Dementia Information and Resource Guide

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alzheimer’s association
Miami Valley Chapter

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800.272.3900
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We strive to keep accurate information, but are not always aware of changes to area resources. If you note an error, please contact the Miami Valley Chapter at 1-800-272-3900 or mvprograms@alz.org. For the most recent version of this Dementia Information and Resource Guide, please go to alz.org/dayton
Alzheimer's Disease and Dementia

What is Dementia?

Dementia is a loss of mental function in two or more areas such as language, memory, visual and spatial abilities, or judgment severe enough to interfere with daily life. Dementia itself is not a disease but a broader set of symptoms that accompanies certain diseases or physical conditions.

Irreversible Dementias

Well-known diseases that cause dementia include Alzheimer's disease, Vascular Dementia, Mixed Dementia, Dementia with Lewy Body, Frontotemporal Dementia, and other related dementias.

Reversible Dementias

Other physical conditions may cause or mimic dementia, such as depression, brain tumors, head injuries, nutritional deficiencies, hydrocephalus, infections (AIDS, meningitis, syphilis), drug reactions, and thyroid problems.

Individuals experiencing dementia-like symptoms should undergo diagnostic testing as soon as possible. An early and accurate diagnosis helps to identify reversible conditions, gives patients a greater chance of benefiting from existing treatments, and allows them and their families more time to plan for the future.

Types of Dementia

Alzheimer's Disease

Alzheimer's disease (AD) is the most common cause of dementia, affecting as many as 5.3 million Americans. AD is a degenerative disease that attacks the brain, begins gradually, and progresses at a variable rate. AD results in impaired memory, thinking, and behavior and can last from 3 to 20 years from the time of onset of symptoms. Warning signs of AD are memory loss that affects job/home skills, difficulty performing familiar tasks, problems finding the right words, disorientation as to time and place, poor or decreased judgment, difficulty with learning and abstract thinking, placing things in inappropriate places, changes in mood and personality, and marked loss of initiative. In the last stage of AD, patients are unable to take care of themselves. Recent research has shown links between particular genes and Alzheimer's disease, but in about 90% of AD cases, there is no clear genetic link. With the help of standardized diagnostic criteria, physicians can now diagnose AD with an accuracy of 85-90% once symptoms occur. However, a definitive diagnosis of Alzheimer's is possible only through the examination of brain tissue at autopsy.

Vascular dementia

Vascular dementia is widely considered the second most common type of dementia. It develops when impaired blood flow to parts of the brain deprives cells of food and oxygen.

The diagnosis may be clearest when symptoms appear soon after a single major stroke blocks a large blood vessel and disrupts the blood supply to a significant portion of the brain. This situation is sometimes called "post-stroke dementia."
Alzheimer's Disease and Dementia

There is also a form in which a series of very small strokes, or infarcts, block small blood vessels. Individually, these strokes do not cause major symptoms, but over time their combined effect becomes noticeable. This type is referred to as vascular cognitive impairment (VCI) or multi-infarct dementia.

Symptoms of vascular dementia can vary, depending on the specific brain areas deprived of blood. Impairment may occur in “steps,” where there is a fairly sudden, noticeable change in function, rather than the slow, steady decline usually seen in Alzheimer’s disease.

The person may have a past history of heart attacks. High blood pressure, high cholesterol, hardening of the arteries, diabetes, or other risk factors for heart disease are often present.

Mixed Dementia
Mixed dementia is a condition in which Alzheimer's disease and vascular dementia occur at the same time. Many experts believe mixed dementia occurs more often than was previously realized and that it becomes increasingly common in advanced age. This belief is based on brain autopsies showing up to 45 percent of people with dementia have signs of both Alzheimer's and vascular disease. The concept of mixed dementia is clinically important because the combination of the two diseases may have a greater impact on the brain than either by itself.

Dementia with Lewy Bodies
Dementia with Lewy bodies is characterized by abnormal deposits of a protein called alpha-synuclein that form inside the brain's nerve cells. These deposits are called “Lewy bodies” after the scientist who first described them. Lewy bodies have been found in several brain disorders, including dementia with Lewy bodies, Parkinson’s disease and some cases of Alzheimer’s.

Frontotemporal Dementia
Frontotemporal dementia is a rare disorder that affects the front (frontal lobes) and the sides (temporal lobes) of the brain. Because these regions often, but not always, shrink, brain imaging can be useful in diagnosis.

There is no specific abnormality associated with all cases of frontotemporal dementia. In one type called Pick's disease, there are abnormal microscopic deposits called Pick bodies, but these are not always present.

Parkinson’s Disease
Parkinson’s disease begins by affecting movement, resulting in tremors and shakiness, stiffness, difficulty with walking and muscle control, lack of facial expression and impaired speech. Parkinson’s is another disease in which Lewy bodies are found in the brain. Many individuals with Parkinson’s develop dementia in later stages of the disease.

Other Dementias
- Huntington’s disease
- Creutzfeldt-Jakob disease
- Normal pressure hydrocephalus
- Wernicke-Korsakoff syndrome (Alcohol dementia)

If you would like more information on any of the related dementias, please contact our Help*Line at 800-272-3900 or visit www.alz.org.
Know the 10 Warning Signs

EARLY DETECTION MATTERS
Memory loss that disrupts daily life is not a typical part of aging. It may be a symptom of Alzheimer’s, a fatal brain disease that causes a slow decline in memory, thinking and reasoning skills. Every individual may experience one or more of these signs in different degrees. If you notice any of them, see a doctor.

1 Memory loss that disrupts daily life
One of the most common signs of Alzheimer’s is memory loss, especially forgetting recently learned information. Others include asking for the same information over and over or relying on memory aides (e.g., reminder notes/electronic devices) for assistance not previously required.

2 Challenges in planning or solving problems
Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills.

3 Difficulty completing familiar tasks at home or work
People with Alzheimer’s often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

4 Confusion with time or place
People with Alzheimer’s can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

5 Trouble understanding visual images and spatial relationships
They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room.

6 New problems with words in speaking or writing
People with Alzheimer’s may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a “watch” a “hand-clock”).

7 Misplacing things and losing ability to retrace steps
A person with Alzheimer’s disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

8 Decreased or poor judgment
People with Alzheimer’s may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

9 Withdrawal from work or social activities
A person with Alzheimer’s may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

10 Changes in mood and personality
The mood and personalities of people with Alzheimer’s can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.
Memory loss and changes in mood and behavior are some signs that you or a family member may have Alzheimer’s disease. If you have noticed these signs, it is important to receive a diagnosis for the following reasons: Many things can cause dementia, a decline in intellectual ability severe enough to interfere with a person’s daily routine. Dementias related to depression, drug interaction and thyroid problems may be reversible if detected early. The individual who may have Alzheimer’s disease may be able to maximize the quality of his or her life by receiving an early diagnosis. It may also resolve the anxiety of wondering “What is wrong with me?”

