

Aspen House Memory Care Assisted Living is located in Loveland, Colorado. The building is specifically designed for up to 40 individuals who are cognitively impaired with dementia. The floor plan is such that people can walk around the building and at the end of each hall way is an unsecured door that leads to a secure outside area where anyone can roam.

Our staff is specifically trained, trained, and trained in the care of this population.

Our mission at Aspen House is to “*foster a home environment where persons with cognitive impairments thrive through the extraordinary, loving, and compassionate care of everyone at Aspen House.*”

We accomplish our mission through our words and actions and we all demonstrate respect to the residents by treating them as adults, engaging them through relationship building, offering them choices and by employing validation techniques in communication. Every staff member contributes to the loving and compassionate care by being well trained. Each staff member is a valued contributor of new ideas and suggestions—we often say “it’s a good idea until it’s not” –some ideas work well with one resident and then suddenly it doesn’t work anymore. No one gets frustrated or discouraged by this, we all simply look for another solution to an issue. Every resident is treated as an individual and the care is very person-centered.

After reading “Dementia Beyond Drugs: Changing the Culture of Care” by Dr. G. Allen Power, our Executive Director changed the “care giver” moniker to “care partner”. **Giving** care implies that one person in the relationship is a *taker* when the truth is that we all give and take in any relationship. To call ourselves *partners* in care is much more descriptive of what we do. We partner with each resident to offer the care and services that he/she needs and wants. We partner with each resident family to offer the care and services that they want for their loved one. And we partner with each other to ensure that we offer those care services in an *extraordinary, loving, and compassionate* manner.

Every staff member is trained in dementia care. We do not use words like “behavior, aggression, anxiety, refused, combative, or agitated”. When someone has actions or manners that are different from what they normally have, we believe that the person is trying to tell us something and doesn’t have the words to express their need or desire. We view that as our job to figure out what the need or desire is!

The care partners at Aspen House are extraordinary. They take delight in figuring out what works best for individuals and they are thrilled when they discover that a midnight snack is all it takes for a person to get a restful night’s sleep.

Aspen House staff has a reputation for being able to provide exceptional care services for individuals who have difficulty living in other environments.

One day at Aspen House a discharge planner from the hospital called inquiring whether or not we had availability for a man who was currently in the emergency room and needed a place to live.

The man, John Williams, had been living at another memory care community in the next town but had “pushed” a care giver down the hall. As a result, the care giver had contacted the police and had John taken into custody and delivered to the local hospital for evaluation.

When the Aspen House director and nurse arrived at the emergency room, John was lying on a stretcher with his hands and feet restrained to the rails with Velcro straps. He appeared to be confused and disoriented and frightened. His wife and daughter were by his side offering words of comfort.

The wife and daughter were seemingly calm and relaxed but were clearly distraught. John had been living for 5 months in a memory care community and had been asked to not return. They needed a place for him to live where he would be safe and would have care services available 24 hours per day.

John had been diagnosed with Alzheimer's disease years earlier and was in the advanced stages of the disease progression. He was completely ambulatory but was unable to assist in his activities of daily living other than being able to feed himself. He did not speak often but when he did the words rarely were the words he actually intended to use. His medication profile included several psychotropic meds as well as an order for morphine twice weekly at seemingly random times.

Upon further investigation and discussion with the staff at the previous assisted living community, the morphine was given 30 minutes before his shower. Since that morphine order didn't match the Aspen House shower schedule, we asked that it be discontinued until we figured out how to best assist John in his personal care.

Aspen House truly knows the value of continuity of care so care partners are scheduled in the same area each week. In particular, Amanda Small is the primary day-shift care partner in the area where John came to reside.

Amanda has over 2 years of experience in the world of dementia and has had over 60 hours of classroom training in dementia care. She is certified in Dementia Care and is certified as a facilitator in Memories in the Making by the Alzheimer's Association of Colorado, has been nominated as the "Sugerman Caregiver of the Year" (Alzheimer's Association of Colorado) as well as being honored by Assisted Living Federation of America as a "champion for seniors" for her "exemplary professional service and championing choice, dignity, independence and quality of life for the senior living residents [she] serves each day". She is recognized as an expert and often provides training to her co-workers in various topics that pertain to dementia care.

Amanda has a gentle, non-threatening approach to care partnering. She speaks in a kind voice, never demands or tells anyone what to do, approaches people slowly and from the front, offers choices about care and often employs hugs and smiles in her care partnering. When a resident is new to her area, she makes the effort to learn all she can about the resident's likes and dislikes by discussing with the resident and the resident's family and by trial and error. She does not rush in to anything and takes the time to get to know each resident as an individual with unique needs and a unique personality. Further, Amanda is ever so observant of every detail of every resident to whom she offers care services. She is always cognizant of any actions or manners that might suggest pain or discomfort.

When John first moved into Aspen House, Amanda got to know him best by talking to him, observing him, and by talking to his wife. She soon discovered that he was often cold and liked to wear a vest or a sweat shirt. He had always been meticulous about his personal grooming and appeared to not be interested in any personal care that left him feeling vulnerable. He was incontinent so the personal care was slated to be an issue with respect to his modesty.

Amanda discussed the bathing issue with the director and with John's wife. Amanda suggested that it

might take a few days before she was able to establish a trusting relationship with John to the point that she would be able to assist him in the shower.

Bathing is often an issue with cognitively impaired people. Amanda knows that it can be a frightening, over-stimulating, overwhelming experience and approaches the whole process with that understanding.

Because of her training and experience, Amanda was finally ready after 10 days of relationship building with John to approach him with the idea of a shower. First she prepared the bathroom by getting it warm, had all the showering supplies at hand and arranged such that she could reach them easily. She spoke gently and calmly to John and asked him to come with her and once in the bathroom, encouraged him to participate in his unclothing and his assistance with the showering experience.

She draped him with towels to preserve his dignity and modesty and to keep him as warm as possible. She first started by explaining to him that the water on his feet might feel a little bit cool and slowly started to bathe him. She excelled at being able to read John's non-verbal response and backed off when she recognized that he was uncomfortable with the process. She was able to successfully bathe John that day and each time thereafter without the use of a pre-shower-morphine dose. Amanda and everyone else was thrilled that she was able to provide that service for John in a manner that was respectful and accepting by him.

"Personal" care partner took on a whole new meaning with John. He came to see Amanda as HIS person and was most receptive to the care services she offered. Unfortunately for John, Amanda only worked 5 days per week so on her days off he was slightly unsettled. But when she came back to work on Tuesdays, his demeanor changed and he was thrilled to see her! Amanda had developed such a relationship with John that she was the only care partner he truly recognized. There were a couple of occasions when he even spoke her name!

What Amanda came to learn about John was that his "pushing" wasn't really a threatening action. It was John protecting Amanda. When John perceived that Amanda was being "threatened" by another, he would place his fingers on her shoulder and gently guide her to another area where she would be out of (what he perceived as) harm's way.

I believe that John would have referred to Amanda as his hero and I know that John's family thought of Amanda as a hero, but she would never use that word to describe herself. She is not "heroic" in what she does—she simply does what she does and is so incredibly genuine. She never thinks of a resident as "resisting" or "refusing" personal care—just because a resident doesn't want to do what someone else wants him/her to do does not mean that the resident is "resisting" or "refusing."

John has passed away. Amanda was so honored to have been part of his life and honored to have been able to provide care services to him. John's wife often said that Amanda changed and added to John's quality of life during the time that he lived at Aspen House. She WAS a hero to John and his family.