Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

3/10/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Tabitha Nursing Home
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

Lic # 504009

EXPIRES
03/31/2017

SEAL

[redacted]
Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Tabitha Nursing Home
ADDRESS: 4720 RANDOLPH STREET, LINCOLN, NE 68510

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

LICENSURE UNIT

DHHS NEBRASKA

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

MAR 02 2016

Make Payment to DHHS LU

Renewal Fees:
1 - 50 beds: $1550
51 - 100 beds: $1750
101 or more: $1950

Expiration Date 03/31/2016

Nursing Home Licensure Renewal Application

RECEIVED

Nursing Home Type: Please Check [X] Skilled Nursing Facility [ ] Nursing Facility [ ] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Tabitha Nursing Home
4720 RANDOLPH STREET
LINCOLN, NE 68510

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

2016 MAR -3 A 6:52
REC'D DHHS ACCOUNTING

LICENSE NO: 504009
TELEPHONE NUMBER: (402) 483-7671
FAX NUMBER: (402) 486-8518
ADMINISTRATOR: VIRGINIA LEACOCK, ADMIN
DIRECTOR OF NURSING: HEATHER JUREY, R.N.
E-Mail Address, If available: nhadmin@tabitha.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 215

5. ACCREDITATION/CERTIFICATION: [ ] JCAHO [✓] Medicare [✓] Medicaid [✓] Other Green Houses, Hospice House
Are you requesting deemed status? ___yes ___ no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

[X] Physical Therapy [X] Alzheimers/Special Care Unit [X] Speech Therapy
[ ] Pediatric [ ] Respiratory [X] Occupational Therapy
[ ] Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: TABITHA HEALTH CARE SERVICES
(Legal Name of individual or business organization)

MAILING ADDRESS: 4720 RANDOLPH
LINCOLN, NE 68510

8. BUSINESS ORGANIZATION: (Check one):
_____ Sole Proprietorship
_____ Partnership
_____ Limited Partnership
_____ Corporation
_____ Limited Liability Company
_____ Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
__X__ Other (Please Specify) NOT FOR PROFIT CORPORATION

(check one)
[ ] Profit [X] Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by
(1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Christie Hinrichs, President & CEO — 1/27/16
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT — DATE

[redacted]
SIGNATURE

Darcie Brink CFO — 1/27/16
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT — DATE

TABITHA INC. BOARD OF DIRECTORS
2016

Mark Hesser, Chair (ELCA)
President, Pinnacle Bank
1401 N Street
Lincoln, NE 68508
O: 402-697-5954; C: 402-430-5419
E: mhesser@pinnbank.com
Start date: 02/12

Dirk H. Brom, MD
4031 Thorn Court
Lincoln, NE 68520
C: 515-210-0031
E:dirkbrom@yahoo.com
Start date: 02/16

Lee Chapin
National Sales Manager
Sandhills Publishing
120 W. Harvest Dr.
Lincoln, NE 68521
O: 402-458-4674
E:LEE-CHAPIN@sandhills.com
Start date: 05/14

Carol A. Friesen (ELCA)
VP Health System Services
Bryan Health
Bryan East Campus
1600 S. 48th Street
Lincoln, NE 68506
O: 402-481-8030
E: Carol.Friesen@bryanhealth.org
Start date: 02/11

Christopher Kelly, PhD
University of Nebraska at Omaha
6001 Dodge Street, CPACS Bldg 210A
Omaha, NE 68182
O: 402-554-4124
E: cmkelly@unomaha.edu
Start date: 02/15

Sandra Latshaw (ELCA)
UNMC Clinical Laboratory Science Program
4720 Faulkner Ct.
Lincoln, NE 68516
H: 402-423-7717
W: 402-423-9193
C: 402-440-6169
E: slatshaw@windstream.net
Start date: 02/13

Bishop Brian Maas
Nebraska Synod ELCA
6757 Newport Ave. Ste 200
Omaha, NE 68152
O: 402-896-5311
C: 402-699-3861
E: brianmaas@nebraskasynod.org
Start date: 02/16

Boyd Ober (ELCA)
President Leadership Resources
8535 Executive Woods Drive, Ste. 300
Lincoln, NE 68512
O: 402-423-5152
C: 402-304-0334
E: Boyd.ober@LRsuccess.com
Start date: 02/11

Ron Plageman (ELCA)
9839 Hollowtree Drive
Lincoln, NE 68512
H: 402-423-5231
E: rplageman@gmail.com
Start date: 12/08

Kimberly Rath
Chairman & Co-Founder
Talent Plus
One Talent Plus Way
Lincoln, NE 68506
O: 402-489-2000
E:krath@talentplus
Start date: 05/13

Eric Schafer (ELCA) Vice Chair
President, Telesis Companies
6747 Ridge Rd.
Lincoln, NE 68512
O: 402-434-5959
C: 402-432-3902
E:ESCHAFER@telesis-inc.com
Start date: 01/13

William Strain
Strain Slattery Barkley Co PC
7130 So. 29th St., #F
Lincoln, NE 68516
O: 402-420-7300
C: 402-430-2525
E: wstrain@ssbcpas.com
Start date: 01/06

Christie Hinrichs, President/CEO
E: christieh@tabitha.org
PH: 402-486-8557

Darcie Brink, Senior VP & CFO
Secretary/Treasurer
E: darcie.b@tabitha.org
PH: 402-486-8538

TABITHA VILLAGE BOARD

President:	Christie Hinrichs
Vice President:	Mark Hesser
Sec./Treas.:	Darcie Brink

WALTER, INC. BOARD

President:	Christie Hinrichs
Vice President:	Mark Hesser
Sec./Treas.:	Darcie Brink

Rev. 12/10/15

BUREAU OF FIRE PREVENTION
CITY OF LINCOLN
OPERATIONAL PERMIT

Name of Facility: TABITHA NURSING HOME

Location: 4720 RANDOLPH ST **Health Type:** Nursing

Restrictions:

Permit Number: L1300203 **Date Issued:** 1/1/2016 **Date Expires:** 12/31/2016

Maximum Occupancy 158

[redacted] Fire Inspector

[redacted] Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

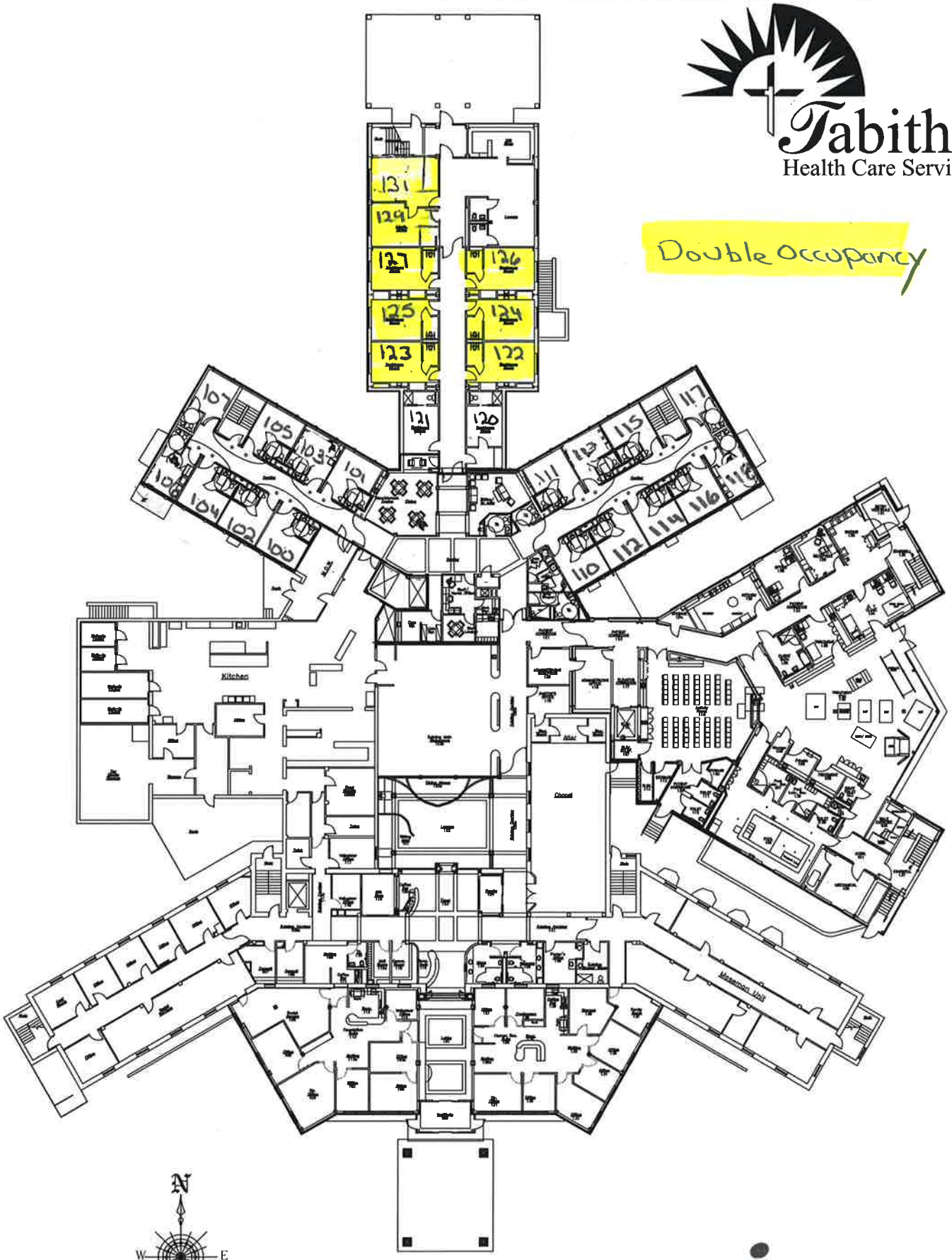
POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

BLD_FP_Health_Certificate_MO

Tabitha
Health Care Services

Double Occupancy



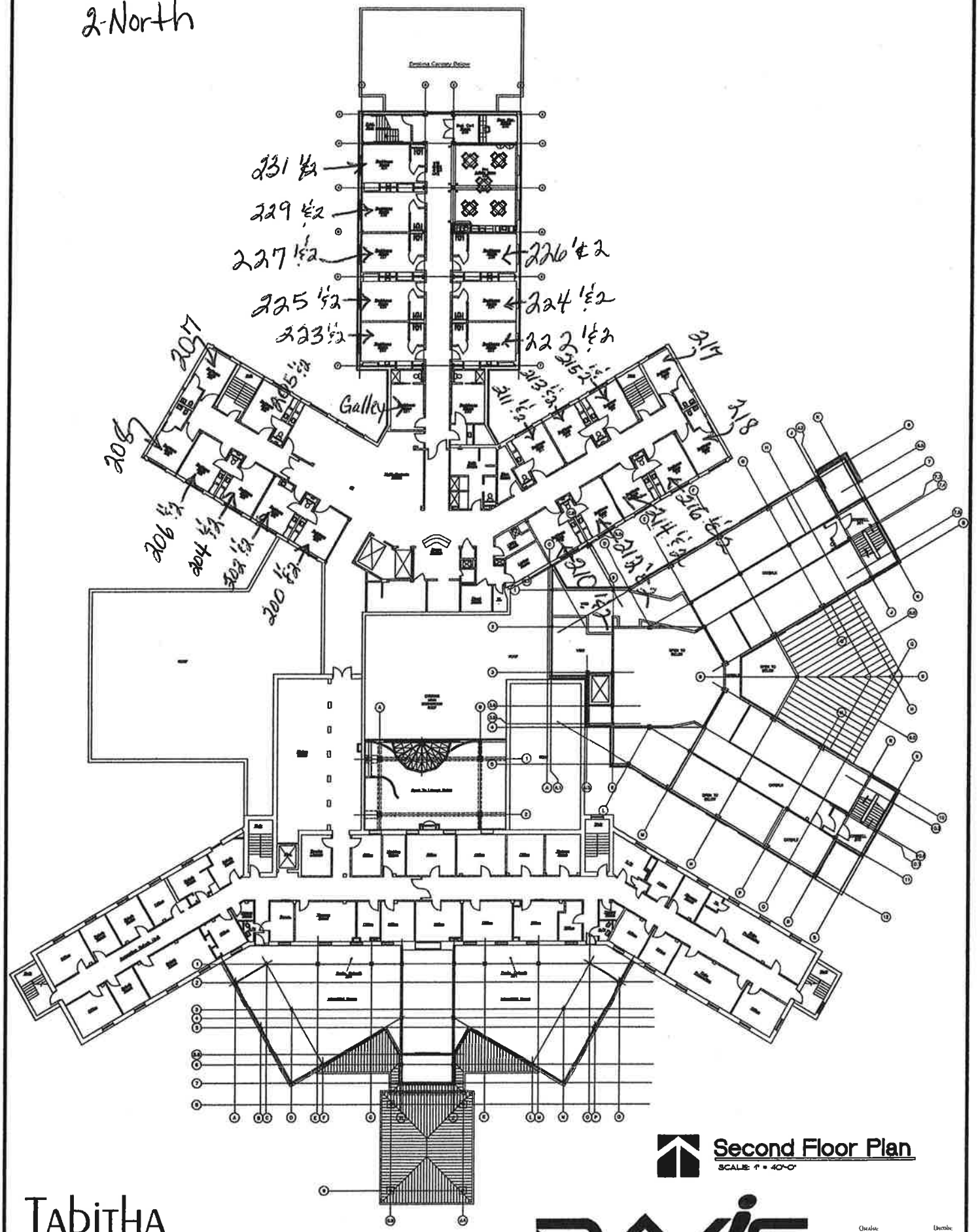
First Floor

DAVIS DESIGN
Architecture Engineering Interior Design

Omaha
4245 South 103rd Street
Omaha, Nebraska 68127
Phone: (402) 341-6000
FAX: (402) 341-6611