The Diagnostic Process
There is no one diagnostic test that can detect if a person has Alzheimer’s disease. The diagnosis is made by reviewing a detailed history of the person and the results of several tests, including a complete physical and neurological examination, a psychiatric assessment and laboratory tests.

Once these tests are completed, a diagnosis of “probable” Alzheimer’s disease can be made by process of elimination. However, physicians can only be 80 to 90 percent certain their diagnosis is accurate.

The process may be handled by a family physician or may involve a diagnostic team of medical professionals, including the primary physician, neurologist (a physician specializing in the nervous system), psychiatrist, psychologist and nurses. The diagnostic process generally takes more than one day and is usually performed on an outpatient basis.

- Determination of medical history
- Mental Status Evaluation
- Physical Examination
- Neurological Examination
- Laboratory Tests
- Psychiatric, Psychological and other evaluations.

Understanding the Diagnosis
Once testing is completed, the diagnosing physician or other members of the diagnostic team will review the results of the examinations, laboratory tests and other consultations to arrive at a diagnosis. If all test results appear to be consistent with Alzheimer’s disease, the clinical diagnosis will be “probable Alzheimer’s disease” or “dementia of the Alzheimer type.”

If the symptoms are not typical, but no other cause is found, the diagnosis will be “possible Alzheimer’s disease.” Although researchers have made enormous progress in diagnostic testing, the only way to prove Alzheimer’s disease is through an autopsy. If a cause of dementia other than Alzheimer’s disease is diagnosed, call the Alzheimer’s Association to request a free informational brochure about related causes of dementia.

Preparing for Diagnostic Tests
It may be helpful to start writing down events that occur, and any changes in the person’s abilities, behavior and personality that cause you to suspect Alzheimer’s disease.
Stages of Alzheimer’s Disease

It is important to keep in mind that stages are general guides, and symptoms vary greatly. Not everyone will experience the same symptoms or progress at the same rate. This seven-stage framework is based on a system developed by Barry Reisberg, M.D., clinical director of the New York University School of Medicine’s Silberstein Aging and Dementia Research Center.

Stage 1: No impairment (normal function)
The person does not experience any memory problems. An interview with a medical professional does not show any evidence of symptoms.

Stage 2: Very mild cognitive decline (normal age-related changes or earliest signs of Alzheimer’s)
The person may feel as if he or she is having memory lapses — forgetting familiar words or the location of everyday objects. No symptoms can be detected during a medical examination or by friends, family or co-workers.

Stage 3: Mild cognitive decline (early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms)
Friends, family or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common Stage 3 difficulties include:

- Noticeable problems coming up with the right word or name
- Trouble remembering names when introduced to new people
- Having noticeably greater difficulty performing tasks in social or work settings
- Forgetting material that one has just read
- Losing or misplacing a valuable object
- Increasing trouble with planning or organizing

Stage 4: Moderate cognitive decline (mild or early-stage Alzheimer's disease)
At this point, a careful medical interview should be able to detect clear-cut problems in several areas:

- Forgetfulness of recent events
- Impaired ability to perform challenging mental arithmetic—for example, counting backward from 100 by sevens
- Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills or managing finances
- Forgetfulness about one's own personal history
- Becoming moody or withdrawn, especially in socially or mentally challenging situations

Stage 5: Moderately severe cognitive decline (moderate or mid-stage Alzheimer's disease)
Gaps in memory and thinking are noticeable, and individuals begin to need help with day-to-day activities. At this stage, those with Alzheimer's may:

- Be unable to recall their own address or telephone number or the high school or college from which they graduated
- Become confused about where they are or what day it is
- Have trouble with less challenging mental math (for example, counting backward from 40 by fours)
- Need help choosing proper clothing for season
- Still remember significant details about themselves and their family

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Stages of Alzheimer’s Disease

- Still require no assistance with eating or using the toilet

Stage 6: Severe cognitive decline (moderately severe or mid-stage Alzheimer’s disease)
Memory continues to worsen, personality changes may take place and individuals need extensive help with daily activities. At this stage, individuals may:

- Lose awareness of recent experiences as well as surroundings, tend to wander or become lost
- Remember their own name but have difficulty with their personal history
- Distinguish familiar and unfamiliar faces but have trouble remembering the name of a spouse or caregiver
- Need help dressing properly and may, without supervision, make mistakes such as putting pajamas over daytime clothes or shoes on the wrong feet
- Experience major changes in sleep patterns — sleeping during the day and becoming restless at night
- Need help handling details of toileting (for example, flushing the toilet, wiping or disposing of tissue properly)
- Have increasingly frequent trouble controlling their bladder or bowels
- Experience major personality and behavioral changes, including suspiciousness and delusions (such as believing that their caregiver is an impostor) or compulsive, repetitive behavior like hand-wringing or tissue shredding

Stage 7: Very severe cognitive decline (severe or late-stage Alzheimer’s disease)
In the final stage of this disease, individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement. They may still say words or phrases.

At this stage, individuals need help with much of their daily personal care, including eating or using the toilet. They may also lose the ability to smile, to sit without support and to hold their heads up. Reflexes become abnormal. Muscles grow rigid. Swallowing becomes impaired.
Understanding Common Behaviors

Introduction
Alzheimer's causes changes in the brain that can change the way a person acts. Some individuals with Alzheimer's become anxious or aggressive. Others repeat certain questions and gestures. Many misinterpret what they see or hear. It is important to understand that the person is not acting this way on purpose or trying to annoy you.

Challenging behaviors can interfere with daily life, sleep and may lead to frustration and tension. The key to dealing with behaviors is: 1) determine the triggers 2) have patience and respond in a calm and supporting way and 3) find ways to prevent the behaviors from happening.

Aggression – Aggressive behaviors may be verbal (shouting, name-calling) or physical (hitting, pushing). They can occur suddenly, with no apparent reason, or can result from a frustrating situation. Whatever the case, it is important to try to understand what is causing the person to become angry or upset. Triggers for aggression can include a medical problem, a noisy environment or pain.

Wandering – It is common for individuals with dementia to wander and become lost. They often have a purpose or goal in mind, such as searching for a lost object, trying to fulfill a former job responsibility or wanting to "go home" even when at home. However, wandering can be dangerous, resulting in serious injury or death.

Anxiety or agitation – The person may feel anxious or agitated, or may become restless and need to move around or pace. The person may become upset in certain places or focused on specific details. He or she may also cling to a certain caregiver for attention and direction.

Confusion – The person may not recognize familiar people, places or things. He or she may forget relationships, call family members by other names or become confused about where home is. The person may also forget the purpose of common items, such as a pen or a fork.

