay extra for those. Now those can add up in assisted living can get pretty expensive. It is mostly private pay. There is no Medicare or Medicaid support for assisted living. However, there are some veterans benefits. So if your loved one is a veteran or the spouse of a veteran, there may be veterans benefits available to help pay for assisted living and they can be fairly substantial. So, if that is something that applies to you, be sure to talk with a VA representative about that, because there is significant financial support available to veterans for specifically for assisted living.	

Some assisted living in our communities have a secure dementia unit. And the advantage, for choosing assisted living over a secure dementia unit is especially if you're going to be a private pay client, because it's much cheaper. Generally speaking, assisted living is cheaper than, long term than a secure nursing home facility. They usually still have their own apartment, so they still have privacy. And you have privacy when you go to sit with them or visit with them. They pretty much handle everything. They've got 24 over seven caregivers. They've got usually an LPN that's on duty, most of every day. They take care of all of their medical appointments if you want them to. And they provide once they're, living in the secure unit, all of their, activities of daily living support are provided here. Continence care there, help with eating, any of those help with dressing, help with bathing. All of those things are included in a secure dementia unit. Most of the secure dementia units are designed so that they don't feel like locked areas. They tend to be circular or, have wings so that people can that like to walk around, can walk and walk and walk and really never get to the end, which is beneficial. And they most of them have interesting things set up along the halls for people to stop and do, if they like to, if they, if they're a person that likes to be busy and to tinker with things, there is much more limited privacy in, a secure dementia unit and usually very limited outdoor access for somebody, that loves to be outdoors. There's probably a small space. It'll be a secure space. It'll be a space that, small enough that the staff can keep an eye on someone when they're out there, which would be, as you would want it as a loved one. One of the things that's always a little bit of an issue with a secure dementia unit is whether or not your loved one will find people that they can relate to, or that they can be friends with, especially if they still have, some significant function. And that, is it just varies. It depends on who the, the residents are at any given time. And that changes. So you may visit a secure dementia unit at one point and find that there's really nobody there that your loved one could relate to or visit with or communicate with or connect to. But six weeks later it might be completely different. So if

Slide titled Assisted Living – Secure Dementia Unit. Two columns of bullets below. Positives is on the left:

- No maintenance
- New surroundings
- Some or all meals provided
- Privacy
- (Relatively) Low cost
- Social interaction
- Cleaning service
- Can keep vehicle (independence)
- Some overnight staff and supervision
- Most pets allowed

Negatives are listed on the right

- New rules
- Not all meals may be provided
- Less space
- Communal laundry (in some)
- Minimal transportation included
- Less privacy than at home
- Loss of familiar community

Audio	Video
there's a lot of things that you like about and in just about an assisted living unit and but you just don't see your loved one there with the other people that are there right now, I would say keep it on the back burner and go visit again in six weeks or eight weeks. Because they have a lot of they have a significant amount of turnover for various reasons, and it could be completely different the next time that you go.	
When someone is and is has medical issues that make it impossible or too difficult for them to be cared for in an assisted living, that's when we have to look at at long term care or skilled nursing facilities for them. Those medical issues, some medical issues can be handled in as in an assisted living environment. But if your loved one has, like for instance, if they're being treated for emphysema or they they have COPD, that's getting worse, or maybe they're taking cancer treatments or they're in renal failure or there's anything that's going to require significant medical monitoring. Then probably you're looking at, a skilled nursing facility. They are in any given secure nursing facility in our area. There are lots of people with cognitive loss. Even not in a dementia secure dementia unit. The staff there knows how to deal with that. It's not uncommon for them. But it doesn't mean that they have specific training for that. So, you know, that's something to keep in mind if you're, thinking about placing your loved one in a skilled nursing facility but not in a dementia unit, you might want to, observe how they interact with people who have cognitive decline and make sure that, at the they are required by the state and the federal government to have dementia training. But the quality of that training can really vary. And so it's something that you kind of want to assure yourself of, on a very personal level, by talking to staff and observing how they interact with people with cognitive decline. Like I said, in the general population, lots of their residents have cognitive decline. Many of the nursing homes in our areas have what's called a wander guard system.	Slide with tile on the left: Long Term Care (Skilled Nursing Facility) General Population. There is a photo on the right side of a man in a wheel chair with someone hovering over his right shoulder

We'll talk about that a little bit, that is a system where they wear a little ankle bracelet that automatically locks any doors to the exterior should they get too close. And that just keeps people from leaving the facility unsupervised. But when you decide to, to, pursue long term care for your loved one, it is the most expensive.