Lincoln
233 South 13th Street
Lincoln, Nebraska 68508
Phone: (402) 476-9700
FAX: (402) 476-9722

2-North



Second Floor Plan

SCALE: 1" = 40'-0"

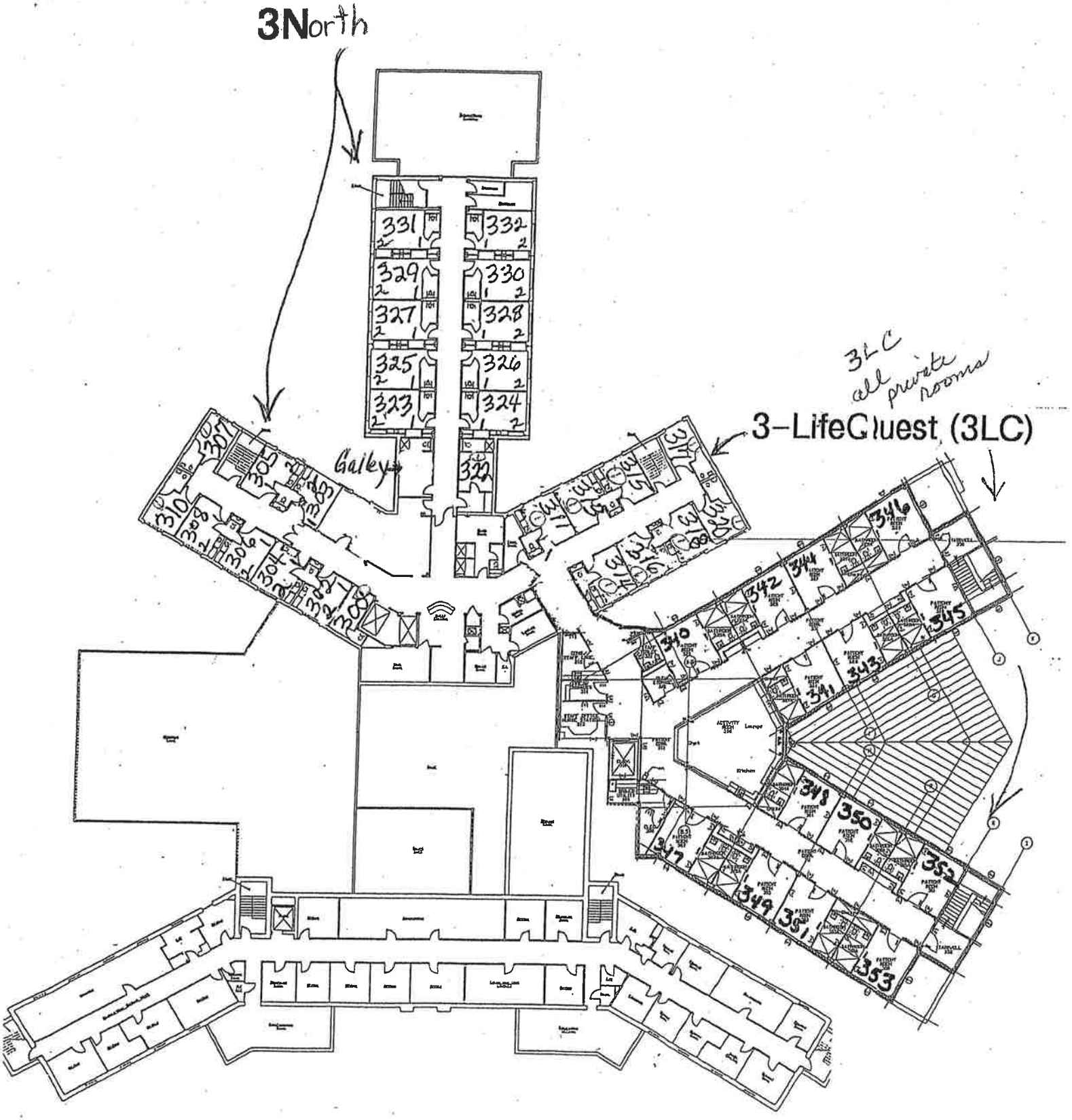
TABITHA

LINCOLN, NEBRASKA

DAVIS DESIGN
Architecture Engineering Interior Design

Omaha:
4245 South 103rd Street
Omaha, Nebraska 68127
Phone: (402) 341-6600
FAX: (402) 341-6611

Lincoln:
211 North 16th Street
Lincoln, Nebraska 68508
Phone: (402) 476-9700
FAX: (402) 476-9722


3North
3LC all private rooms
3-LifeGuest (3LC)
Galley
331
332
329
330
327
328
325
326
323
324
307
305
303
310
308
306
304
302
341
346
344
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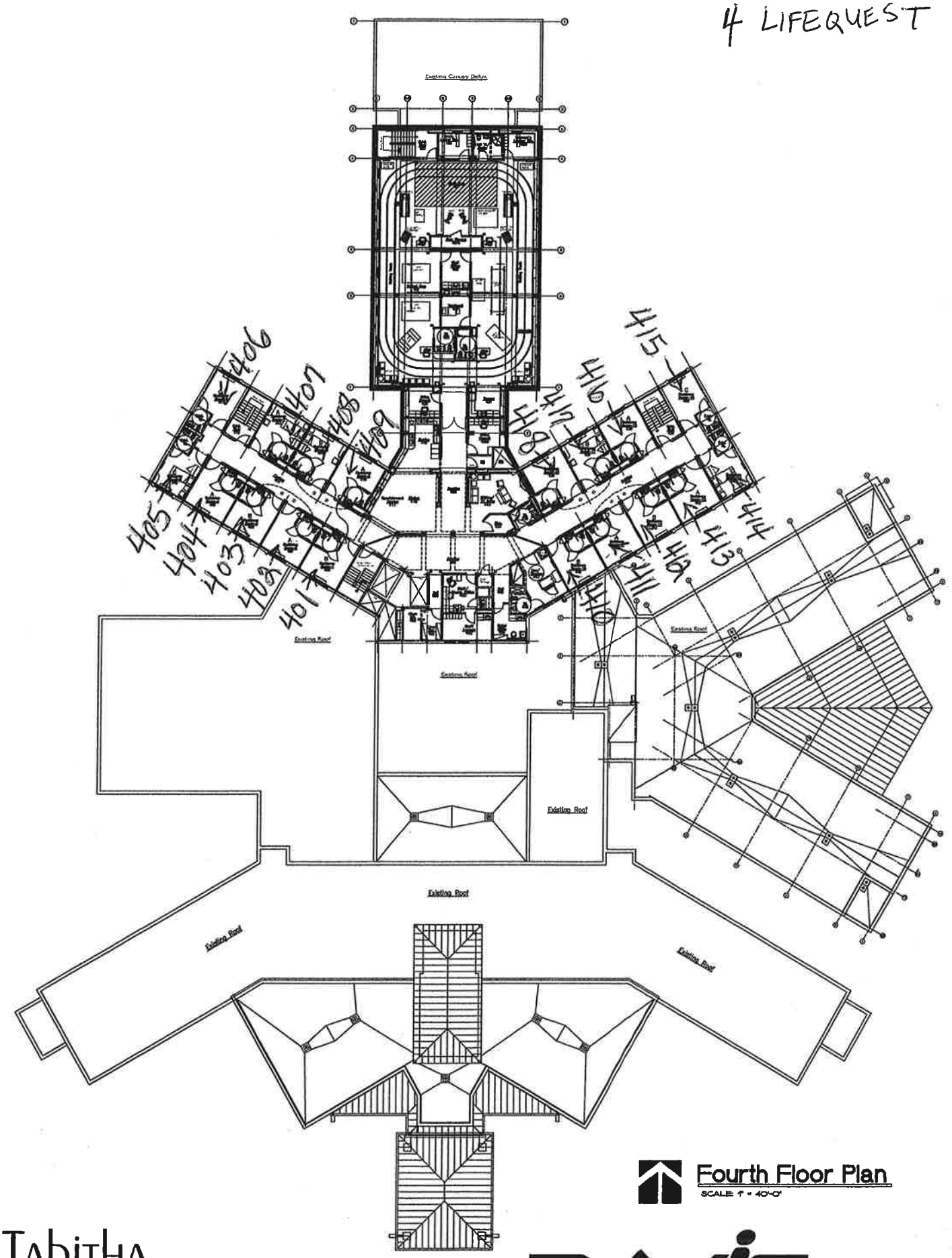
349
351
353

4 LIFEQUEST



Fourth Floor Plan

SCALE: 1" = 40'-0"

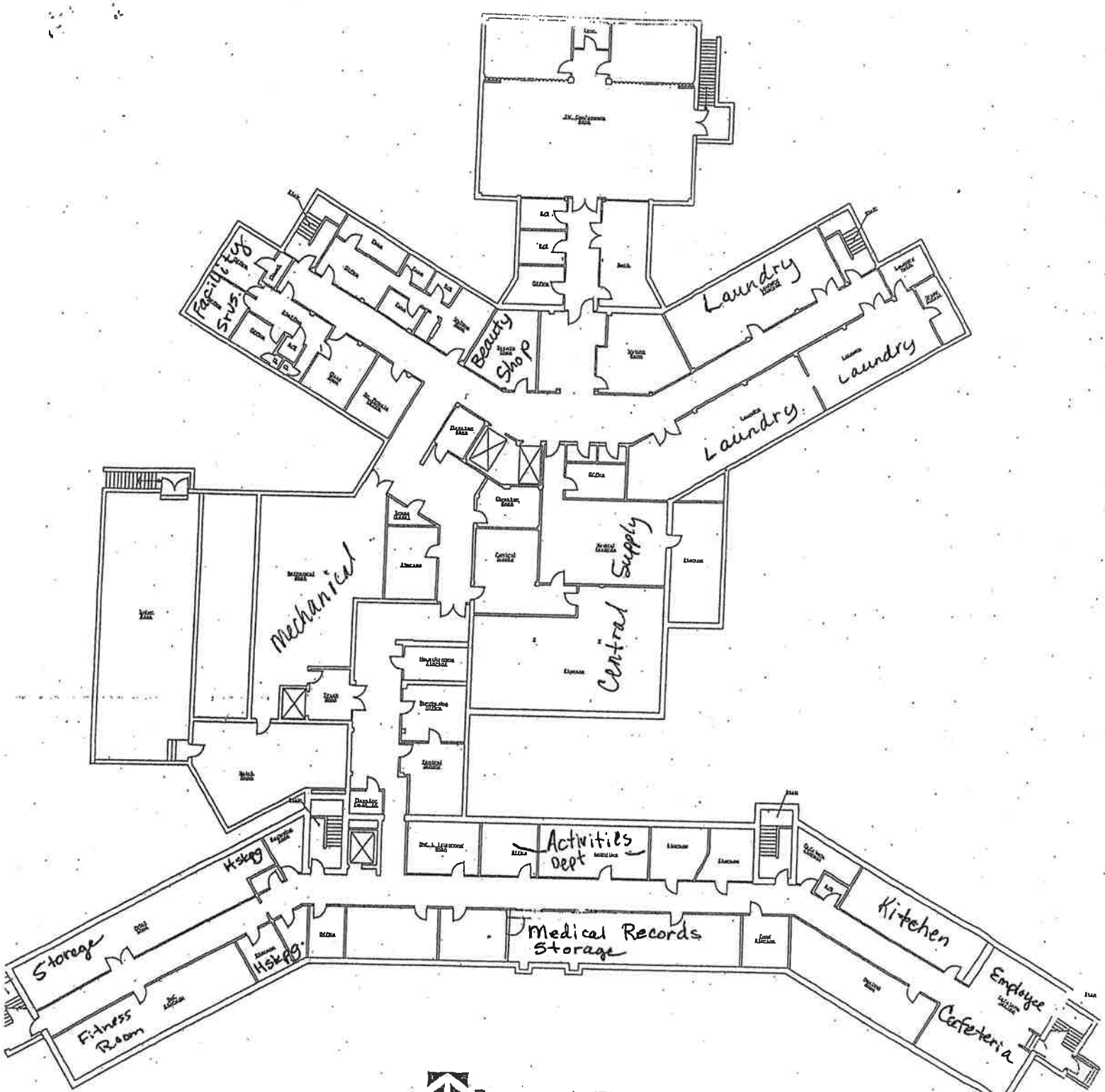
TABITHA

LINCOLN, NEBRASKA

DAVIS DESIGN
Architecture Engineering Interior Design

Omaha:
4245 South 143rd Street
Omaha Nebraska 68137
Phone (402) 341-6600
FAX: (402) 341-6611