Hallucinations – When individuals with Alzheimer's disease have a hallucination, they see, hear, smell, taste or feel something that isn't there. The person may see the face of a former friend in a curtain or may hear people talking. If the hallucination doesn't cause problems, you may want to ignore it. However, if they happen continuously, see a doctor to determine if there is an underlying physical cause.

Repetition – The person with Alzheimer's may do or say something over and over again – like repeating a word, question or activity. In most cases, he or she is probably looking for comfort, security and familiarity. The person may also pace or undo what has just been finished. These actions are rarely harmful to the person with Alzheimer's but can be stressful for the caregiver.

Sundowning and sleep problems – The person may experience periods of increased confusion, anxiety and agitation beginning at dusk and continuing throughout the night. This is called sundowning. Experts are not sure what causes it, but there are factors that can contribute to the behavior, such as end-of-day exhaustion or less need for sleep, which is common among older adults.
# Behavior Management Techniques

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Management Techniques</th>
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<tbody>
<tr>
<td>Agitation and Anger—Yelling, searching,</td>
<td>Remain calm, eye contact, listen and respond, redirect, re-channel, reassure, change</td>
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<tr>
<td>rummaging, frustration</td>
<td>approach. Don’t confront or correct.</td>
</tr>
<tr>
<td>Catastrophic Reactions—Screaming, hitting,</td>
<td>Decrease stimulation, noise and distractions. Speak softly, make one demand, distract</td>
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<tr>
<td>throwing, spitting</td>
<td>and redirect. Avoid violence, get help if needed.</td>
</tr>
<tr>
<td>Language Deficits—Frustration, upset, agitation, anxiety, loses train of thought, misuses words, unintelligible words</td>
<td>Allow time, smile, touch, use multiple cues and suggestions, fill in the words, stay calm, change the subject.</td>
</tr>
<tr>
<td>Hallucinations/Delusions—Yelling, sees things or people, fearful, etc.</td>
<td>Soothe, stay with, make attempt to check it out, reassure, remove from, redirect, don’t deny the perceptions are real.</td>
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<tr>
<td>Paranoia/Suspicions—Fear of loss/theft, victim can’t find possessions, denies a family member, wanders</td>
<td>Reassure, touch, decrease stimulation, redirect attentions, maintain daily routine.</td>
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<tr>
<td>Wandering—Sundowning, night restlessness,</td>
<td>Reassure, distract, give attention and activities, remove distractions (i.e., coats or hats). Increase daily exercise, secured areas, current photo, ID Bracelet.</td>
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<tr>
<td>searching, has “work to do,” physical discomfort, could be lost, hurt or worse</td>
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<tr>
<td>Inappropriate Behavior—Misinterprets bathtime or toileting as an invitation</td>
<td>React calmly, ignore, distract, activities, exercise, don’t demean or humiliate.</td>
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<tr>
<td>Repetitiveness—Repeats physical gestures (i.e., wringing of hands, gets stuck in motion (i.e., cleaning a table cloth), or repeats verbalization (“When do I go home?” or “When is my mother coming?”)</td>
<td>Distract, re-channel, guide with physical assist, give soft object to manipulate, answer with reassurance, “Fabulous Fibulations,” and smile</td>
</tr>
<tr>
<td>Refusal to Bath/Shower—fears, denies need of, forgets how, removes or layers clothing, can be pushed into catastrophic reaction</td>
<td>Go slow, reassure, break down steps, gentle touch, be flexible, try later, assist when needed, avoid confrontation, encourage and praise, smile.</td>
</tr>
<tr>
<td>Disorientation—of time, place or person</td>
<td>Respond to questions, do not try to purposefully teach, large face clocks and watches, orientation board. Repetitive practice only frustrates.</td>
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<tr>
<td>Hyperorality—puts anything in mouth, may swallow</td>
<td>Safe environment and activity tools, use edible activity objects, call poison control if you have a question.</td>
</tr>
<tr>
<td>Depression—cries, fatigue, withdraws, weight loss/gain, recurrent thoughts of death</td>
<td>Increase pleasant activities and socialization, positive interactions, communicate, praise, reassure, smile.</td>
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</tbody>
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You will get more cooperation and a less frustrated patient by following some of these suggestions:

**Getting Started**
- Assume that the patient understands everything you say – or at least part of it
- Don’t talk about the person as if they weren't present
- To start communication you need the person's attention
- Look eye to eye
- Call the person by name
- Use a gentle touch

**Deliver the message**
- Use simple words
- Slow down your rate of speech
- Lower the pitch of your voice
- Don’t shout
- Give one message at a time

**Listen for response**
- Allow time for the person to respond
- Repeat the question using the same words
- Help the person put the words together
- Validate the meaning of the response
- Watch body language

**Ask answerable questions**
- Limit choices. Too many can be confusing
- Don’t offer choices if there are none
- Ask uncomplicated questions, one at a time
- Yes or no questions are best

**Use non-confronting, non-controlling statements**
- Agree first and then limit your response
- Don’t argue – attempt to change the subject
- Identify feelings rather than argue facts
- Ask for cooperation and help
- Ignore repetitive statements if they aren’t emotionally charged

**Reassure and Calm**
- Use body language (gestures) to explain statements
- Write a simple note
- Ask the person to repeat the information you have given
- Use events rather than the clock to measure time. "Before lunch" or "after lunch" are more reassuring to an AD patient than words like "in one hour."

A predictable routine of activity each day gives an Alzheimer's patient a sense of order. It helps to tell what time of day it is and helps to relieve anxiety to know that one thing follows another. Even a limited range of activities, approached creatively and with enthusiasm, gives a patient the chance to express feelings and build self-worth.

It is important to do activities with patients and not for them. Encourage and support everything the patient can do. Sometimes an activity is best done assembly-line style. For example, the caregiver might load the brush with paint while the patient makes strokes on the paper. The goal is to feel useful.
"I've told her time and time again not to put things in the wastebasket, but she doesn't listen."

"He tells me he wants to go home. We've lived here for thirty-five years, and I try to explain that to him, and he gets mad at me."

My mom and I used to go 'round and 'round about what day it was. I'd get so involved and finally we'd both sit down and cry. "I can't help it," she would say. Then we'd take turns crying...today is my turn.

We have a hard time letting go of the old habit of reasoning with our spouse, parent or friend who has now been moved beyond reason and learning by Alzheimer's disease. It is important to keep in mind that the real deterioration of brain tissue is the cause of apparently irrational behavior. The victim is not behaving this way to annoy or irritate.

In fact, they are probably unable to consider the impact of their actions on others. It is never going to work to "teach" the woman not to hide things in the wastebasket. Instead we must teach the caregiver to accept this behavior as harmless and to check the wastebaskets before emptying them.

