



## Facing The Gray Area When Choosing Memory Care

By Janice Martin, Owner of Senior Liaison of Central Florida

**M**emory Care is often confused as being a nursing home. Although a few nursing homes have a memory care area, it is most often a specialized “neighborhood” within assisted living. Memory care does not mean advanced care – it is specialized care. There may be more caregivers per resident from the increased hands-on attention related to the decline from dementia. Staff utilizes alternative communication and approaches to the different ways dementia presents itself. If someone is experiencing an increase in falls or requires more care but does not have dementia, memory care is not appropriate.

Memory impairment comes with many associated terms – mild cognitive impairment (MCI), dementia, Alzheimer’s, and others. In order to reside in memory care, the individual must have a dementia-type diagnosis. There are circumstances when a husband and wife can reside in memory care together when one spouse doesn’t have dementia. Someone with a brain injury who is not experiencing dementia may not be appropriate due to certain behaviors associated with the brain injury. Mental illnesses such as schizophrenia as the primary diagnosis are not appropriate, nor is an alcoholic when the family wishes to eliminate access to drinking.

Memory Care is a secure area of the assisted living community. The doors are locked and a resident cannot leave unless they are escorted. If a person with memory impairment is living in general assisted living and is found off the premises, can’t find their way back, and doesn’t know where they live, they are considered an “elopement risk”. For their safety, an immediate move to memory care will be necessary. If they are in the stairwell and can’t find their way out or walk the halls knocking on doors crying for help, they may be asked to move to memory care.

Sometimes a person in assisted living with a dementia diagnosis may have difficulty participating in activities because they don’t understand directions with multiple steps, have difficulty following conversations, or become over stimulated during group events. They may sit in their rooms alone because they don’t know how to use the call pendant to ask for help or to be taken to activities or meals. They may not know how to use the remote, no longer have reading comprehension, and have become isolated. In these circumstances, memory care may be a better option.



The challenge presents itself when a person with memory impairment can no longer live alone at home or it has become too stressful for the primary caregiver. They may fall in that gray area between assisted living and memory care. For example, they may have experienced a stroke that has affected their speech and have difficulty communicating, have limited mobility or need a wheelchair, do not know what to do in an emergency, and have some form of memory impairment. BUT they still understand what others are saying and still enjoy playing games, puzzles, and some crafts. It can be difficult to accept that memory care may be a better option.

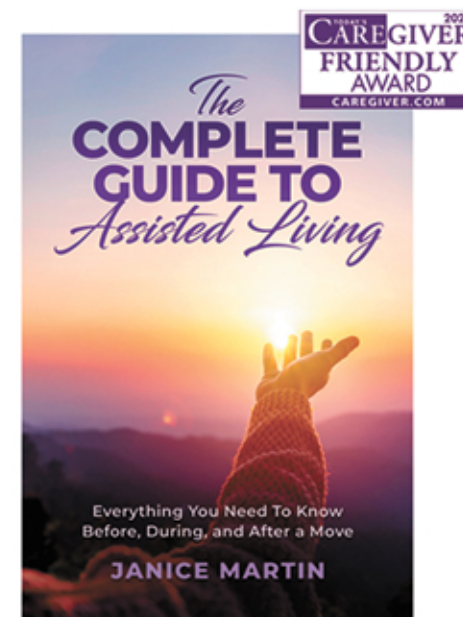
If you have been caring for a loved one for any length of time, you have probably learned to compensate for the things they can no longer do. Together you create new communication techniques and you may prompt them during tasks or step in to finish tasks for them. If you visit a memory care community as an option, the natural response is that your loved one is “not like those people.”

Too often, the family is in denial of the extent of the impairment and the choice is made to move to assisted living. This “wait and see how it goes” approach is not in your loved one’s best interest. By making this decision, your loved one is now living without the person who has been stepping in for them and they will struggle without that one on one support. If things don’t improve, within a short time the family will be asked to move them to memory care. Sometimes families wait for this so they don’t have to be responsible for the decision. The consequence is your loved one could feel like they did something wrong, or that they are a failure.

I encourage you to set your loved one up for success from the very beginning! Consider an initial move to memory care but ask the staff to allow your loved one to join in some activities in assisted living. Staff

may bring them over to play games or they may participate in group outings. Many memory care residents are included in entertainment and movies. If they are not an elopement risk, they do not need to be supervised during the activity. Family and friends may enjoy a meal with them in the assisted living dining room as often as they like. As they become more familiar with their surroundings, the staff, the routine, and they are thriving, everyone may agree that a move to assisted living is appropriate. When this happens, they will feel empowered!

If someone moves to memory care, it doesn’t mean it has to remain that way forever. It can be a transitional stage as they acclimate to their new environment. This may take some time, but when appropriate a subsequent move to assisted living is possible! The most important thing is to get it right from the beginning, so everyone feels successful and supported.



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