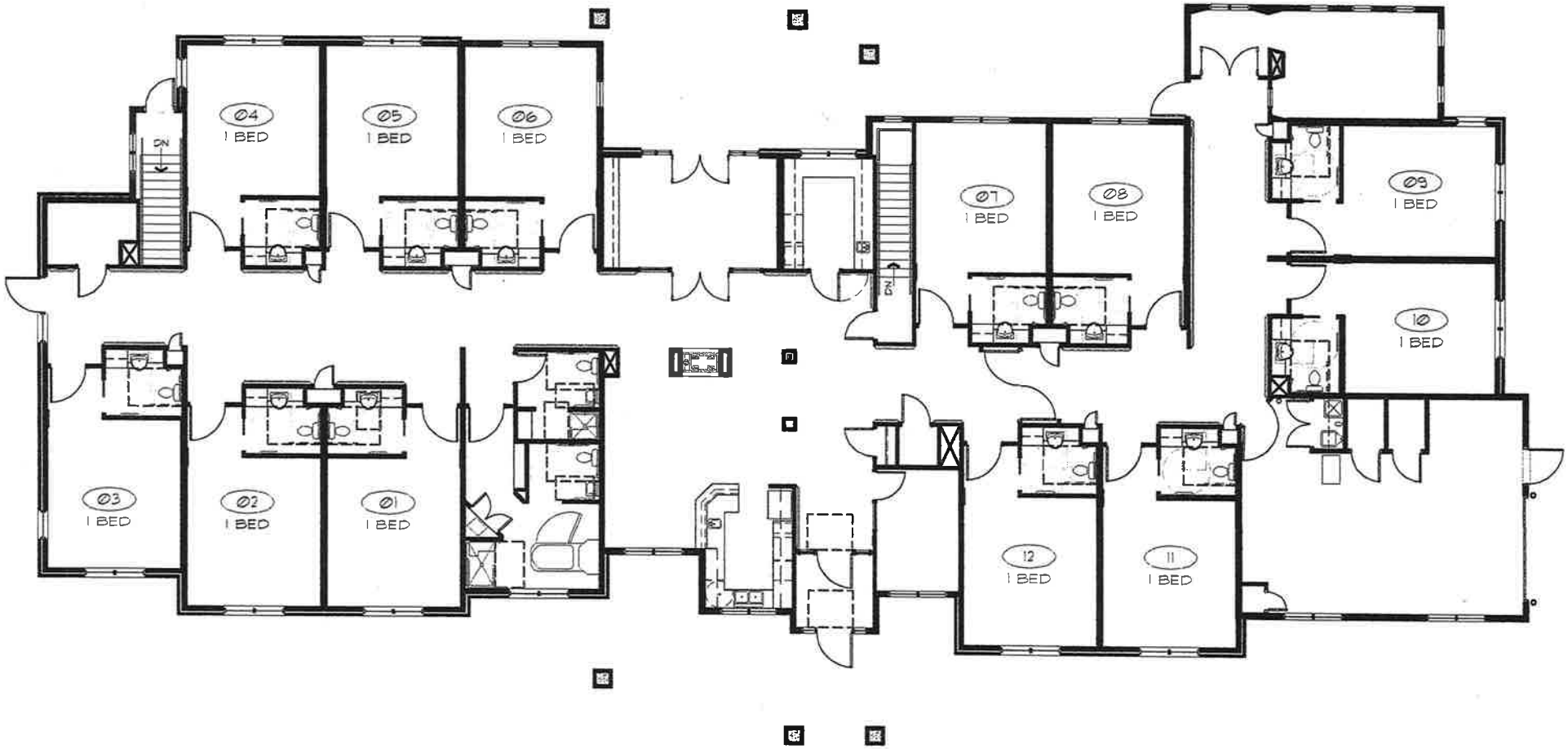
Lincoln:
211 North 14th Street
Lincoln, Nebraska 68508
Phone (402) 476-9700
FAX: (402) 476-9722



Basement Floor Plan

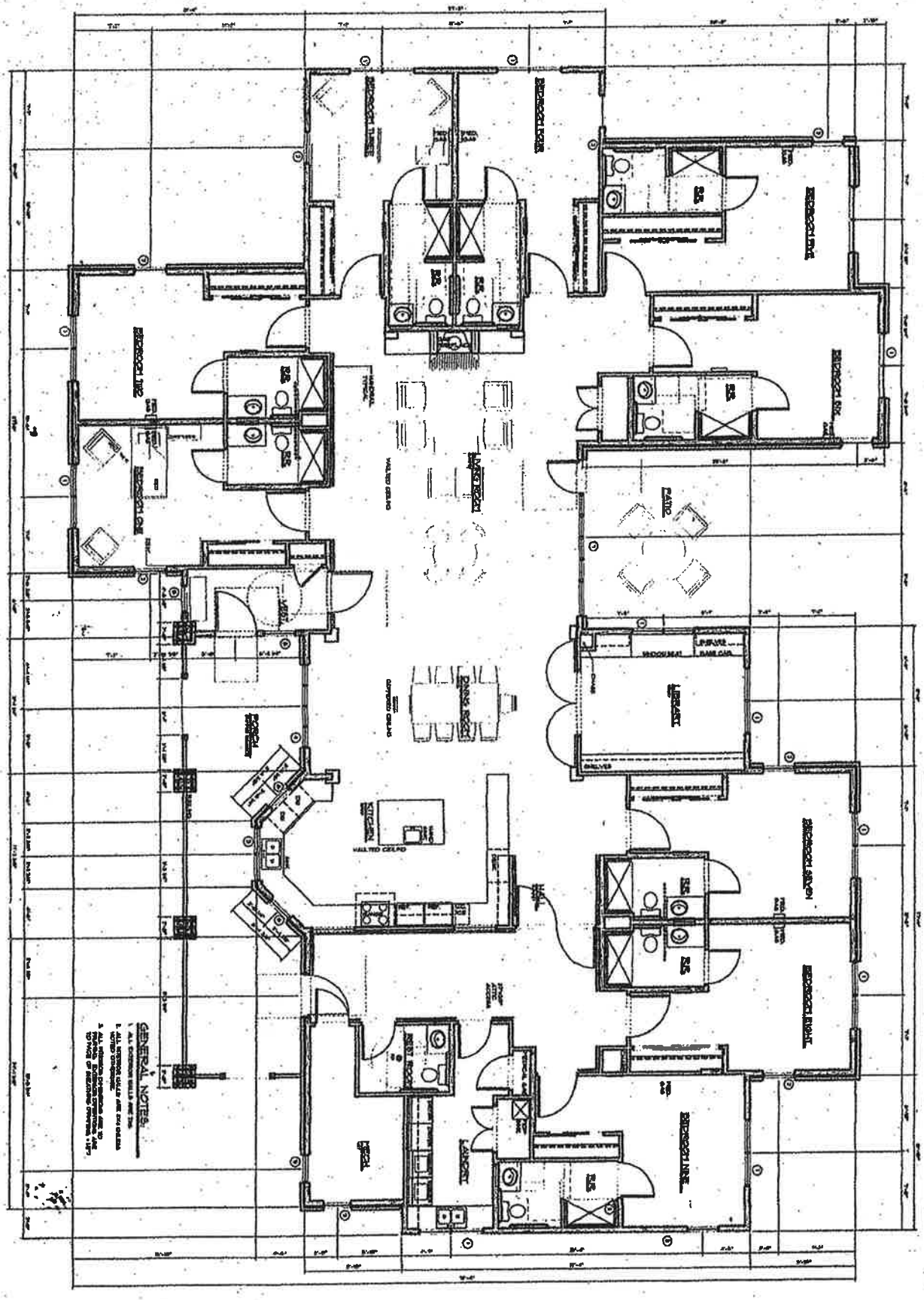
AbiTHA
HEALTH CARE SERVICES

DAVIS



Journey House

Martin House 508 S. 47th



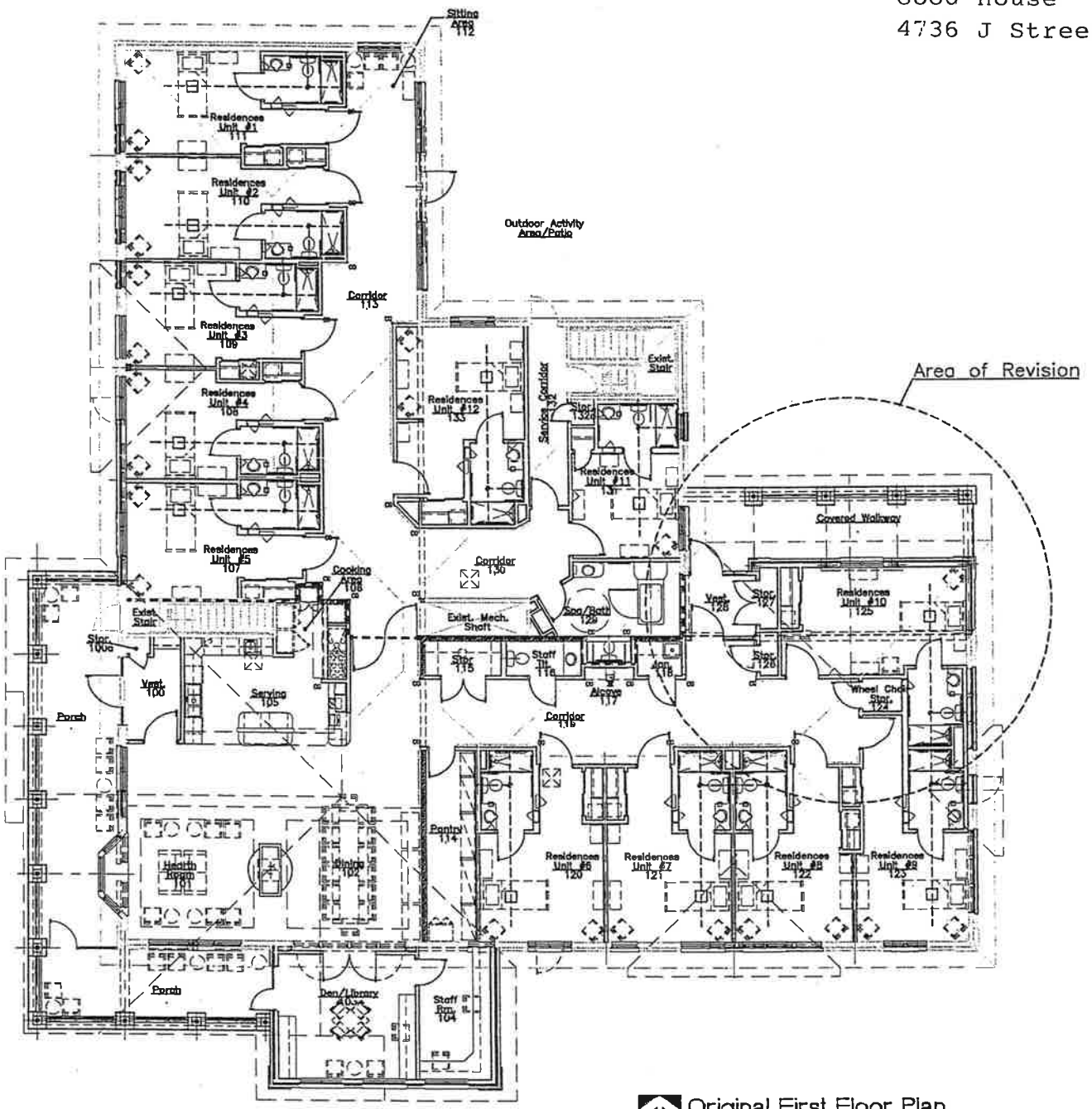
PRELIMINARY PROGRESS PRINT
NOT FOR CONSTRUCTION

AIA | CASE | CSI

ADA **Architectural Design Associates P.C.**
Suite 105 7501 'O' Street Lincoln, NE 68510 Phone (402) 466-3232

Tabitha Green House Project™ Nine Bedrooms
Lincoln, Nebraska

Good House
4736 J Street



Original First Floor Plan

DAVIS DESIGN

TITLE

Drawing
Subtitle 1
Subtitle 2

PROJECT

1
2
3

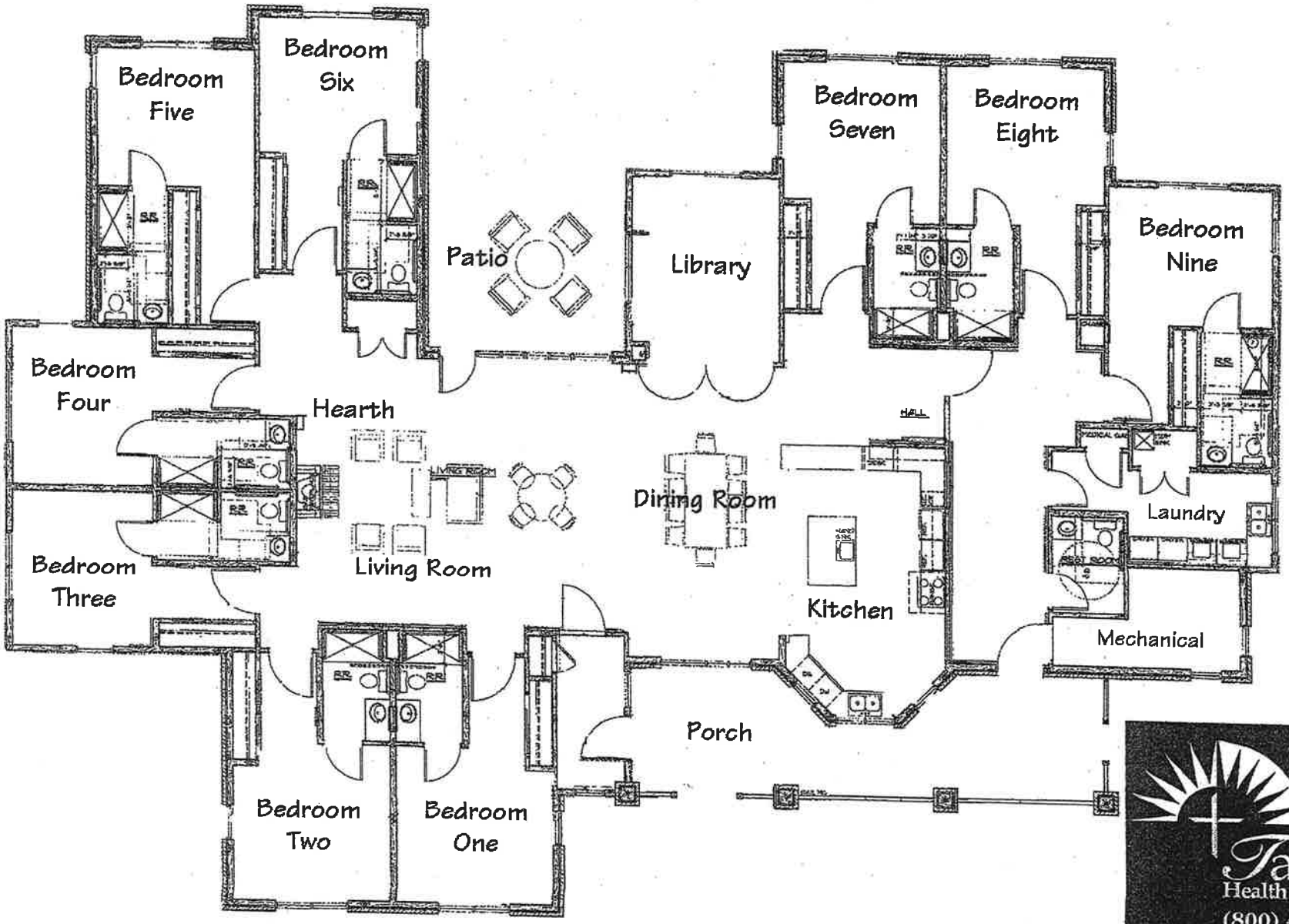
DATE: 1/1/95
DRAWING: SP-
FROM SHEET: A1-1