The woman whose husband wanted to go home learned that she only frustratec both of them when she tried to "explain" that they were at home. Rather what worked was to go outside, walk to the corner and back. Upon entering the house a few minutes later, the husband was content. This is an important lesson for the caregiver when she told me of the time her husband woke her up at midnight. "Let's go to San Francisco," he insisted. Rather than explaining to him the reasons why this wasn't a good idea, she said, "All right, but would you like some ice cream first?" After that, they turned on the television and were eventually able to return to sleep. His lack of short-term memory actually worked to her advantage.

It sometimes helps to become a conspirator. Perhaps you have hidden the keys to the car and Dad wants them. Instead of explaining why it wasn't a good idea for him to drive, you might seem perplexed by the missing keys and agree to help look for them. After a couple of minutes suggest that "Well, we'll find them, but let's sort these clothes right now. We really need to get this done." Wait for an opportunity to re-direct and talk positively about the future.

Support groups can help. A great deal of time is spent talking about how to agree, deflect and re-direct. Don't confront, argue or reason. Remember, you never win an argument with an Alzheimer patient.
Using Your Patient’s View of Reality

Try to imagine forgetting what you are supposed to do next, not just once but over and over. Try to imagine looking at formerly familiar surroundings and not knowing where you are. How would it feel to listen to a friend’s question not knowing how to form an answer?

The person who keeps asking “Where am I?” or “Who is going to take me home?” must be confused or frightened or both. We must learn to interpret patients’ moods and intentions and invent successful ways to respond to their needs, particularly the need of selfhood.

One of the greatest impediments to the effective care of Alzheimer’s patients is that caregivers misinterpret the responses of their patients. Family members and professional care providers often fail to see (or do not want to believe) that the mental deterioration is irreversible and inevitable and that the patient has little or no control over his or her, unorthodox verbal and physical behavior.

After much work with patients, I have adopted four principles which make the task of caregiving easier:

Agreement—The most useless and tiring activity of caregivers is to argue with or contradict patients. Healthy people can usually depend on their senses and their powers of reasoning. On the other hand, patients’ senses, their feelings, their mental connections tell them lies and any attempts to change their points of view only cause frustration, anxiety, and even violence. Usually it will be harmless to agree with our patient’s wrong statement or belief. If we are accused of hiding or stealing the patient’s belongings we can diffuse the accusation by offering to help find the missing item instead of denying it.

Distraction—At most stages of the disease, if a patient is intent on some unsafe or stressful act, it is relatively easy to change the subject or to involve patients in other activities. Many patients have short attention spans and can easily be attracted to a new idea or action. When Mr. North insisted he must go to meet his wife outside the building, one of the volunteers picked up a magazine and, pointing to a large ad for a new car, said, “Oh, Mr. North, can you help me? What color is this automobile?” The patient was pleased to be asked and began to look at the picture and to talk about cars.

Soothing/Comfort—Patient agitation is often caused by environmental factors. Noise and clutter in the surroundings are enough to annoy any of us. Alzheimer’s patients have the additional burden of inner clutter and uncertainty. We can provide a calm and predictable setting. We can use soft sounds and voices. We can avoid surprising and abrupt movements. We can use touch to reassure our patients that they are safe and cared for. Physical and mental comfort are realistic and achievable goals. When a patient feels comfortable and secure, his or her behavior is likely to be more nearly “normal.”

Simplification—Many emotional and behavioral episodes are the result of the frustration brought on by the inability to cope with complicated interactions. Valuable simplification includes: limiting choices (too many questions and choices only add to the confusion already experienced), establishing regular, predictable routines, allowing time for the slower processing of verbal messages and the patient’s formulation of responses (a damaged brain works slower), giving one-step instructions (i.e., brushing teeth contains many steps).
Planning for Emergencies

Potential Emergencies

Knowing some common emergencies that occur and having a plan can reduce stress for both the primary caregiver and other caregivers involved.

Potential Caregiver Emergencies
- Caregiver becomes sick suddenly and needs hospitalization
- Caregiver suddenly dies
- Caregiver is suicidal

Potential Emergencies for the Person Living with Dementia (PLWD)
- PLWD becomes sick and needs immediate help
- PLWD leaves with a car or by foot and has not returned
- Nursing home tries to discharge the PLWD for unmanageable behavior
- PLWD becomes violent

Planning for Emergencies

Families caring for a person with dementia often face unique issues when emergencies occur. Knowing some common emergencies that occur and having a plan can reduce stress for both the primary caregiver and other caregivers involved.

Immediate Sickness/Death of Caregiver
Foremost, having a family meeting and developing a plan is necessary. Who will stay with the person with dementia and who will go to the hospital. Families are encouraged to speak with assisted living facilities that care for people on short-term basis and possibly have the person use the facility from time-to-time in case of future emergencies.

Caregiver is Suicidal
Helping caregivers ahead of time to accept help is crucial to preventing this emergency. Attending classes, support groups and getting respite can allow caregivers to better cope. Also, local mental health centers and churches can provide additional support. If a person is talking about suicide and has a plan, call 911 immediately!

PLWD Becomes Sick
If a person with dementia becomes sick, have a plan of who will accompany them and stay with them at the hospital. Ensure easy access to legal documents (Living Wills, POAs, etc.). Also, be prepared to educate staff that the person is diagnosed with dementia and be an advocate. If possible, someone should remain at the hospital 24/7 with the person who has dementia.

PLWD Wanders Away
To reduce risk of wandering, families should first accept that the potential exists, as 6 out of 10 people with Alzheimer’s will wander away. Families can ask for a home safety evaluation to think about securing cars, doors, etc. Also, MedicAlert SafeReturn and Comfort Zone are products available through: the Association to help families proactively address wandering.

PLWD is Discharged from a Facility
At times, the facility staff will say that the person can no longer stay there because of behaviors. Families should know their rights and can learn more by calling the local long-term care ombudsman’s office at (337) 223-4613.

PLWD becomes Violent
Have local emergencies numbers available. If you feel threatened as a caregiver, you should immediately call 911.
The Perils of Stress in Caregiving

Stress is normal, but it can lead to serious physical problems if not paid attention to. There are some measures that you, the caregiver, can take to keep your stress level low and stay in good health. If you are not a caregiver, help a loved one who is by encouraging them to seek help and look out for their own health.

For seven years, Sharon Clem, a volunteer for the Alzheimer's Association, Northern Virginia Chapter, cared for her mother at the expense of her own health. She also endured a lot of mental anguish as the symptoms of Alzheimer's Disease took over her mother.

Before Full-time Caregiving
Sharon worried about her mother's unusual behaviors for two years before she took on the task of full-time caregiving. Catherine Clem would call her daughter several times a week, wanting to know how to cut the grass or take care of everyday chores in the house.