If you're private pay, then pretty much everything is covered once they're there. Everything that they need except for, very specialized medical care, which would generally for these folks, be covered under their Medicaid or Medicare. Now, there is financial support for people, that have depleted their assets. I'm sure some of y'all have done a little research on this, but, when someone has pretty much depleted their assets, Medicaid will cover long term care.

And we have some good long term care facilities in our area. I'm happy to be able to say. They're not perfect. They each have their flaws or their faults, but they also many of them have a lot of strengths as well. So, just you can kind of look at the slide and see that, that no longer do you have to take somebody to all their appointments.

Many of their appointments can be handled on site. Or they will take, take, your loved one to their doctor's appointments. There's a lot going on if your loved one is inclined. Some even allow people to keep small pets. A cat or a small dog. Many do not. So that's an important question to ask. Many of them have nice outdoor areas that are accessible. Usually they're secure areas. People are not allowed. Somebody that lives in a nursing home or in a long term care facility is not allowed to leave by themselves. So that part of independence is no longer in play. Anyone who is living in long term care has to be checked out of the facility by someone, by a legal guardian or a family member who's on the list to check them out.

There is very little privacy. I mean, there is, and, and I'll divide that into two things. Private rooms are available. Some of them have very nice little apartments in them, even like little studio apartments. Medicaid doesn't pay for a private room, but many families pay, have Medicare pay the basic charge, and they pay just the upcharge for a private room.

Slide titled Long Term Care (Skilled Nursing or Rehab Facility)

The left column is title Positives

- Most services (laundry, cleaning, medication distribution, ADL's) and supplies included in one price
- 100% Medical transportation included
- Physician and therapy visits on-site
- All meals provided (communal or in-room), specialty diets available
- Social interaction and activities
- 24/7 Staff supervision – *Wanderguard* system may be available
- Many facility allow small pets

Right column is titled Negatives:

- More rules
- Less space (private or shared rooms)
- Minimal privacy
- Higher cost (unless Medicaid eligible)
- Loss of familiar community
- Less independence
- Must be accompanied to leave campus

Audio	Video
And that's surprisingly inexpensive. 2 to \$300 a month usually can make the difference between a shared room and a private room for someone on Medicaid. But, for instance, one of the things that that happens or that's part of the intake process when somebody, is checked into a nursing home, is that they have to do a skin check. Skin- taking care of people's skin is very important in long term care. And so one of the things that's going to happen to them right off the bat is somebody is going to check every square inch of their skin for any cuts, scratches, tears, open places, things that they need to be aware of so that they can monitor those and not let them get worse or get infected. So that that can be kind of an overwhelming experience for someone, right off the bat, as they check in. And so, you know, if, if you're able to prepare them for that, it's, I think that's a valuable part of the process and for sure, to prepare, prepare yourself for that, because that can be a little shocking if you haven't been through that before.	

Audio	Video
Let's see. Let's look at the next one. Some long term care facilities also have a secure wing for people, who have very advanced dementia. Usually this is and this is just, anecdotal there. This is not written in the rules anywhere, but usually secure units both in assisted living and in skilled nursing facilities are the most appropriate for people who have advanced dementia but are still very mobile. So that's to keep them from leaving the facility as they would be able to in an assisted living and assisted living, unless you're in an a secure area, you can leave when you want to, and in, long term care facility, somebody who's very mobile can become a little bit of an issue in the general population, especially if they're going into other people's rooms and helping themselves to things, or, you know, constantly trying to open the exterior doors and setting off the alarms. So the secure units are usually often very much populated by people who have advanced dementia but are still pretty mobile. It's just sort of something anecdotal that I, that I see, they are also, often with people that need, that are on the complete other end of the spectrum that need a lot of care, and, require a more intensive supervision than people generally have in the nursing home general population.	Title on left over dark magenta: Long Term Care – Skilled Nursing Facility Secure Wing There is a photo of an elderly woman sitting at a table eating breakfast.
So in a long term care secure wing, everything is provided, medication is managed, all their health care needs are addressed. They have very close supervision. And in theory, their caregivers should be well trained to work with people with dementia to manage their needs with respect, to help preserve their dignity and to know how to help them when they're distressed. And those are questions that I would definitely ask if I were looking at that.	Title on left: L T C Secure Wing Bulleted column on right: • All services/supplies provided • Medication management included • Other healthcare needs addressed • Close supervision, no independent access outside wing • Trained staff • Social interaction