LINCOLN:
211 North 14th Street
Lincoln, NE 68508
Phone (402) 476-9700
FAX: (402) 476-9722

OMAHA:
4245 South 143rd Street
Omaha, NE 68137
Phone (402) 341-6600
FAX: (402) 341-6611

Tabitha Green House Floor Plan

Elizabeth + Martha



Tabitha
Health Care Services
(800) 418-9335
www.tabitha.org

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: 1 LifeQuest (1 North)		
Room-Bed Number	CURRENT	UPDATED
100-1	1	1
101-1	1	1
102-1	1	1
103-1	1	1
104-1	1	1
105-1	1	1
106-1	1	1
107-1	1	1
110-1	1	1
111-1	1	1
112-1	1	1
113-1	1	1
114-1	1	1
115-1	1	1
116-1	1	1
117-1	1	1
118-1	1	1
120-1	1	1
121-1	1	1
122-1	1	1
122-2	0	1
123-1	1	1
123-2	0	1
124-1	1	1
124-2	0	1
125-1	1	1
125-2	0	1
126-1	1	1
126-2	0	1
127-1	1	1
127-2	0	1
129-1	1	1
129-2	0	1
131-1	1	1
131-2	0	1
TOTAL	27	35

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Harmony House (2 North East & West Halls)		
Room-Bed Number	CURRENT	NO CHANGE
200-1	1	1
200-2	1	1
202-1	1	1
202-2	1	1
204-1	1	1
204-2	1	1
205-1	1	1
205-2	1	1
206-1	1	1
206-2	1	1
207-1	1	1
208-1	1	1
210-1	1	1
210-2	1	1
211-1	1	1
211-2	1	1
212-1	1	1
212-2	1	1
213-1	1	1
213-2	1	1
214-1	1	1
214-2	1	1
215-1	1	1
215-2	1	1
216-1	1	1
216-2	1	1
217-1	1	1
218-1	1	1
TOTAL	28	28

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: 2 North Johnsen Family Wing		
Room-Bed Number	CURRENT	NO CHANGE
220-1	1	1
221-1	1	1
222-1	1	1
222-2	1	1
223-1	1	1
223-2	1	1
224-1	1	1
224-2	1	1
225-1	1	1
225-2	1	1
226-1	1	1
226-2	1	1
227-1	1	1
227-2	1	1
229-1	1	1
229-2	1	1
231-1	1	1
231-2	1	1
TOTAL	18	18

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Eden's Garden (3 North)		
Room-Bed Number	CURRENT	NO CHANGE
300-1	1	1
302-1	1	1
302-2	1	1
303-1	1	1
303-2	1	1
304-1	1	1
304-2	1	1
305-1	1	1
305-2	1	1
306-1	1	1
306-2	1	1
307-1	1	1
308-1	1	1
308-2	1	1
310-1	1	1
321-1	1	1
322-1	1	1
323-1	1	1
323-2	1	1
324-1	1	1
324-2	1	1
325-1	1	1
325-2	1	1
326-1	1	1
326-2	1	1
327-1	1	1
327-2	1	1
328-1	1	1
328-2	1	1
329-1	1	1
329-2	1	1
330-1	1	1
330-2	1	1
331-1	1	1
331-2	1	1
332-1	1	1
332-2	1	1
TOTAL	37	37

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: 3 LifeQuest		
Room-Bed Number	CURRENT	NO CHANGE
311-1	1	1
311-2		
313-1	1	1
313-2		
314-1	1	1
315-1	1	1
315-2		
316-1	1	1
317-1	1	1
318-1	1	1
318-2		
320-1	1	1
340-1	1	1
341-1	1	1
342-1	1	1
343-1	1	1
344-1	1	1
345-1	1	1
346-1	1	1
347-1	1	1
348-1	1	1
349-1	1	1
350-1	1	1
351-1	1	1
352-1	1	1
353-1	1	1
TOTAL	22	22

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
4 LIFEQUEST		
Room-Bed Number	**CURRENT**	**NO CHANGE**
4LQ 401-1	1	1
4LQ 402-1	1	1
4LQ 403-1	1	1
4LQ 404-1	1	1
4LQ 405-1	1	1
4LQ 406-1	1	1
4LQ 407-1	1	1
4LQ 408-1	1	1
4LQ 409-1	1	1
4LQ 410-1	1	1
4LQ 411-1	1	1
4LQ 412-1	1	1
4LQ 413-1	1	1
4LQ 414-1	1	1
4LQ 415-1	1	1
4LQ 416-1	1	1
4LQ 417-1	1	1
4LQ 418-1	1	1
TOTAL	18	18

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Maseman - Hospice		
Room-Bed Number	**CURRENT**	**UPDATED**
M3	1	0
M4	1	0
M5	1	0
M6	1	0
M7	1	0
M8	1	0
M9	1	0
M10	1	0
TOTAL	8	0

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Green House #1 - Martin House		
Room-Bed Number	**CURRENT**	**NO CHANGE**
GH1-1	1	1
GH1-2	1	1
GH1-3	1	1
GH1-4	1	1
GH1-5	1	1
GH1-6	1	1
GH1-7	1	1
GH1-8	1	1
GH1-9	1	1
TOTAL	9	9

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Green House #2 - Good House		
Room-Bed Number	CURRENT	NO CHANGE
GH2-1	1	1
GH2-2	1	1
GH2-3	1	1
GH2-4	1	1
GH2-5	1	1
GH2-6	1	1
GH2-7	1	1
GH2-8	1	1
GH2-9	1	1
GH2-10	1	1
GH2-11	1	1
GH2-12	1	1
TOTAL	12	12

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Green House #3		
Room-Bed Number	**CURRENT**	**NO CHANGE**
GH3-1	1	1
GH3-2	1	1
GH3-3	1	1
GH3-4	1	1
GH3-5	1	1
GH3-6	1	1
GH3-7	1	1
GH3-8	1	1
GH3-9	1	1
GH3-10	1	1
GH3-11	1	1
GH3-12	1	1
TOTAL	12	12

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Green House #4		
Room-Bed Number	**CURRENT**	**NO CHANGE**
GH4-1	1	1
GH4-2	1	1
GH4-3	1	1
GH4-4	1	1
GH4-5	1	1
GH4-6	1	1
GH4-7	1	1
GH4-8	1	1
GH4-9	1	1
GH4-10	1	1
GH4-11	1	1
GH4-12	1	1
TOTAL	12	12

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011		
Wing/Floor: Journey House - Hospice		
Room-Bed Number	CURRENT	UPDATED
J-1	1	1
J-2	1	1
J-3	1	1
J-4	1	1
J-5	1	1
J-6	1	1
J-7	1	1
J-8	1	1
J-9	1	1
J-10	1	1
J-11	1	1
J-12	1	1
TOTAL	12	12

TABITHA NURSING & REHABILITATION CENTER: BED TABLES REVISED NOVEMBER 15, 2011

SUMMARY - OPERATING	CURRENT	UPDATED
1LQ	27	35
2N E-W	28	28
2N JFW	18	18
3N GS	37	37
3 LQ	22	22
4N SOL	18	18
MAS HOS	8	0
GH1	9	9
GH2	12	12
GH3	12	12
GH4	12	12
JRNY HSE	12	12
TOTAL	215	215

file

Tabitha
Solarium

Tabitha Solarium
Mission and Philosophy

- It is the mission of Tabitha, Inc. to provide a range of services that is dictated by the essential needs of the community.

- Tabitha's services flow from a mission which is population specific (the elderly) as opposed to service specific (health, social services, education, etc.).

- It is the mission of Tabitha Nursing and Rehabilitation Center to provide health care to patients in need of institutional geriatric medical practice. When delivery of this care is not practical or readily available in a home setting, the nursing home will provide an environment of shelter, safety, and trained staff to rehabilitate or maintain a resident's functioning at the highest practicable level.

- It is with this mission that Tabitha entered into the care of residents with Alzheimer's/Dementia.

C:/SOLARIUM.KK.WPD.REVISED 3/02, MJE

Tabitha Solarium Mission

- The goal of the Solarium is to provide a living environment that contributes to a positive self-image and preserves the dignity, safety, and freedom of adult residents who display behaviors which could benefit from environmental management.

- Management is accomplished through control of daily stimuli (noise, staff, activity), assessment, specialized care planning, staff and family support and involvement, continuing education, and physical environmental design.

THE MISSION OF THE SOLARIUM IS TO PROVIDE A SAFE AND THERAPEUTIC ENVIRONMENT FOR INDIVIDUALS SUFFERING WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA BY PROMOTING INDEPENDENCE, DIGNITY, AND LIFE LONG OPPORTUNITIES FOR DEVELOPING LIVING AND COPING SKILLS.

C:/SOLARIUM.KK.WPD.REVISED 3/02, MJE

Alzheimer's Disease Bill of Rights[1]

Every person diagnosed with Alzheimer's Disease or a related disorder deserves:

- To be informed of one's diagnosis.
- To have appropriate, ongoing medical care.
- To be productive in work and play as long as possible.
- To be treated like an adult, not like a child.
- To have expressed feelings taken seriously.
- To be free from psycho- tropic medication if at all possible.
- To live in a safe, structured, and predictable environment.
- To enjoy meaningful activities to fill each day.
- To be out-of-doors on a regular basis.
- To have physical contact including hugging, caressing, and hand-holding.
- To be with persons who know one's life story, including cultural and religious traditions.
- To be cared for by individuals well-trained in dementia care.

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[1]Taken from "The Alzheimer's CARE GIVER", December 1994, Living Centers of America for Families and Friends, Vol. 8, No. 1.

C:/SOLARIUM.KK.WPD.REVISED 3/02, MJE

Admission Criteria

Admission to the Solarium is directed by a set of criteria developed to determine appropriate placement.

Criteria:

- Candidate is in Stage II or Stage III of the disease process
- Medically stable
- Requires minimal assist with cares
- Requires assistance of one or independent with transfers
- Requires no more than set up and/or cuing with eating
- ADL index score of 12 or less on most recent assessment
- Absence of long term (5 days or more) need for services such as
  - NG Tube
  - Gastronomy Tube
  - Tracheotomy
  - IV
  - Etc.
- Documented behavior which could benefit from environmental management
  - Examples: wandering, physical/verbal abuse, agitation, confusion, invasion on the rights of other residents, progressively lowered stress threshold, planning losses, etc.
- Positive medical screen results (highly recommended)
  - MDS mini mental exam (score 15 or less)
  - BryanLGH West Memory Disorder Clinic screen

Care and Treatment Assessment

A documented comprehensive assessment of medical, social activity, physical and nutritional needs will be completed within 14 days of admission to the unit, at least every 90 days following the initial assessment and each time the resident experiences a significant change in condition. The assessment tool utilized with the assessment process will be the Minimal Data Set (MDS). Assessment will be made by an interdisciplinary care team comprised of Licensed Practical Nurse, Social Service Worker, Activity Aide, Dietitian and other disciplines deemed appropriate based on the resident's needs.

Residents of the Solarium will be assessed daily by professional nursing staff.

Resident Plan of Care - An interim care plan is developed upon admission based on the client's identified needs. A comprehensive plan of care will be completed utilizing the MDS with participation from the resident, his/her responsible party and the facility's interdisciplinary care team within the five days of admission. The care plans for Solarium residents will be reflective of the philosophy and mission of the unit while meeting the needs of the residents.

Care plans will be reviewed monthly for the first three months and quarterly thereafter. The Care Plans will address the following:

1. Maximizing functional independent mental status and level of consciousness.
2. Family involvement and support.
3. Drug use, especially psycho tropics.
4. Individualized use of physical and pharmacological restraints.
5. Daily schedule of cares and activities considering personal preferences.
6. Focus on personal, individual needs.

7. Nursing procedures specific to the care of Alzheimer's/Dementia residents to include activities of daily living (ADLs) such as:
    - Philosophy of care
    - Individualized care with attention to self-maintenance
    - Use of cuing
    - Toileting
    - Oral care
    - Integration of ADL into the resident's program
    - Grooming, dressing
    - Nutrition/hydration
8. Integrating new resident to the unit.
9. Identifying cause of and managing acute behavioral events.
10. Advance Directives for care.
11. Psycho social needs.

