



*Independent Living Solution, Inc.*

Professional Life Care Managers

*The help you need  
in this time of  
change.*

*Every experience with an Independent Living Solution care manager is unique.*



## Creating a progressive plan of care

Hannah is an 84 year old woman who lives in her own home in the center of a small town. She has lived there for over 50 years. Hannah was widowed about 10 years ago and has a son and daughter in law who live in a neighboring community. They all belong to the same church.

Hannah's son called ILS because he and his wife were increasingly concerned about Hannah's forgetfulness which seemed to be getting worse and her isolation throughout a terrible winter. Hannah was a cancer survivor of recent years but had never fully recovered to her prior level of function. Until a couple of years ago, Hannah was extremely active in the community, in her church, and in local arts councils. She has many friends and numerous acquaintances but was able to see very few people this past winter as the weather prohibited foot or auto travel and many people were away for extended periods.

ILS went with Hannah's daughter-in-law to meet Hannah at her home and hear from her what kind of help she thought she might need. Her thinking was disorganized, she had difficulty finding words to express herself, and she was very confused about an upcoming doctor appointment that had had to be rescheduled. She was unable to look in

the refrigerator and say what she would have for lunch, nor could she demonstrate how to use the microwave. She reported sleeping a lot during the day.

Meeting with the daughter-in-law afterwards, the immediate need to have Hannah diagnosed by her doctor was established – he would do a work up to eliminate all possible causes of her memory loss and confusion that could be cured as well as any other issues. He ordered all the bloodwork and other tests, including a CT, but it was ultimately determined that Hannah has a vascular dementia.

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*It is everyone's wish for Hannah to stay at home in her familiar surroundings so a caregiving schedule and care plan was established for assistance 5 days/week from 8 a.m. to 1 p.m.*

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This schedule allowed for medication supervision, breakfast and lunch preparation and

clean up, a daily walk, any errand running, light housekeeping, and companionship. Hannah spends Saturday mornings with her son and on Sunday mornings someone takes her to church.

A number of memory-assistive devices were put in place including a phone with 4 speed dial numbers that are identified by people's pictures; a digital clock with the day of the week and the date; a lifeline button; a white board for the caregivers to write the schedule for each day; and a large appointment calendar.

After several months Hannah's confusion continued to progress, including an incident in which she turned on all the burners on the stove and left them on, so additional support was put in place. She now has caregivers in the mornings

8am to 1pm but also in the evenings 7 days/week from 4:30pm to 7:30 pm which allows for another outing in the late afternoon, dinner preparation and clean up, and getting ready for bed – making sure she has everything she needs and that everything is in its place.

Hannah is happy and feeling good, content with her new routines. Her "team" of family and caregivers all feels that she would benefit from the stimulation of more socialization with her own cohort, so she will be attending an Adult Day Health Program for people with memory impairment 2 days/week. She has visited twice and although somewhat nervous of jumping into something new, is looking forward to attending this social program.

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For more information about this case studies and others contact:

***Independent Living Solutions, Inc.***

978-526-4305

[info@ilsolutions.org](mailto:info@ilsolutions.org)

[www.ilsolutions.org](http://www.ilsolutions.org)