That was the beginning of Sharon's battle with Alzheimer's Disease. For the first three years of caregiving there was no diagnosis. Sharon had no idea why her mother did not seem like the mother who once cared for and nurtured her. After three long years of wondering why Catherine was behaving so abnormally, Catherine was diagnosed with Alzheimer's Disease.

Sharon, an only child with no children of her own, tried to "do it all" because there was no one else to care for her mother.

Alzheimer's is an isolating disease. "I felt very alone. No one supported me or ever appreciated what I did for my mother", Sharon explains. "No one thought my mother's behavior was a problem. My neighbors were not understanding, they thought she was just old and acting the way old people act. My only family, an aunt and uncle, didn't see what I dealt with either." Sharon says that her mother was also forced out of her regular social circles. Catherine's church was not supportive, even though she was always active and donated quite a bit of her savings to them. Her friends disappeared as well.

Although not always recognized, Sharon endured a lot of stress while caring for her mother. "I was constantly repeating myself until I thought she understood what I was saying, only to find out later that she either didn't understand to begin with or she forgot altogether."

The Difficulty of Caregiving
Caring for someone with Alzheimer's can be very frustrating because paranoia and memory loss are very common in Alzheimer's patients. "My mother would lose her money because she could never remember where she put it, then she would accuse me of stealing it," Sharon says.

As Alzheimer's disease progressed and her caregiving duties became more burdensome, Sharon stopped eating properly and developed Hypoglycemia. Later, she was hospitalized three times for hemorrhaging ulcers. During the third hospitalization, the physicians removed half of her stomach and it became apparent
The Perils of Stress in Caregiving

that Sharon needed to place an emphasis on her own health. Both Sharon's and Catherine's doctors recommended nursing home placement for Catherine. Sharon took the advice and called the Alzheimer's Association for help. While still in the hospital, Sharon was able to place her mother in a quality nursing home.

Dr. Burton Reifler, Professor and Chairman of the Department of Psychiatry and Behavioral Medicine at Bowman Gray School of Medicine at Wakeforest University, confirms that stress is a very important issue to deal with when caregiving. He claims that the stress rates in caregivers is quite high. "The stress of caregiving is double. It takes an awful lot of work to care for your loved one and the person does not appreciate you or what you are doing for them. In fact, they often act resentful." Reifler states.

Reducing Caregiver Stress
While there are no solutions to controlling the way other people act, there are some answers that may help you control your own stress level. Dr. Reifler suggests that education is essential in dealing with any type of stress. You should educate yourself about the disease, area support groups, and adult daycare or respite centers. If you are educated about what is going on in your life and the life of your patient, you can better understand what to expect. Both Dr. Reifler and Sharon place an emphasis on using an outside focus when attempting to keep your stress level low. Everyone needs a release or recreation in their lives.

For Sharon, the way she managed to escape the pressure was to first get her mother involved in a jigsaw puzzle, then slip into the den to read by herself. Dr. Reifler says, "There is no one best approach to dealing with stress." He suggests however, that you continue doing things that you enjoyed in the past, whether it be physical activity, attending or helping at church, reading, bridge or a hobby. Dr. Reifler also stresses the importance of taking good care of yourself, "Don't rely on coffee in the morning to get you going and alcohol at night to help you wind down." "Eat properly, get enough exercise, sleep and outside activity, not just for your own sake, but for the sake of your patient too. The patient can least afford for the caregiver to run out of gas," says Dr. Reifler.

"You just cannot do it all on your own."

Adult Day Centers
There are people who can help you and places where a caregiver can find some relief. Dr. Reifler emphasizes that, "Adult day care centers are the best kept secret in the country for relieving stress in caregiving." Adult day care is wonderful for both the caregiver and the patient. Adult day care centers allow a caregiver some time alone to do the grocery shopping, catch up on the housework, read a book, go see a movie, have lunch with a friend, or just relax without disturbances.

If you are worried that your loved one will not want to attend a day care center, respite center staff may be able to offer creative ways of getting Alzheimer's patients excited about attending. Some people with Alzheimer's Disease dress in business clothing and think they are reporting to work (the adult day care center). The center provides appropriate chores for the "business person". For others, they have appropriate entertainment and activities. Sharon says, "I can't stress enough the importance of joining a support group and seeking the help of others. Don't try to do it all alone and get your loved one into day care."

Families, friends and support groups also provide emotional support. Sharon concludes, "Get as much help as you can. People with families are lucky, ask for their help. You just can not do it all on your own."
Legal Issues: What to Know

When Alzheimer's disease strikes, the person living with dementia and the family must prepare for the inevitable emotional, physical, and financial changes that lie ahead. A diagnosis of Alzheimer's does not mean that the person is unable to make decisions.

It is vital that persons with Alzheimer's disease and their family obtain knowledgeable legal advice without delay. Laws vary from state to state, as do the needs of each person and his family. There is no one plan or approach that is right for everyone. With expert help and proper guidance, you should be able to make choices that best fit your needs.

Beginning the Plan
Planning a future for Alzheimer's can be an upsetting process for both patient and family. A fundamental principle is to allow the person living with dementia as much control of his life and affairs as possible.

Even after there has been significant impairment, keeping the patient abreast of important decisions will help him to know that things are being done the way he would have chosen. Effective legal planning depends on open communication between family members. A family meeting with the legal advisor may make the process easier to manage.

A good starting point is collecting legal and financial documents that are the property or concern of the AD patient and spouse, if applicable. These typically include tax returns, health and life insurance policies, pensions, information, deeds, mortgages, bank statements, investment documents, as well as previously executed wills and trusts.

Legal Steps to be Taken
There are several legal issues that should be considered as soon as the patient is diagnosed with Alzheimer's disease. It is important to locate an attorney who either specializes in elder law, or is familiar with the related issues and family situation. Once an attorney is retained, there are some immediate steps to be taken. First and foremost, an agreement must be reached as to who will legally act on behalf of the patient. There are several ways to accomplish this.

Durable Power of Attorney (For Health Care)
The Durable Power of Attorney document allows an individual to designate another person to act legally on his behalf. A DPA can be broad, and give power to manage and control most financial and legal transactions, or it can be limited to selected assets or activities. The Durable Power of Attorney for Health Care is a legal instrument where an individual appoints a representative to make health care decisions when he is incapacitated and not able to.

Trusts and Living Trusts
A Trust is an arrangement where a trustee is appointed to manage part or all of his assets, which have been placed in the trust. Although the trustee holds title to the assets, he is obligated to manage them according to the terms of the trust.

A Living Trust operates while the grantor (patient) is still alive, allowing him to make changes as seen fit. A major benefit is the possible avoidance of probate, however there may not be any tax advantages to creating a Living Trust.