Care plans will be readily available for all staff who care for the Alzheimer's/Dementia residents.

The Care Plan cares serve as the foundation of the residents' care and must be updated on an ongoing basis. All staff are responsible for updating the ICP as needed.

The interdisciplinary team will follow Tabitha's Care Plan procedure including completing Resident Assessment Protocols. Specific goals will be established and progress notes towards the goals documented by the Interdisciplinary team demonstrating the resident's progress in meeting the goal.

The Care Plan, RAP, Goals, Progress notes, will be considered a permanent part of the medical record.

Daily Schedule

A routine daily schedule will be followed for the residents of the Solarium. The schedule was developed by the Activities Department and incorporates residents' activities for daily living with Functional Maintenance Program and activities.

Activities

The Solarium's's formal activity program is directed by the facility's Activity Director and developed in coordination with the Solarium Elders and Staff. The activity program includes exercises, recreational and social activities, literary and educational activities, community activities, creative activities, intellectually stimulating activities and other activities to assist residents in maintaining their life styles. A schedule of activities is posted weekly. A variety of activity supplies and equipment is available in the unit.

Each resident's plan of care serves as a guide to his/her daily activities schedule. Nursing staff are responsible for the design, coordination, and implementation of individual resident activity necessary to keep the resident functioning at the highest practicable level.

Family Involvement & Support

Clinical and other individual, family and group services are available to improve social functioning and reduce the psycho-social problems of THE SOLARIUM'S residents. These services are provided individually through the facility's social service, pastoral, and nursing staff.

A "Family Forum" group is held quarterly for all family care givers, under the direction of the Nursing and Rehabilitation Center administrator and Nursing Center's management team.

The Solarium provides a "trained human environment" for the purpose of providing positive interactions to support the resident with dementia, to compensate for losses and to enhance living at the highest level of residents' abilities. Social Service, Activity, Nursing, and Medical staff are responsible for maintaining an environment which contributes to the residents' positive self-image and preserves their dignity.

Costs/Fees:

Cost components of the Solarium include a daily room charge which includes nursing care, nutrition, housekeeping and maintenance, activities, and social services. Statements which outline all charges are mailed monthly. Fees for miscellaneous charges such as supplies, equipment, transportation, long distance call, etc. are published annually and distributed to those responsible for payment. When changes in cost occur, 30 days prior notification of such change is provided.

Physical Environment

The Solarium is a 5,100 square foot all-weather activity center located of the 4th floor of the Johnsen Family Wing at 4720 Randolph Street in Lincoln. This space houses the solarium and connecting resident rooms. The entire fourth floor is a dedicated unit designed to meet the special needs of persons with dementia.

The location allows us to serve 32 residents. The layout of the area is such there are no more than 15 residents in each wing. Individuals with dementia are usually more relaxed in smaller settings and familiar furnishings.

Each resident room has a memory box located outside of the door. An admission activity aide works with each resident and his/her family to make the memory box meaningful.

The Solarium is an open area with many windows for maximum sunlight, ample open areas and wandering paths beneficial for individuals with dementia.

Numerous non-toxic plants and trees are placed throughout the solarium to portray outdoor areas. There is a variety of activity areas to stimulate activities of daily living - a kitchen, office, post office, picnic area, chapel and theater. Each activity area is designed for multiple functions to meet the changing needs of residents in various stages of the disease.

Tabitha is committed to creating a lively and engaging environment. Tabitha's music therapy program helps involve people's minds and bodies with familiar melodies and musical activities. With the bird aviary, aquarium and many visiting pets, we provide very effective pet therapy in this unit.

Staff - Make-up

The Solarium is managed by a Licensed Practical Nurse who reports to the Director of Nursing.

LPNs or Medication Assistants will be in charge during the evening and night shifts. Each shift will also be staffed by Resident Assistants who will provide the residents' personal cares under the direction of the LPN and/or Medication Assistant.

A Registered Nurse is on duty each shift as the House Supervisor and is available to assist in the event of an emergency or resident is in need of an assessment.

Training/Education

All staff will complete a comprehensive training course about Alzheimer's/Dementia and the care of these special residents prior to or soon after beginning to work in the unit. The training course orients the staff to the mission and philosophy of care provided on the Solarium, safety procedures, and therapeutic recreation.

Annually, everyone caring for the Solarium residents are required to successfully validate their competency with a specific skill(s) demonstration identified by the Administrator and/or Director of Nursing.

Solarium resident assistants will complete a minimum of eight hours of continuing education annually.

Tabitha Inc

Tabitha Nursing & Rehabilitation Center

Lincoln, NE

Effective 02/01/2016

Location	Private	Semi - Private
LifeQuest (1LQ, 3LQ, 4LQ)	***$ 425***	*N/A*
Long Term Care (2N, 3N)	***$ 265***	***$ 250***
LTC Suite (Johnsen Wing)	***$ 355***	*N/A*
LTC Suite (East / West Wings)	***$ 315***	*N/A*

Location	Private	Semi - Private
Journey House	***$ 410***	*N/A*

Tabitha Inc

Tabitha Nursing & Rehabilitation Center

Lincoln, NE

Effective 02/01/2016

Greenhouse Care Levels	Daily Rate
Level 1	***$ 305***
Level 2	***$ 320***
Level 3	***$ 335***
Level 4	***$ 350***
Level 5	***$ 365***
Level 6	***$ 380***

SUPPLY CHARGE LIST

TABITHA NURSING & REHABILITATION CENTER
LINCOLN, NE

SUPPLIES & RENTALS

Item #	Description	Price	UNIT
27010221	COMPRESSION BOOT	$ 482.00	EA
27010292	WOUND VAC CANISTER	$ 106.26	EA
27010402	WOUND VAC FOAM	$ 138.03	EA
27010419	DENVER PLEURX DRAINAGE KIT	$ 186.00	EA
27010432	COMPRESSION STOCKINGS	$ 153.00	EA
27010454	SWEAT PANTS	$ 25.00	EA
27010462	T-SHIRT	$ 13.00	EA
27010473	SWEAT SHORTS W LOGO	$ 21.00	EA
27010479	SWEAT SHIRTS WLOGO	$ 25.00	EA
27010913	PREVALON BOOT	$ 222.45	EA
27010999	MISCELLANEOUS SUPPLY CHARGE	Based on Item	
29020104	RENTAL: SEQUENTIAL PUMP	$ 46.46	MONTHLY
29020135	RENTAL: BARI BED	$ 52.00	MONTHLY
29020202	RENTAL: IV PUMP	$ 113.64	MONTHLY
29020207	RENTAL: BREATHCALL KIT	$ 145.40	MONTHLY
29020224	RENTAL: MATRIX AIR MATTRESS	$ 104.00	MONTHLY
29020401	RENTAL: CPM MACHINE	$ 54.00	MONTHLY
29020506	RENTAL: BIOCOMPRESSION MACHINE	$ 75.00	MONTHLY
29020507	RENTAL: TENS UNIT	$ 17.00	MONTHLY

TRANSPORTATION/VAN FEES

Item #	Description	Price
9996	OMAHA TRIP	$ 80.00
9990	TRANSPORTATION TRIP FEE	$ 25.00
9991	TRIP ESCORT FEE 0-2 HOURS	$ 31.00
9992	TRIP ESCORT FEE 2-4 HOURS	$ 62.00
9993	TRIP ESCORT FEE 4 HOURS OR MORE	$ 125.00

****Van charges to facility are different for outpatient therapy. See therapy section*

REHABILITATION SERVICES/THERAPY

Item #	Description	Price	
42096116	P.T. NEUROBEHAVIORAL EXAM	$ 125.00	EA
42097010	P.T. HOT / COLD PACKS	$ -	
42097012	P.T. TRACTION	$ 44.00	per 15 min
42097016	P.T. VASOPNEUMATIC DEVICES	$ 44.00	per 15 min
42097018	P.T. PARAFFIN BATH	$ 40.00	per 15 min
42097022	P.T. WHIRLPOOL	$ 40.00	per 15 min
42097024	P.T. DIATHERMY	$ 44.00	per 15 min
42097026	P.T. INFRARED	$ 32.00	per 15 min
42097028	P.T. ULTRAVIOLET	$ 31.00	per 15 min
42097032	P.T. ELECTICAL STIMULATION	$ 40.00	per 15 min
42097033	P.T. IONTOPHORESIS	$ 44.00	per 15 min
42097034	P.T. CONTRAST BATH	$ 44.00	per 15 min
42097035	P.T. ULTRASOUND	$ 31.00	per 15 min
42097039	P.T. UNLISTED (MISC) MODALITY	$ 46.00	per 15 min
42097110	P.T. THERAPEUTIC EXERCISE	$ 46.00	per 15 min
42097112	P.T. NEUROMUSCULAT RE-ED	$ 46.00	per 15 min
42097113	P.T. AQUATIC THERAPY	$ 46.00	per 15 min
42097116	P.T. GAIT TRAINING	$ 44.00	per 15 min
42097124	P.T. MASSAGE	$ 31.00	per 15 min
42097139	P.T. UNLISTED (MISC) THERAPY PROCEDURE	$ 46.00	per 15 min
42097140	P.T. MANUAL THERAPY	$ 46.00	per 15 min
42097150	P.T. GROUP THERAPY	$ 44.00	per 15 min
42097530	P.T. THERAPEUTIC ACTIVITIES	$ 46.00	per 15 min
42097532	P.T. COGNITIVE SKILLS DEVELOPMENT	$ 44.00	per 15 min
42097533	P.T. SENSORY INTEGRATION	$ 46.00	per 15 min
42097535	P.T. SELF CARE TRAINING	$ 46.00	per 15 min
42097537	P.T. COMMUNITY / WORK REINTEGRATION	$ 46.00	per 15 min
42097542	P.T. WHEELCHAIR MANAGEMENT	$ 44.00	per 15 min
42097597	P.T. REMOVE DEVITAL TISSUE <20 CM	$ 23.00	per 15 min
42097598	P.T. REMOVE DEVITAL TISSUE >20 CM	$ 28.00	per 15 min
42097750	P.T. PHYSICAL PERFORMANCE TEST	$ 54.00	per 15 min
42097755	P.T. ASSIST TECH ASSESSMENT	$ 46.00	per 15 min
42097760	P.T. ORTHOTIC MANAGEMENT AND TRAINING	$ 39.00	per 15 min
42097761	P.T. PROSTHETIC TRAINING	$ 46.00	per 15 min
42097762	P.T. C/O FOR ORTHOTIC/PROSTETIC	$ 40.00	per 15 min
42497001	P.T. EVALUATION	$ 85.00	EA
42497002	P.T. RE-EVALUATION	$ 70.00	EA
43096116	O.T. NEUROBEHAVIORAL EXAM	$ 125.00	EA
43097010	O.T. HOT / COLD PACKS	$ -	
43097012	O.T. TRACTION	$ 44.00	per 15 min
43097016	O.T. VASOPNEUMATIC DEVICES	$ 44.00	per 15 min
43097018	O.T. PARAFFIN BATH	$ 40.00	per 15 min
43097022	O.T. WHIRLPOOL	$ 40.00	per 15 min
43097024	O.T. DIATHERMY	$ 44.00	per 15 min
43097026	O.T. INFRARED	$ 32.00	per 15 min
43097028	O.T. ULTRAVIOLET	$ 31.00	per 15 min

43097032	O.T. ELECTRICAL STIMULATION	$	40.00	per 15 min
43097033	O.T. IONTOPHORESIS	$	44.00	per 15 min
43097034	O.T. CONTRAST BATH	$	44.00	per 15 min
43097035	O.T. ULTRASOUND	$	31.00	per 15 min
43097039	O.T. UNLISTED (MISC) MODALITY	$	46.00	per 15 min
43097110	O.T. THERAPEUTIC EXERCISE	$	46.00	per 15 min
43097112	O.T. NEUROMUSCULAT RE-ED	$	46.00	per 15 min
43097113	O.T. AQUATIC THERAPY	$	46.00	per 15 min
43097124	O.T. MASSAGE	$	31.00	per 15 min
43097139	O.T. UNLISTED (MISC) THERAPY PROCEDURE	$	46.00	per 15 min
43097140	O.T. MANUAL THERAPY	$	46.00	per 15 min
43097150	O.T. GROUP THERAPY	$	44.00	per 15 min
43097530	O.T. THERAPEUTIC ACTIVITIES	$	46.00	per 15 min
43097532	O.T. COGNITIVE SKILLS DEVELOPMENT	$	44.00	per 15 min
43097533	O.T. SENSORY INTEGRATION	$	46.00	per 15 min
43097535	O.T. SELF CARE TRAINING	$	46.00	per 15 min
43097537	O.T. COMMUNITY / WORK REINTEGRATION	$	46.00	per 15 min
43097542	O.T. WHEELCHAIR MANAGEMENT	$	44.00	per 15 min
43097750	O.T. PHYSICAL PERFORMANCE TEST	$	54.00	per 15 min
43097755	O.T. ASSIST TECH ASSESSMENT	$	46.00	per 15 min
43097760	O.T. ORTHOTIC MANAGEMENT AND TRAINING	$	39.00	per 15 min
43097761	O.T. PROSTHETIC TRAINING	$	46.00	per 15 min
43097762	O.T. C/O FOR ORTHOTIC/PROSTETIC	$	40.00	per 15 min
43497003	O.T. EVALUATION	$	85.00	EA
43497004	O.T. RE-EVALUATION	$	70.00	EA
44092507	S.T. TREATMENT	$	125.00	EA
44092508	S.T. GROUP THERAPY	$	125.00	EA
44092511	S.T. NASOPHARYNGOSCOPY WITH ENDOSCOPE	$	125.00	EA
44092526	S.T. SWALLOWING DYSFUNCTION TREATMENT	$	125.00	EA
44096115	S.T. COGNITIVE TESTING	$	125.00	EA
44097532	S.T. COGNITIVE SKILLS DEVELOPMENT	$	125.00	EA
44492506	S.T. EVALUATION	$	175.00	EA
44492610	S.T. SWALLOWING FUNCTION EVALUATION	$	175.00	EA
44496105	S.T. ASSESSMENT OF APHASIA	$	125.00	EA