Audio	Video
It's also the most expensive option, unless you're Medicaid eligible and Medicaid will help with that. And again, like any other secure unit, like the secure unit in the assisted living, you you're the kinds of residents that are there are cyclical. You may have a lot of high, pretty high performing people that can do activities that, like to go outside at some point. And then six months later, everyone may be wheelchair bound and nonverbal. You just never know. It's, really important to kind of keep an eye on that, if that's looking like an option that you're considering.	Over the last slide a bulleted list appears under the title • Most expensive, unless Medicaid eligible • Least privacy • Varying cycles of similar residents

One of the things that I wanted to share with y'all before we open it up for any conversation that you'd like to have about any of these, options, is the importance of going around and visiting various facilities before you need them. And I know a lot of people enter into the caregiving experience thinking that they can manage this until the end, and some people do.

And that happens a lot, and I'm sure y'all are aware of that. But if the primary care giver is carrying most of the burden themselves, having a backup plan is really important because caregiving is exhausting. And when you become really tired and you're not getting enough sleep, you get sick more easily or you, fall more readily, or you're in a car accident. Now, you're more likely to be in a car accident when you're a hands on 24 seven caregiver, because you're stressed and you're tired and you're not sleeping well at night.

It just lowers your defenses for a lot of things. And, so it is really important that you have a plan B, and maybe that's a family member. And if it's a family member, it's important to talk about that with them, to make sure that they know that they're going to be your go to person if something happens.

And if there's not a family member who's either able or willing to step up and take on the caregiving role should you need them, then knowing what your backup is going to be is really important, and trying to make that decision in the midst of a crisis is really stressful, and you end up usually just taking the first option that opens up to you because, that's all you can do because you're not ready to do anything else.

So I would say even if, and something outside the home, or even if you have right now are not considering hiring anybody to come into the home, explore those options as well, in case that's what you need. Start thinking now about what your backup is going to be so that if like, say for instance, your loved one that you're caring for has a fall and may need to go into a rehab facility for a while, or they because of what's happened to them now they need long term care. When they've been in the hospital, and are about to be discharged to long term care, it's really hard to find a spot. It's really hard to find a good spot. It's really important that you know where you would want them to go. What would

Slide with title Questions and Discussion on the left side with an L S U Health Shreveport Center for Brain Health Logo and on the right a photo of an older couple sharing a hug as the man kisses the woman's head

be your first choice? What would be your second choice?

What would be your third choice? And the only way to know that is to have already visited and to have collected the information to talk to someone there. You have a learn a - Did someone have a question? (Background noise) So it's it just, when you have to make a decision in a stressful situation, it's really hard to do that.

Well, so, and, and I don't know if any of y'all have ever toured a college campus with, a teenager to see where they might fit or where they belong. But touring assisted living or long term care or independent living has very much the same feel. You're going to see where you and or your loved one feel most comfortable.

And each campus has a a vibe or a, aura kind of of its own that's very distinct. Ad you will know fairly quickly if it's a place that you would feel comfortable, visiting that would offer the things that would make your loved ones quality of life the best it can be. As I was saying, each one has its weaknesses and its strengths.

For instance, I'll just give y'all an anecdote. I was working with a family, and the husband had been caring for his wife for a long time, and her, continence issues had just gone, gotten beyond what he could manage. And so he was he was looking at long term care options for her. Her dementia was advancing, and he was a chain smoker.

And so what was most important for us as we searched for the right placement for her, was to find a place that would that the outdoor smoking area was a place that would be pleasant enough that she could sit with him, because that was their routine at home. The two of them sat on their back porch and he smoked, and she listened to the birds and enjoyed being outside.

So we were specifically looking for a place where he could smoke and she could be with him. That wasn't by the dumpster. Because in a lot of facilities, the smoking area is by the dumpster. Some facilities don't allow smoking on their campuses at all. So if you can see that was a unique search, but that was it was because of a very specific need for that family. Some families for some families, having good outdoor space is the most important thing. For

Audio	Video
others, it might be having a chapel on the campus that their loved one likes to go sit in the chapel and have quiet time or prayer time, that that's where they're most comfortable. It's important to explore what you think would make your loved one's life most meaningful, and what would be most comfortable for you as a visitor or a caregiver. And then go visit lots of places with that and with those kinds of things in mind, and gather the information about costs and and how that would be managed so that you're not in a panic if you have to make a choice like that unexpectedly.	