Wills & Living Wills
The terms by which a person's estate will be distributed upon death is specified in the Will. A Living Will gives the individual the opportunity to explain how the health care decisions are to be made in the event of mental incapacity. It should state whether life-sustaining treatment is or is not to be used when the individual is completely without decision-making abilities or awareness. A Living Will should be written along with a DPA for Health Care to ensure that the patient's wishes are clear and executed properly.
Alzheimer’s Persons Need Respite

In September last year I looked forward to the opening of a new adult day center with great hope, but also much anxiety. I feared that my wife, Miya, being very shy and apprehensive, might resist going to such a facility with a group of strangers. Much as I needed and desired the respite of 2 days of 5 hours each, I was quite prepared for failure.

In fact, from the first day Miya has taken to what we call ‘MAC CLUB’ with happy pleasure and enthusiasm. She responds with warmth to the kind, affectionate and efficiently attentive reception from Barbara and the entire staff. Obviously the wide range of simple activities that is daily offered both interests and stimulates Miya, as well as the other club members. Miya particularly likes singing and dancing, and there is plenty of both. She seems, according to the staff, to enjoy her whistlestop luncheon meals, sometimes wants “seconds” and shows more desire and capacity to feed herself than she does at home with me. All in all I am tremendously relieved at how well taken care of she is and most appreciative of the respite time given me for attending to so many chores both at home and outside.

But there is one extra and surprising dimension to the benefits derived that I want to especially stress. All of us, staff and caregivers alike, have noted the steady and impressive development of communication, contact and "sociability" among the club members (‘patients’) themselves; one can truly say that a rather cohesive sense of community has already occurred. One of the members plays piano well, and nearly everyone gathers around for sing-alongs of the popular songs he plays. I think her face breaks into an even more radiant smile when she enters the familiar Club door than when I come home and greet her after being out on errands. This is all the more pleasant to see as it is also quite unexpected.

This all has made me reflect a little more deeply on what an Alzheimer patient must be thinking and suffering day after day in his/her home, even with a devoted spouse or caregiver. A spouse inevitably feels compelled to do a lot of gentle ordering and ‘pressuring’ of the loved patient, and perhaps unconsciously engenders a greater feeling of dependence and loss of identity and self-esteem in the patient than one can realize. Also, because of the constant pressure of household chores and “paper work” of all sorts the caregiver often leaves the loved one alone for many hours a day, so that he/she may wander about the house in a lost, forlorn manner, or sit in a chair and fall off to sleep. (Of course the caregiver, I myself, check constantly that everything is o.k., including periodic toileting, etc.)

But, I think that sometimes a patient, no matter how much loved and cared for by a spouse or other relative, must chafe a bit at all this isolated home care. In contrast, when Miya comes to MAC’s Club, I believe she has a feeling of greater self-esteem and dignity. She is doing something on her own, so to speak, and she relishes again being an active part of a social group. So this is what I mean by my title that an Alzheimer patient also needs respite, and not just the caregiver. This is a point I believe is not often made.

The bottom line is that I am doubly overjoyed at our experience with MAC’s club. Not only do I get many hours of needed respite. More importantly, I derive deep pleasure in the fact that Miya so obviously gets pleasure and self-esteem in the social activities there, so that I am doubly blessed.
The Road to Acceptance

Accepting an uncomfortable or painful situation is always a difficult process. When the situation is a diagnosis of Alzheimer's Disease, there are several barriers which can make the road to acceptance even more difficult. Some of these have to do with the disease, others with human nature. Even making the diagnosis is not as clear as we would like, but learning more about the disease and how we normally deal with distressing situations may help ease the transition to acceptance.

Alzheimer's Disease often has a very gradual onset. As a result, family members or friends who spend a lot of time around the victim may not notice the gradual change in memory or functioning which take place. It becomes difficult to be objective about what the person is able to do and why. These changes may be more apparent to someone who is not around the victim very often, and having an evaluation of memory and function by a health professional may be the best way to decide what care or assistance the person with Alzheimer's disease needs.

In addition, it is common for people with Alzheimer's disease to attempt to cover their problems. For example, a woman who is finding it difficult to cook or do laundry may make up excuses for why it is not done - "I'm tired of cooking. I've been doing it my whole life and I don't want to do it anymore." - "My back hurts too much to carry the laundry anymore."

If chores are gradually picked up by a spouse or family member, then the reason why activities are given up becomes blurred. Or, family members may assume that the person really couldn't do the task anymore even if they wanted to.

Most people don't know the difference between normal aging and disease. It is still common to believe that "senility" is normal as one gets older. The loss of memory and judgment characterizing Alzheimer's Disease is then assumed to be normal and therefore we think that our friend or family member is just experiencing the effects of age. In fact, although the memory process may be slower with age, the normal older adult should not experience problems with normal daily activities.

The way that Alzheimer's disease can effect an individual may also cloud our ability to recognize it. It is common for the person with Alzheimer's disease to have periods of fluctuation in their functioning. Some days they may be able to answer questions and fix a cup of coffee. Then other days they don't remember where to find the coffee cup. These changes back and forth can make it hard to accept that the person is not capable of taking care of him/herself.

The final barrier to accepting such a diagnosis comes from our own human nature. It is normal to experience a period of denial when faced with unexpected or shocking news. Dr. Elizabeth Kubler-Ross has written extensively about the grief process particularly in patients with cancer, but her ideas apply to any kind of serious illness. She describes the first reaction of most patients and families to such news as disbelief.
Plan for the Future

The Alzheimer’s Association Miami Valley Chapter is the only local dementia-focused organization serving families in the Miami Valley including Champaign, Clark, Darke,Greene, Logan, Miami, Montgomery, Preble, and Shelby Counties.

Our trained staff provide local information, education and support based on each person’s unique story.

Support

Healthy social connections and a personalized plan can help all affected live the best lives possible.

• Memory Café/Movie Monday
Encourages friendship and enjoyment through social programs designed for the person living with early stage dementia

• Miami Valley Chapter Support Groups: Call our 24/7 HelpLine at 1.800.272.3900 or go to www.alz.org/dayton for a current list of local support groups or join online at www.alzconnected.org

• Care Consultations: Provided by Miami Valley Chapter Clinical Services staff to develop individual plans over the phone, through home visits, or family meetings

• www.alz.org/care: Provides a free tool to map out a caregiver action plan with Alzheimer’s Navigator

• Respite Care: Limited funding available to offer breaks for care partners through home care, adult day service, assisted living, or nursing home care

• Medic Alert-Safe Return- ID bracelet or necklace linked to a national database and Comfort Zone, a tracking device used with your computer, are safety services provided by the Alzheimer’s Association.