******TRANSPORTATION FOR OUTPATIENT THERAPY* All disciplines***

9995	TRANSPORTATION TO THERAPY-LONG ROUNDTRIP	$	28.00
9994	TRANSPORTATION TO THERAPY-SHORT RNDTRIP	$	17.00

X-RAY SERVICES

Item #	Description	Price
32016067	BLADDER SCAN	$ 25.00

BARBER/BEAUTY SHOP SERVICES

Item #	Description	Price
9915	BEAUTY SHOP MISCELLANEOUS	Based on Service
9900	BEARD TRIM	$ 5.00
9901	COMB OUT/CURLING IRON	$ 9.50
9902	CONDITIONER	$ 6.00
9903	HAIR COLOR	$ 45.00
9904	HAIRCUT	$ 17.00
9905	IN ROOM HAIRCUT	$ 22.00
9906	IN ROOM SHAMPOO/SET	$ 27.00
9907	PERMANENT	$ 60.00
9908	MANICURE	$ 18.00
9909	SHAMPOO ONLY	$ 6.00
9910	SHAMPOO AND HAIRCUT	$ 19.00
9911	SHAMPOO AND PICK	$ 10.00
9912	SHAMPOO AND SET/OR BLOW-DRY	$ 19.00
9913	WEEKLY RINSE	$ 3.00
9914	WIG CLEAN & COMP	$ 15.00

ADULT DAY SERVICES

Item #	Description	Price
	ADULT DAY MINIMUM	$ 42.50
	ADULT DAY MODERATE	$ 47.50
	ADULT DAY MAXIMUM	$ 52.50
	TRANSPORTATION - ZONE 1	$ 10.00
	TRANSPORTATION - ZONE 2	$ 15.00

file

Alzheimer's/Dementia Disease Bill of Rights

Every person diagnosed with Alzheimer's Disease or a related disorder deserves :

To be informed of one's diagnosis.

To have appropriate ongoing medical care.

To be productive in work and play as long as possible.

To be treated as an adult, not as a child.

To have expressed feelings taken seriously.

To be free from psychotropic medication if at all possible.

To live in a safe, structured, and predictable environment.

To enjoy meaningful activities to fill each day.

To be out-of-doors on a regular basis.

To have physical contact including hugging, caressing, and handholding.

To be with persons who know one's life story, including cultural and religious traditions.

To be cared for by individuals well-trained in dementia care.

Alzheimer's/Dementia Training

Marsha Petersen RN,C DON and Yolanda Sanchez RN

Part I. What is Alzheimer's/Dementia?

A. Definitions:

1. **Dementia** is a chronic, progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of the control of memory, judgment and impulses. Dementia's caused by drug intoxication, hyperthyroidism, pernicious anemia, paresis, subdural hematoma, benign brain tumor, hydrocephalus, insulin shock, and tumors of the islets of pancreas can be reversed by treating the condition. Dementia such as Alzheimer's disease, Pick's disease, Huntington's disease and traumatic injuries to the brain are not reversible by treatment.
2. **Delirium** is an acute organic mental disorder characterized by confusion, disorientation, restlessness, clouding of the consciousness, incoherence, fear, anxiety, excitement, and often illusions, hallucinations (usually of visual origin) and delusions.The condition can be a result from a wide range of disorders including nutritional deficiencies, endocrine (hormone) imbalances, the ingestion of toxic substances, of various gases, metals and drugs,.and other causes of physical and mental shock or exhaustion (such as heat exhaustion).. The symptoms are usually of short duration, and reversible with treatment of the underlying cause. **DELIRIUM IS A MEDICAL EMERGENCY** because if prolonged can result in permanent brain damage or other emergency conditions such as dehydration and vitamin deficiency.
3. **Sundowning** is a syndrome that sometimes occurs with dementia patients when at sundown,as things darken, the resident will become restless and symptoms worsen.

What are the differences?

Dementia	**Delirium**
Chronic, slow progression	Acute or quick onset
Not usually reversible	Reversible
Not a medical emergency	Medical emergency

Why is it important to understand the difference between Delirium and Dementia?

So you know when to report information to your charge nurse or supervisor.

Why is it important to understand how large this problem is?

There are more than 60 medical, psychiatric and neurological conditions associated with dementia. Research suggests that only 5% of dementia is reversible. Alzheimer's disease is called by the epidemiologists as the disease of the century with presently some 4 million people in the US diagnosed with dementia and the number increasing. It is estimated that 10% of people over 65 years of age have the disease and nearly 50% of the people over the age of 85 years will develop it in their lifetime. This has huge implications for caregivers in long term care facilities as we work with more and more of our residents with dementia. Working with people with Alzheimer's/Dementia (AD from this point on) can be extremely challenging and yet rewarding. The key is to understand the disease process and how to deal effectively with the resident's behavior and your own (and coworker's) feelings and responses to the situations that will occur.

What are the stages of Alzheimer's?

There are three stages of Alzheimer's. The following pages review the stages. In summary of the stages:
During the progression of the disease brain function is gradually lost. The resident is no longer able to create new memory and stored memory will be consumed in reverse to its being created. (This is the reason why the AD resident may seem to be "stuck in the past.") With a simple memory problem, so common with getting older, one is still able to create new memory and with a little time for contemplation one can usually recall the past memory. Not so with Alzheimer's. Memory lost is lost forever and cannot be relearned. That means it is difficult if not impossible to retain any new information. The person gradually loses the ability to do simple and familiar tasks. They lose the ability to reason, learn, and make judgments. They cannot perceive what is happening and begin to lose control over bodily functions. The resident becomes increasingly dependent on others. The resident with Alzheimer's will lose the language ability and may have personality changes. They may demonstrate emotional outbursts and disturbing behaviors, such as wandering and agitation. Finally, the resident becomes bedfast, has increasing trouble swallowing, while remaining conscious, is unable to respond and eventually the brain shuts down completely and the resident dies as the heart and lungs stop functioning.

Stages of Alzheimer's

There are approximately three stages

Stage One (early stage) 2-4 years

Cognitive Changes

1) Memory loss- especially of recent events
2) Uncertainty in intiating behaviors
3) Unable to perform simple task
4) Difficulty focusing attention
5) Aphasia (loss of words)

Affective Changes

1) Social withdrawl
2) Indifferent to normal courtesies of social life
3) Personality change
4) Absent minded/Dull affect
5) Carlessness in appearance and actions
6) Emotional instability (depression/anger/frustration)

Stage Two (longest of all) 2-12 years

Cognitive Changes

1) Obvious defects in memory, retention, and recall. Short term memory is lost first
2) Unable to concentrate
3) Forget appointments/social events
4) Forgets to initiate/complete normal routines ie: bathing, oral care, eating
5) Aimless wandering
6) Disorientation to time
7) Misplaces items then claims they were stolen
8) Hallucinations
9) Inappropriate social behavior
10) Increased dependence on others
11) Mirror sign- unable to recognize themself in the mirror (will carry on a conversation , not realizing it is themself they see)
12) Unable to understand or express language
13) Unable to attatch meaning to sensory perceptions
14) Unable to compute math problems
15) Unable to carry out purposeful movement (ie: tieing shoes, button shirt)
16) Unable to read or write

Communicating with Residents

You set the tone- Never argue with an AD/Dementia Patient

Remember to:

Approach with a calm, gentle, assured attitude
Use non-demanding, short, simple instructions
Use touch to help reassure and convey message
Look directly at the resident and be sure they are looking at you
Speak slowly and repeat when necessary
Use a warm easy going tone
Give choices when available
Allow time for the resident to absorb the information
Modify steps of task to reflect impairment of resident

Remember NOT to :

Do not argue with the resident, this increases agitation and may worsen the situation. They no longer have the ability to be rational
Do not order the resident around- they will pick up on your tone of voice
Do not tell them what they can or can't do
Do not be condescending. A condescending tone can provoke anger
Do not ask questions that rely on good memory
Do not discuss residents in front of them. Their understanding may vary from moment to moment, they may understand

When VERBAL communication is unsuccessful remember to:

Try distracting the resident to another area/activity, i.e.: take them by the hand and go for a walk, get a snack, engage conversation, etc....

Ignore verbal outburst. Try changing the emotional tone by making a positive comment or reply

Try another form of communication i.e.: singing , touch, massage, food, or walking

Bathing

While some people with AD don't mind bathing, for others it is a frightening, confusing experience. Advance planning can help make bath time better for both of you.

1. Plan the bath or shower for the time of day when the person is the most calm and agreeable. Be consistent. Try to develop a routine.
2. Respect the fact that bathing is scary and uncomfortable for some AD residents. Be gentle, respectful, patient and calm.
3. Tell the resident what you are doing, before you do it. Tell them step by step and allow him/her time to do as much as possible for themselves.
4. Prepare in advance. Make sure you have everything ready before beginning.
5. Be sensitive to temperatures of the water and room.

Dressing

For someone with AD, getting dressed presents a series of challenges: choosing what to wear, getting some clothes off and other clothes on, and struggling with buttons and zippers. Minimize the challenges by:

1. Try to have the person get undressed at the same time each day.
2. Encourage independence as much as possible. Allow plenty of time.
3. Allow the person to choose from a limited selection of outfits. If he or she has a favorite outfit consider buying several identical sets.
4. Arrange the clothes in order they are to be put on.
5. Provide clear, step-by-step instructions. Prompt frequently.
6. Choose clothing that is comfortable. Elastic waists and Velcro enclosures minimize struggles.

Eating

Eating can be a challenge. Some people with AD want to eat all the time, while others have to be encouraged to maintain a good diet.

1. Ensure a quiet, calm atmosphere for eating. Limiting noise and other distractions may help the person focus on the meal.
2. Provide a limited number of choices. You may want to offer several small meals throughout the day instead of three larger ones.
3. Use straws or cups with lids to make drinking easier.
4. Substitute finger foods if the person struggles with utensils.
5. Have healthy snacks on hand.

Incontinence

As the disease progresses, many people with AD begin to experience incontinence, or the inability to control their bladder and/or bowels. Incontinence can be upsetting to the person and difficult for the caregiver.

1. Have a routine for taking the person to the bathroom and stick to it closely. Don't wait for the person to ask.
2. Watch for signs that the person may have to go to the bathroom, such as restlessness or pulling at clothes. Respond quickly.
3. Be understanding when accidents occur. Stay calm and reassure the resident if he or she is upset. Try to keep track of when the accidents occur to help plan ways to avoid them.
4. To prevent night time accidents, limit certain types of fluids, such as those with caffeine, in the evening.

Sleep Problems

For many people with AD night time may be a difficult time.

1. Set a quiet, peaceful tone in the evening to encourage sleep. Keep the lights dim, eliminate loud noises, play soothing music.
2. Try to keep bed time at a similar time each evening.
3. Encourage exercise during the day and limit day time napping.
4. Restrict access to caffeine late in the day.
5. Use night lights in the bedroom, hall and bathroom if the darkness is frightening or disorienting.

Hallucinations/Delusions

As the disease progresses, a person with AD may experience hallucinations and/or delusions. (Hallucination: The resident sees, hears, smells, tastes or feels something that is not there. Delusion: A fixed, false belief.)

1. May be a sign of physical illness.
2. Avoid arguing with the resident about what he/she hears or sees. Try to respond to the feelings he or she is expressing, provide reassurance and comfort.
3. Try to distract the resident to another topic or activity. Move to another room or go outside for a walk.
4. Turn off the TV when violent or disturbing programs are on.
5. Make sure the person is safe and does not have access to anything he or she could use to harm anyone.

Wandering

Keeping the person safe is one of the most important aspects of caregiving. Some people with AD have a tendency to wander from their home or their caregiver. Knowing what to do to limit wandering can protect a person from becoming lost.

1. Make sure the resident has some kind of identification.
2. Keep a recent photograph.
3. Be sure to secure or put away anything that could cause injury or danger.

Activities

Finding activities that the AD resident can do and is interested in can be a challenge. Building on current skills generally works better than trying to teach something new.

1. Don't expect too much. Simple activities often are best, especially when they use current abilities.
2. Help the person get started in a activity. Break the activity down into small steps. Praise the resident for each small step he/she complete.
3. Watch for signs of agitation or frustration. Gently help or distract the person to something else.
4. Incorporate activities the person seems to enjoy into your daily routine and try to do them a similar time each day.
5. Think about the type of physical activity the AD resident may enjoy. Determine the time of day this activity would work the best.
6. Be realistic with your expectations. Start with a short walk and progress slowly.
7. Be aware of any discomfort or overexertion.
8. Allow as much independence as possible.

THE MOST IMPORTANT CONCEPT TO REMEMBER IS THAT WE MUST DECREASE: LONELINESS, HELPLESSNESS AND BOREDOM.

In evaluating the success of an activity, look at how the person responds and how well the activity meets your needs. Success can vary day to day with an AD resident. If the person becomes distracted, irritable, or bored it may be time to introduce another activity or the person may need to be further assessed for tiredness, hunger, thirst, toileting, or pain. In most cases, a structured, pleasant activity can decrease agitation and improve mood. Activity completion may not be as important as the pleasure and sense of accomplishment the AD resident derives from it.

Go to www.recreationtherapy.com for complete instructions for 121 activities to do with AD residents.

101 Things To Do

with the person who has Alzheimer's disease

Daily activities for people with AD tend to change as the disease progresses. Alzheimer's disease tends to limit concentration and cause difficulties in following directions. These factors can turn simple activities into daily challenges. Individuals with AD often don't start or plan activities on their own. When they do, they may have trouble organizing and carrying out the activity. Many caregivers state that the individual often sits in one area of the room, paces the floor, or searches for familiar objects with little interest in doing the things that had once brought meaning and pleasure to life. By using a variety of activities matched to the person's abilities, the caregiver can help the family member enjoy his current level of skill and talent, as well as retain his sense of positive self-esteem. Here are some ideas to help pass the time throughout the year.

1. Clip coupons
2. Sort poker chips
3. Count tickets
4. Rake leaves
5. Use the carpet sweeper
6. Read out loud
7. Bake cookies
8. Look up names in the phone book
9. Read the daily newspaper out loud
10. Ask a friend, neighbor, church acquaintance who has a baby to visit
11. Listen to polka music
12. Plant seeds indoors or out
13. Look at family photographs
14. Toss a ball
15. Color pictures
16. Make homemade lemonade
17. Wipe off the table
18. Weed the flower bed
19. Make cream cheese mints
20. Have a spelling bee
21. Read the Reader's Digest out loud
22. Fold clothes
23. Have a calm pet in to visit
24. Cut pictures out of greeting cards
25. Wash silverware
26. Bake homemade bread
27. Sort objects such as beads by shape or color
28. Sing Christmas carols
29. Say "Tell me more" when they start talking about a memory
30. Put silverware away
31. Make a Valentine collage
32. Play favorite songs and sing together
33. Take a ride
34. Make a cherry pie
35. Read aloud from labels
36. Dye Easter eggs
37. Make a basket of socks
38. Take a walk
39. Reminisce about the first day of school
40. String Cheerios to hang outside for the birds
41. Make a fresh fruit salad
42. Sweep the patio
43. Color paper shamrocks green
44. Fold towels
45. Have afternoon tea
46. Remember great inventions
47. Play "Pictionary"
48. Paint a sheet
49. Cut out paper dolls
50. Identify states and capitols
51. Make a family tree poster
52. Color a picture of our flag
53. Cook hot dogs outside
54. Grow magic rocks
55. Water house plants
56. Reminisce about the first kiss
57. Play horse shoes
58. Dance
59. Sing favorite hymns
60. Make homemade ice cream
61. Force bulbs for winter blooming
62. Make Christmas cards
63. Sort playing card by their color
64. Write a letter to a family member
65. Dress in red on a football Saturday
66. Pop popcorn
67. Name the presidents
68. Give a manicure
69. Make paper butterflies
70. Plant a tree
71. Make a May basket
72. Make homemade applesauce
73. Finish famous sayings
74. Feed the ducks
75. Mold with PlayDoh
76. Look at pictures in a *National Geographic*
77. Put a simple puzzle together
78. Sand wood
79. Rub in pleasant-scented hand lotions
80. Decorate paper place mats
81. Arrange fresh flowers
82. Remember famous people
83. Straighten underwear drawers
84. Finish nursery rhymes
85. Make peanut butter sandwiches
86. Wipe off patio furniture
87. Cut up used paper for scratch paper
88. Take care of a fish tank
89. Trace and cut out leaves
90. Ask simple questions
91. Finish Bible quotes
92. Paint with string
93. Cut out pictures from magazines
94. Read classic short stories
95. Put coins into a jar
96. Sew sewing cards
97. Put bird feed out for the birds
98. Clean out a pumpkin
99. Reminisce about a favorite summer
100. Roll yarn into a ball
101. Make a birthday cake

www.recreationtherapy.com

121 ideas

For further information about Alzheimer's disease or related disorders, contact the Alzheimer's Association at:

- Lincoln/Greater Nebraska Chapter, 402-420-2540 or 1-800-487-2585 (Helpline)

PART III. Agitation.

On the following page you will find definitions and target behaviors in the management of AD. Particularly troublesome to the caregiver is the symptom of agitation. Agitation associated with AD is defined as the clinical term for inappropriate verbal, vocal or motor activity that is not judged by an outside observer to result directly from the needs or confusion of the agitated individual. Examples of agitated behavior :

Pacing	Complaining	Negativism
Robbing or disrobing	Spitting	Cursing
Verbal aggression	Constant hitting	Kicking
Grabbing	Pushing	Making strange noises
Screaming	Scratching	General restlessness
Trying to get a different place	Pinching	Hiding things
Hoarding things	Handling things	Tearing things
Verbal sexual advances	Physical sexual advances	Intentional falling
Throwing things	Biting	Hurting oneself
Hurting others	Eating inappropriate substances	
Performing repetitious mannerisms		

NEVER IGNORE THE SIGNS OF AGITATION. THE GOAL IS TO INTERVENE EARLY TO AVOID VIOLENCE.

Aggressive or destructive behavior may include those behaviors that endanger others, those that endanger self, those that disturb others, and those that do not endanger or disturb others but are of concern to staff such as property damage. One of the most common, hard-to-treat symptoms in the AD resident is agitation. It is important to determine the cause of the agitation. Agitation is a symptom associated with a wide variety of diagnoses, including psychotic disorders, mood disorders, anxiety disorders, various intoxication and withdrawal states, delirium and dementia. Agitation can also occur as a side effect of medications, particularly antidepressants and neuroleptics. The evaluation of a resident demonstrating agitated behavior should include a history, mental status examination, laboratory evaluation, and review of the current medications. In addition, AD causes the resident to have a different reality and any effort on the caregiver's part to change it, or to make them accept the caregiver's reality, will only upset the resident and make the resident feel that the caregiver is against them. Sometimes violent behavior erupts when the resident does not feel loved, or does not understand what is happening to him/her. Finally, when the AD resident is forced into a facility they may feel rejected, unloved and frightened. Once the cause of the agitation is determined appropriate interventions can be initiated. The following pages contain interventions to deal with agitation.

Target Behaviors of Alzheimer's/Dementia

Agitation/Anxiety/Assaultiveness
ie: pacing, fidgeting, yelling, throwing objects, refusing cares, or hitting.

Aphasia
impairment or absence of speech or written communication

Apraxia
the inability to complete purposful movement ie: tie shoes, button shirt, wave goodbye, etc.

Catastrophic reactions
intense emotional responses to routine events- due to over stimulation

Delirium--recognize the difference between this and dementai
delirium- a state of mental confusion and exicitement characterized by disorientationfor a time and place, usually with illusions and hallucinations. The mind wanders and speech is incoherent, and the patient is in a state of continual aimless physical activity.
dementia-irrecoverable deterioractive mental state with absence or reduction of intellectual facuties, due to organic brain disease

Delusions
beleifs that are opposite of fact, they remain fixed despite evidence of the contrary

Depression
most common behavior of A/D. clinical depression may be based on a biochemical in the brain

Hallucinations
involves seeing and hearing stimuli that cannot be detected by others

Illusions
misinterpretations that do not last long (ie: thinking a shadow is a person)

Paronoid/Suspiciousness
results from damage to the area of the brain that seperates fact from fiction and makes judgements

Restlessness/Wandering
may result from restlessness, getting lost, and a change in environment. other factors include medications, stress, basic needs- are they hungry or cold, lack of recognition- are they looking for something familiar to them, fear, and past behavior-are they trying to fullfill a former obligation.

Sleep Disturbances
some researchers share the beleif that changes take place in the area of the brain that controls the normal sleep cycle

Sundowning/Shadowing
an increase in confusion or behavior late in the day or after dark

Verbal Noises

screaming, nonsensical verbal noises , talking incoherently, moaning, and whistling.

Managing Target Behaviors

Agitation/Anxiety/Assaultiveness

be on the lookout for frustration and respond in a calm reassuring manner
don't take it personally
avoid teaching-avoid elaborate explanations
use distraction and activities
communicate directly with the resident. speak slow and clear in short senteces
always be alert to the amount of danger you are in
fighting or arguing with a rsident will make them more resistive
try objects that have a calming effect (ie: stuffed animals, dolls, pets, etc.)
learn from past experiences--avoid situations that increase anxiety
restructure task, simplify, give them time to respond, allow them to make choices
keep the environment calm, quiet, and free of clutter

Eating Disorders

provide a calm environment
supply them with one utensil at a time
avoid patterns on plates and tablecloths (may be confusing)
simple instructions
finger foods
demonstate how to eat

Personal Hygiene/Bathing

adapt to their needs, routines, and preferences
prepare the bathhouse in advance
gently guide the resident to the bathhouse (take them by the hand and say "come with me")
use simple commands
provide privacy

Sexuality

look for a reason behind the behavior (ie: if they expose themselves- they may need to go to the bathroom or if they remove their clothes-they may want to go to be)
fondling-they may forget social rules- react witj patience and kindness. Lead them to a private place or try to distract them with another activity

Stage Three- Terminal 1-3 years

Cognitive Changes

1) Little or no response to stimuli
2) Unable to perform purposeful movement
3) No recognition of family/friends

Affective Changes

1) Little or no energy
2) Little or no expression of emotion

Physical Changes

1) Mute/Unresponsive
2) Emaciated- marked weight loss
3) Incontience
4) Total dependence on others for care
5) Seizures
6) Bedridden
7) Psychomotor retardation
8) Increase supcetion to injuries and infections

The most frequent cause of death is pneumonia: Alzheimer's disease debilitates the bodies systems to the point where a secondary infection takes over. Contributing factors include malnutrition, dehydration, and immobilization.

A person with AD will live on the average of eight years and as many as 20 years or more from the onset of symptoms.

Half of all nursing home residents suffer from AD or a related disorder. The average cost for nursing home care is $42,000 per year, but can exceed $70,000 per year in some areas of the country.
The average lifetime cost per patient is $174,000.

PART II. How can we best help our residents?

1. Learn and understand the stages of AD. When we learn the stages we can begin to use the best approaches for the resident in that stage and progression of their illness. Learn all you can about the disease.
2. Know the difference between Delirium and Dementia so you know what to report when it should be reported.
3. Know how to deal with your own feelings and responses.
4. Learn as many methods to work with AD residents as possible because the residents are all different and will take a variety of ways to deal with their illness.

How do we work with AD residents?

10 ABSOLUTES OF CAREGIVING

1. **Agree,** never argue.
2. **Divert,** never reason with the resident.
3. **Distract,** never shame.
4. **Reassure,** never lecture.
5. **Reminisce,** never say "don't you remember?"
6. **Repeat** your instructions, never say "I told you already."
7. **Say, "Do what you can."** But, never say, You can't."
8. **Ask or model an action,** never command or demand.
9. **Encourage or praise,** never condescend or speak to them like children.
10. **Reinforce,** never force. **Never fight force with force.**

The number one principle to remember is: Help the residents feel loved, understood, valued and important. Developing a trusting relationship is paramount. They do not always remember prior contacts and you may need to reestablish the trust relationship each time you work. Your goal is to help them want to do what you wish them to do and not to do it because it was ordered.

Communication

Trying to communicate with a person who has AD can be a challenge. Both understanding and being understood may be difficult. Remember to minimize distractions and noise to help the person be able to focus on what you are saying.

SundowningShadowing

make afternoon and evening hours less hectic
control diet, restrict caffeine
reduce level of noise
keep residents active with structure and meaningful activities (ie: bingo, baking, folding laundry, stuffing envelopes, stacking magazines, dusting, etc)

Wandering

be prepared-there's no way to predict wandering
encourage structured movement and exercise
be aware of hazards -
secure the resident's areas
communicate with the resident, reassure them
know the procedure for missing residents
- lock down facility
- facility search
- notify administrator/family/police

Alzheimer's/Dementia-what is it ?

It is a progressive, degenerative disease. It is a loss of cognitive functions and results in impaired memory, thinking, and behavior.

A/D is the fourth leading cause of death in the United States after heart disease, cancer, and stroke.

Nonpharmacologic Approaches to Management of Agitation/Aggression

Technique	Examples
Behavioral techniques	Validation therapy, distraction, operant conditioning, time outs, extinction, choice, differential reinforcement
Environment modification	Feeding, physical plant, avoid sensory overload
Group programs	Music, exercise, relaxation, social skills training, structured activities program
Light	Reduced intensity in nonsundowners and evening bright light pulses in sundowners
Sound	Nature sounds, soothing music
Touch	"Therapeutic touch"
Consistency in daily routine	Activities, familiar possessions and clothing
Use of family members	Feeding, environment
Communication	Improve caregivers' verbal and nonverbal communication skills to enhance resident's feelings of trust and safety

These nonpharmacologic approaches to managing agitation/aggression in dementia should compose the initial management strategy and should be continued even if response is judged inadequate and pharmacotherapy becomes necessary.

Interventions

Aggressive Behaviors

Hitting, biting, kicking, and scratching by residents can be threatening to staff and other residents. Insults, false accusations, and threats may not leave the physical scars of physically abusive acts, but they can be painful, regardless. The ideal approach is to prevent these behaviors from occurring, and an essential step to this is assessing factors responsible for these acts. When possible, the factors contributing to these behaviors should be eliminated or reduced. Signs of impending aggressive acts include:

- Clenched teeth and fists
- Resident becomes very loud; starts shouting

- Resident becomes physically tense; appears rigid and tight
- Becomes quite agitated, seemingly anxious and restless; may pace if mobile; seems quite jittery
- Resident has a labile mood, mostly anger

Interventions may include:

- Relocating the resident to a quiet area away from other residents
- Offer distracting activities
- Using a calm voice
- Reducing stress
- Giving the resident opportunities for decision-making and control

Nursing staff should be clear and consistent with their expectations about residents' behaviors. Staff should simply and directly inform residents that they are not to punch other residents who enter their room and are not to curse at staff.