Information

• 24/7 Helpline 1.800.272.3900
• Download our local Information & Resource Guide at www.alz.org/dayton
• Brochures cover driving, communication, behaviors, legal issues, end-of-life care and more
• Alzheimer’s Association TrialMatch®, at www.alz.org/trialmatch, matches you to clinical trials based on personal criteria and location

Education

Education is a vital link to understanding the disease and preparing for the future. Learn about issues related to all stages.

Various education programs are offered throughout our nine counties for Caregiver’s and the Community. For more information please go to www.alz.org/dayton or call 1-800-272-3900.

• Early-Stage Education: designed for the person diagnosed with early stage dementia & their family.
Medical Professionals—Diagnosis/Care/Research

The primary health care need for people with dementia is to be evaluated and treated by a medical professional. Because there are many causes of dementia, the importance of a quality examination is crucial. Once the diagnosis is made you will want to think about follow-up care. Thus you might go to one medical professional or clinic for an initial assessment and another for on-going treatment, symptom management (i.e., behaviors) and physical/psychological health maintenance.

If unsure where to start in finding a doctor, please contact our 24/7 HelpLine

Alzheimer’s Disease Center (ADC)

The National Institute on Aging funds Alzheimer’s Disease Centers (ADCs) at major medical institutions across the nation. Researchers at these centers are working to translate research advances into improved diagnosis and care for Alzheimer’s disease (AD and related dementia patients while focusing on a cure. Cost may vary, but centers may accept Medicare, Medicaid, and private insurance.

**Indiana Alzheimer’s Disease Center**
*Indiana University School of Medicine*
635 Barnhill Dr, MS-A-138
Indianapolis, IN 45202
Website: [http://iadc.iupui.edu](http://iadc.iupui.edu)
Information Line: 317.274.1590

**University of Kentucky Alzheimer’s Disease Center**
*Sanders-Brown Center on Aging, Room 101*
800 South Limestone St.
Lexington, KY 40536
Website: [www.mc.uky.edu/coa](http://www.mc.uky.edu/coa)
Information Line: 859.323-6040

**Specialists**

A variety of local specialists diagnose and treat Alzheimer's disease and related dementias. After having an initial conversation with your family doctor, the doctor might make a referral. Otherwise you may ask for a referral to one of the doctors listed below or simply make the call yourself.

**Dayton Center for Neurological Disorders**
1975 Miamisburg-Centerville Rd, Dayton OH 937-439-6186

**UC Health Physicians**
(Lawrence Goldstick, M.D.)
1 Elizabeth Place Ste 210, Dayton, OH 937-495-0000

**Neurology Diagnostic**
Joel Vandersluis, M.D.
(2nd Location)
1 Elizabeth Place Ste. B, Dayton, OH 937-224-8200
240 W. Elmwood, Dayton 937-224-8200

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If unsure where to start in finding a doctor, please contact our 24/7 HelpLine
Medical Professionals—Diagnosis/Care/Research

Neurologists (continued)

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Amrit Chadha, M.D.</td>
<td>2100 E. High St., Springfield, OH</td>
<td>937-325-0665</td>
</tr>
<tr>
<td>Rabindra Kitchener, M.D.</td>
<td>St. Rt.25 A, Troy, OH</td>
<td>937-339-8513</td>
</tr>
<tr>
<td>Vadat Ranganathan, M.D.</td>
<td>3152 El Camino, Springfield, OH</td>
<td>937-629-0940</td>
</tr>
<tr>
<td>Antonela Svetic, M.D.</td>
<td>6601 Centerville Business Pkwy Ste 117</td>
<td>937-433-0085</td>
</tr>
<tr>
<td>Ling Xu, M.D.</td>
<td>540 Lincoln Park, Dayton, OH</td>
<td>937-312-8150</td>
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Geriatric Assessment Center

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<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td>Community Memory Clinic</td>
<td>9 Edwin C Moses Blvd. Dayton, OH</td>
<td>937-775-4356</td>
</tr>
<tr>
<td>Wright State Physicians*</td>
<td>2350 Miami Valley Dr. Ste. 210, Dayton, OH</td>
<td>937-401-1100</td>
</tr>
<tr>
<td>(Larry Lawhorne, M.D., Steven Swedland, M.D.)</td>
<td>* Makes limited home visits in addition to office visits</td>
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Regional Neurological Assessment Centers

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<tr>
<th>Name</th>
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<tr>
<td>Christ Hospital Ctr for Health &amp; Aging</td>
<td>Cincinnati, OH</td>
<td>513-272-8444</td>
</tr>
<tr>
<td>Cleveland Clinic, Neurological Institute</td>
<td>Cleveland, OH</td>
<td>216-444-5812</td>
</tr>
<tr>
<td>Memory Disorders Ctr, University of Cincinnati</td>
<td>Cincinnati, OH</td>
<td>513-475-8272</td>
</tr>
<tr>
<td>Ohio State University, Dept of Neurology</td>
<td>Columbus, OH</td>
<td>614-293-4969</td>
</tr>
<tr>
<td>(Douglas Scharre, M.D.; will need a referral from your primary care physician)</td>
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Neuropsychologists and Geri-psychologists

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<tr>
<th>Name</th>
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<tr>
<td>Nicholas Doninger</td>
<td>Kettering Med. Ctr. 3533 Southern Bvld</td>
<td>937-395-8043</td>
</tr>
<tr>
<td>Ellis Institute</td>
<td>9 N. Edwin Moses Blvd. Dayton, Ohio</td>
<td>937-775-4300</td>
</tr>
<tr>
<td>Jerry Flexman, PhD</td>
<td>1 Elizabeth Pl., Ste C. Dayton,</td>
<td>937-256-5300</td>
</tr>
<tr>
<td>James Gilchrest, PhD</td>
<td>30 Apple St., Dayton, OH</td>
<td>937-208-2554</td>
</tr>
<tr>
<td>Akbar Shinwari</td>
<td>130 Martz St., Greenville &amp; in Eaton, also</td>
<td>765-983-3298</td>
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See the next page for physicians and nurse practitioners who work with dementia and are either office-based or offer home visits
Medical Professionals—Diagnosis/Care/Research

Physicians and Nurse Practitioners

Office-based Practices
Dr. Morris Brown 301 W. First St. #100, Dayton, OH 937-461-0800
Dr. Richard Darr, M.D. 30 West McCreight Ave. Ste 105 Springfield, OH 937-390-3749
Dr. Meenakshi Patel, M.D. 6611 Clyo Rd. Centerville, OH 937-208-8282
Julie Larson, M.D. 9000 N. Main St., Englewood, OH 937-836-1549
Dr. Marlon Twyman 1152 W. 3rd St. Dayton OH 937-268-3483
Deepak Sarwal 5563 Far Hills Ave. Kettering OH 937-291-0839

Looking for a family doctor in your area? Please contact our 24/7 HelpLine at (800) 272-3900 for additional lists of physicians throughout our nine county region.