Sometimes, what are viewed as problem behaviors actually are reasonable responses to situations.

- Residents may undress in inappropriate places because they are feeling excessively warm or are getting uncomfortable from soiled clothing.
- What may appear to be masturbation in a public area could be that the resident is suffering from a vaginal itch she feels the need to scratch.
- False accusations about people hiding in a resident's room and making noise just to annoy him could be the result of the resident hearing the paging system and not understanding that this is the source of the voices.
- A resident who displays a violent reaction toward a particular caregiver may have been mistreated by that person.

Obviously, legitimate causes of behavioral problems should not be overlooked.

Violent Residents

Violent and aggressive behavior is usually episodic and is a means of expressing feelings of anger, fear, or hopelessness about a situation. Persons with a propensity for violence include:

- Those intoxicated with drugs/alcohol
- Those going through drug or alcohol withdrawal

- Those with acute paranoid schizophrenic states, acute organic brain syndrome, acute psychosis, paranoia, borderline personality

Residents who are testy and seem to have the potential for violence should be managed carefully by the nursing staff. Nurses should avoid power struggles with these residents, to avoid confrontation. This conduct will help avoid escalating the residents' behavior and the situation. Give these residents choices and options. Do not be demanding and argumentative; perhaps some rules or procedures can be waived temporarily. Residents who are angry and potentially violent generally feel helpless and powerless. They need help with their self-control.

Alert other members of the nursing staff of a potential problem. Do not call on new and inexperienced staff members. Additional personnel should be available to help with a crisis. Never allow yourself to be alone and vulnerable with a potentially violent resident or trapped in a room away from the exit. Team up with another member of the staff when you see such a resident; there can be safety in numbers.

Open and consistent communication should be ongoing between staff members and between the resident and the staff. Talk to the resident. Try to find out what is precipitating this crisis. Ask what the resident would like done. How can the staff help? How can you, the nurse, help?

Before the situation gets out of control, check the environment. Look for potentially dangerous objects and remove them if possible. Items such as glasses, scissors, food utensils, and other breakable or sharp objects can be used as weapons.

Decrease the stimuli for the resident. The loud and unfamiliar noises of the facility may be particularly stressful, or bright lights may be bothersome. Be careful when physical contact is needed in the course of nursing duties. Physical touch can be a trigger. Residents may misinterpret the contact and feel threatened with bodily harm, which they may need to defend themselves against. Delay procedures that may escalate a resident's potentially violent behavior.

The goals for emergency management for a violent resident are to bring the violence under control and to protect the resident and staff from harm.

Establishing control

- Keep the door of the room open, and be in clear view of the staff.
- Help the resident bring his violence under control:
    - Give the resident space. Do not make any sudden movement.

  - Avoid touching an agitated resident or standing too close
  - Ask the resident if he has a weapon. Request that it be placed in a neutral area
  - If the resident will not surrender the weapon, leave the room and allow security personnel/police to handle the situation. A resident who has a weapon should be disarmed by persons who are trained to do so.
- Try not to leave the resident alone; this may be interpreted as rejection or the resident may try to harm himself.
- Adopt a calm nonconfrontational approach and remain in control of the situation – external calm and structure may help the resident gain control.

Emotional Support

- Talk and listen to the resident.
- Crisis intervention is best done with an attitude of interest in the resident's well being and with an attempt to "tune in" to the resident while at the same time remaining firm.
- Acknowledge the resident's state of agitation, for example, "I want to work with you to relieve your distress."
- Give the resident the opportunity to ventilate his anger verbally; avoid challenging the delusional state;
- Try to hear what the resident is saying.
- Convey the expectation of appropriate behavior and make the resident aware that help is available for him to gain control.
- Administer prescribed tranquilizer if verbal management techniques fail to attenuate the resident's tension – to reduce anxiety, hyperactivity.
- Offer protection of hospitalization; may be welcomed by the person who fears loss of control.

- Refer for immediate psychiatric consultation/hospitalization.

Chemical Restraint

Use of tranquilizing medications is one way of managing a resident's violent episode. The medications most often used are either the low-dose, high-potency antipsychotics such as haloperidol (Haldol) or the short-acting benzodiazepine lorazepam (Ativan). In some situations, residents may become violent as a result of psychosis and thereby need an antipsychotic. However, because danger to themselves or others is imminent, all will benefit by decreasing the resident's agitation as well. Such residents therefore are given both an antipsychotic and lorazepam.

The resident may be quite willing to take the medication orally. The action of these drugs is slower, however, when they are taken orally. If the situation is moderate, the resident can be offered this alternative route.

The nursing responsibilities involved in handling a violent episode by medicating a resident with a potent pharmacologic agent include the following:

- Checking for or obtaining a physician's order
- Preparing the medication
- Assessing the resident's vital signs (e.g., blood pressure, pulse, and respiration) before giving the drugs
- Informing the resident of the procedure to follow and providing reassurance and support if needed
- After the medication has been administered, observing the resident and assessing for a decrease in signs and symptoms and for any untoward side effects
- Periodically checking the resident's vital signs
- Documenting the incident and the medications given by recording the information in the resident's chart or as the institution directs.

Go to www.recreationtherapy.com for complete instructions for 121 activities to do with AD residents.

PART IV. Taking Care of Yourself.

We all desire to be the best caregivers we can be. It is important to take care of yourselves as well as residents. It is only by being in tip top emotional and physical shape that we can truly care for these challenging, yet rewarding residents. Please review the "Hallmarks of Good Caregiving", the "Positive Aspects of Caregiving" and the tips on handling stress contained in this packet.

Summary:

In summary there are three stages of Alzheimer's Dementia, the most common dementia we work with today. Knowing the stages and how to work with our residents in each stage is paramount to the care we give the AD resident. Understanding the disease process can give us clues into the interventions and activities we need to use. Understanding the stages and disease process can help us reduce agitation which leads to resident and staff injury. Finally, understanding how to respond instead of react to our residents can help us be better caregivers.

The Hallmarks of Good Caregiving

1. Work out your own individual plan for survival.
2. There is no one right way, just YOUR way.
3. Our loved ones may not know who we are, but WE know who they are.
4. The patient has no control over what is happening to him or her.
5. You cannot reason with dementia.
6. There are workable solutions to every problem.
7. Persons with Alzheimer's disease can still learn.
8. Creativity is infinite.
9. The person with Alzheimer's disease continues to be a human being.
10. Find the hidden treasure in Alzheimer's disease.

Positive Aspects of Caregiving

- Caring for someone you love.
- Being needed.
- Feelings of accomplishment
- Finding personal strength and courage previously unknown.
- Families become closer.
- Character building – patience, forgiveness, and humor.
- Learning to value the present.

(Source: Lela Knox Shanks, 1994.)

For further information about Alzheimer's disease or related disorders, contact the Alzheimer's Association at:

- Lincoln/Greater Nebraska Chapter, 402-420-2540 or 1-800-487-2585 (Helpline)
- Omaha and Eastern Nebraska Chapter, 402-572-3059 or 1-800-309-2112 (Helpline)

Caring for the Professional Caregiver
Handling Everyday Hassles on the Job

Often when you are feeling especially stressed, the patient, sensitive to your mood, will respond by acting up, creating even more stress and pressure. Much of what happens during the day is not within your control, but how you handle the situation is. Caregivers cope better when they are aware of and make use of techniques to manage the causes of stress. Some helpful tips:

- **Know your stressors.**

  What tends to upset you? Learn to recognize your physical symptoms of stress, i.e., headache, stiff shoulders, stomachache, etc. These are your clues to pay attention and take action.

- **Learn to control your stressors.**

  Analyze the situation. Can you avoid or make the situation less intense for you and/or your patient? Always ask the question, "Is this really a problem?" or "Am I overreacting out of fatigue, anger, frustration, etc.?" How often does the problem occur? Does it really happen that often? Keep a record.

- **Expect the unexpected.**

  In caring for Alzheimer's patients, prioritize important tasks but be flexible if the day doesn't go as you planned.

- **Take the patient's perspective.**

  Is his behavior a reasonable response given the reality of his situation? He may ask you the same question ten times within the hour because he can't remember that he asked before. It really is new information for him each time.

- **Get help.**

  Talk to coworkers and supervisors about the cause of your stress. They may have suggestions to help solve the situation.

- **Develop and practice stress-reducing rituals.**

  Activities such as playing cards, walking, meditating, praying, and anything that has a calming effect on you are good examples. Do things you enjoy and do them regularly to prevent a buildup of stress. Prolonged stress can lead to physical illness and affect how you feel about your job and your patient.

- **Know your limitations and the limitations of your patient.**

  Remember your patient's behavior is the result of his disease. His limitations are often as frustrating to him as they may be to you.

- **Be content with doing the best job you can for the patient at this time.**

  The person with Alzheimer's Disease does not get better. Still, that individual deserves the best care we can give him. He still appreciates warmth, kindness, and caring.

- **Have fun. Be good to yourself.**

  Humor may be your best antidote. Try to incorporate humor in you life on a regular basis. Caregiving is easier when we can find light moments in what is often a very serious, demanding job.

Adapted from: Ballard, Edna. Managing Grief and Bereavement. Duke University Medical Center, 1989.

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Coping Strategies for Caregivers

1. Reinforce your identity separate from the patient's identity.
2. Always move from your center, not the patient's center.
3. Tap into your unused, unlimited inner strengths and resources.
4. Continually acknowledge all feelings – both positive and negative. Reinforce positive feelings.
5. Be responsible and take control.
6. Get information and get help.
7. Work out your own plan for surviving whole.
8. Accept what cannot be changed.
9. Eliminate the words "blame" and "excuse" from your vocabulary.
10. Make not promises about the future.
11. Explore and face the worse possible events in your future.
12. Use respite care regularly for extended blocks of time.
13. Develop an emotional detachment from your caregiving tasks.
14. Train yourself to be pro-active rather than reactive.
15. Enjoy humor regularly. Humor assists the immune system.
16. Get a support system that works for you.
17. Be flexible, willing to learn, to adapt, to change and grow at any age.
18. "Regroove" your brain with positive reinforcement.
19. Develop an exercise regimen for both the body and soul.
20. Look for the small joys.

(Source: Lela Knox Shanks, 1994)

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Name_____ Title_____ Date___/___/___

Alzheimer's/Dementia Training
Quiz

Circle the one best answer to the following questions.

1. What is Alzheimer's Disease?
   a. a rapid onset of changes in the brain.
   b. normal aging diagnosed by a single blood test.
   c. a progressive, degenerative disease. A loss of cognitive functions and results in impaired memory, thinking and behavior.
   d. limited to people over age 65.

2. AD is the ____ leading cause of death in the US.
   a. first
   b. second
   c. third
   d. fourth

3. The most frequent cause of death for the AD resident is _____.
   a. Myocardial Infarction
   b. stroke
   c. pneumonia
   d. Congestive heart failure

4. There are _____ stages of AD.
   a. one
   b. two
   c. three
   d. four

5. AD can last from ____ to ____ years.
   a. 3-4 years
   b. 2-20 years
   c. 5-10 years
   d. 9-15 years.

6. Delirium and Dementia are the same. True False

7. Behaviors of the AD resident should be viewed as:
   a. socially inappropriate
   b. an unmet need of the resident
   c. childish and embarrassing
   d. an attempt to interfere with the schedule.

8. Some behaviors you might see in an AD resident are:
   a. agitation and anxiety
   b. apraxia
   c. depression
   d. all of the above

9. Anxiety can be managed by:
   a. teaching the resident how to relax
   b. distracting the resident with mindless activity
   c. keeping the environment calm, quiet and free of clutter
   d. telling the resident why they are wrong.

10. Sundowning is a decrease in confusion at the end of the day.
    True False

11. Restlessness and wandering may be triggered by:
    a. lack of a basic need
    b. lack of recognition of their surroundings
    c. medication, stress and /or change in environment
    d. all of the above

12. Aphasia is the impairment or absence of speech or written communication.
    True False

13. When verbal communication is unsuccessful remember to:
    a. distract resident to another area/activity
    b. ignore verbal outburst
    c. try another form of communication: touch, song and walk
    d. all of the above

14. One of the most common and hard-to-treat symptoms in AD residents is agitation. True False

15. Which of the following are examples of agitated behavior?
a. pacing, spitting, cursing
b. kicking, grabbing, pushing
c. complaining, negativism, hiding things
d. all of the above

16. Aggression or destructive behavior has been defined as behavior that presents imminent danger to:
a. self
b. others
c. property
d. all of the above

17. If you see signs of agitation always ignore it.
True False

18. You can help a resident decrease his agitation by:
a. giving him space
b. avoid touching him or standing too close
c. leaving the area and coming back later
d. all of the above

19. The number one principle is to help the AD resident feel loved, understood, valued and important. True False

20. The most important concept to remember is that we must decrease:
a. loneliness, helplessness and boredom
b. hostility and pain
c. forgetfulness
d. disruption of the schedule

21. If an AD resident becomes combative what would you do?

_____

_____

_____

_____

22. List two of the 10 absolutes of caregiving:_____

_____

23. List four techniques, in approaching an AD resident that will result in a positive outcome:

24. Explain why activities are important to the AD resident.

25. What is Alzheimer's disease.

26. What are the greatest needs of the Alzheimer's residents?

27. How do you motivate an AD resident?

28. If an AD resident demonstrates unacceptable behavior what do you say to him/her?

29. How should the family of an AD resident be involved?

30. Explain Tabitha's mission. _____