Home Visiting Practices

Home Care Doctors 1 Elizabeth Place, Dayton, OH 937-424-5470
(Counties served: Clark, Miami and Preble)

Visiting Physician Association 3077 Kettering Blvd Ste 319, Dayton, OH 937-293-2133
(Counties served: Clark, Champaign, Darke, Greene, Miami, Montgomery, Preble, and Shelby)

House Calls by Black Stone 4700 E. Galbraith Rd., Ste. 300 Cincinnati, OH 888-393-9799
(Counties served: Montgomery, Darke, Miami and Preble)

Trusted Health Care, Inc 325 Regency Ridge, Dayton, OH 937-436-3833
(Counties served: Butler, Clark, Darke, Greene, Miami, Montgomery, Preble and Warren)

Local Clinical Research Opportunities

Dayton Center for Neurological Disorders 1975 Miamisburg-Centerville Rd. Dayton OH 937-439-6186
UC Health Neurology 1 Elizabeth Place Ste 210, Dayton, OH 937-495-0000
Valley Medical Research 6611 Clyo Road Ste E, Centerville, OH 937-208-8298
Midwest Clinical Research Center 1 Elizabeth Place Ste G-3, Dayton, OH 937-424-1050

Please note:
- The above listing of physicians is for information only and does not necessarily reflect an endorsement by the Alzheimer’s Association, Miami Valley Chapter.
- If a physician would like to be added or removed from this list, please contact the Alzheimer’s Association Miami Valley Chapter at (937) 291-3332.
## Legal Services—Attorneys

### Clark

**Springfield**
- Dustin M. Hughes  937-398-0520
- Anthony Kohler  937-324-3000
- Paula Powers  937-323-6120
- Anthony Bryan Pennington  937-325-4446

### Montgomery

**Northern Montgomery**
- Jesse Beasley  937-454-0039
- Christopher Lavin  877-822-6424
- Gudorf Law Group LLC  937-898-5583

**Central Montgomery**
- Legal Aid Society of Dayton  937-228-8088
- Charles Allbery III  937-228-5912
- Thompson Hine LLP (Mark Conway)  937-443-6600
- Gary Froehlich  937-226-1776
- Joe P Mattera  937-223-1130
- Michael Moloney  937-222-2500
- Carl Sherrets  937-299-9607

**Southern Montgomery**
- Michael Millonig  937-438-3977
- Pete Rife  937-293-1000
- Nancy Roberson  937-643-2000
- Winwood Rutledge Co.  937-291-5270
- Peter B. Hoshor  937-241-1970
- Bridgett Tracy, J.D.  937-859-3628

### Darke

**Greenville**
- Gary Brown  937-548-1125
- Ray Donadio  937-548-6888
- Thomas H. Graber  937-548-1157

**Versailles**
- Thomas Guilozet  937-526-3501

### Greene

**Beavercreek**
- Judith Lamusga  937-231-8036
- O'Diam & Stecker Law Group  937-458-0574
- Charles H. Stier  937-426-3310

**Xenia**
- Miller, Finney, McKeown, Ecker  937-372-8055

### Miami

**Miami**
- Mike Gutmann  937-451-4470
- George Lovett  937-667-8805
- Sarah G. Worley, Esq.  937-339-0511
- Joseph A. Downing  937-667-1900

### Preble

**Eaton**
- Stephen Bruns  937-456-1776
- Dirk Earley  937-456-4104

**Lewisburg**
- Steve Hobbs  937-962-2712

### Shelby

**Sidney**
- Jim Chrisman  937-492-4250
- Harry Faulkner  937-492-1271
- William R. Zimmerman, Jr.  937-492-5191

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**Please note:**

- For a free phone consultation regarding legal issues, call Pro Seniors at 1-800-488-6070 to make an appointment.
- The above listing of attorneys is for information only and does not necessarily reflect an endorsement by the Alzheimer’s Association Miami Valley Chapter.
- Please call the Dayton Bar Association’s referral number at 937.222.6102 for more comprehensive information.
- If an attorney would like to be added or removed from this list, please contact the Alzheimer’s Association Miami Valley Chapter at (937) 291-3332.
Do you need help caring for a family member? Programs are available that assist eligible persons to pay for in-home services or assisted living.

**PASSPORT**

PASSPORT is a statewide Medicaid program that provides care at home for eligible Ohioans age 60 and older who are at risk for nursing home placement. Services can include personal care assistance, homemaking, home-delivered meals, emergency response systems, transportation, adult day services and more.

**ComCare**

ComCare is for seniors who do not qualify for PASSPORT services, but need supervision or limited assistance to remain independent at home. It can also offer services to support those caring for a frail older person at home.

**Assisted Living Waiver**

This statewide Medicaid program is an option for those who have needs that can no longer be met at home. It pays for services provided in certified assisted living facilities.

**Don’t make a decision until you know your options!**

Speak with a nurse or social worker trained to answer your questions and help you explore your long-term care options. Ask for a FREE assessment in your home – the best place to determine what services are available to meet your needs.

Information is also available on the Area Agency on Aging website: www.info4seniors.org.

Contact the agency covering your county for more information about the above-listed programs or other services available in your community.

**Clark, Greene, and Montgomery Counties**
Contact the Area Agency on Aging: 223-HELP, 800-258-7277 or at aaa@info4seniors.org

**Champaign, Darke, Logan, Miami, Preble, and Shelby Counties**
Contact Catholic Social Services of the Miami Valley: 800-521-6419 or ksell@cssmv-sidney.org

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Answers on Aging for West Central Ohio

**1-800-258-7277**
www.info4seniors.org

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alzheimer's association 24/7 Helpline 800.272.3900 • alz.org/dayton
Adult Day Services

For our dementia families, adult day care provides the much needed structure and functionally appropriate activities for the person with dementia, as well as an opportunity for the caregiver to maintain employment, run errands or have some time for him or herself. It is important to give yourself permission to use day care services. It can be of great benefit to both you and your loved one.

We encourage caregivers to visit a couple adult day centers, ask many questions and find out if day care can meet their loved one’s individual needs. Day centers provide care for both partial and full days. Some families may choose to use day care for two or three days a week, while others may use it five days a week. Transportation is available from many of the day centers.

If unsure where to start in choosing an adult day service, please contact our 24/7 HelpLine at (800) 272-3900 for further assistance.

**Champaign**
Check with area Assisted Living providers (pg 29) for Adult Day Service availability

**Clark**
*Easter Seals—Adult Day Service*
2535 Kenton Street
(937) 505-6870
Springfield, OH

**Greene**
*Today Center for Adults*
711 Dayton Xenia Rd
(937) 562-7590
Xenia, OH

*Goodwill Easter Seals*
2309 N. Fairfield Rd.
(937) 912-0089
Beavercreek, OH

**Logan**
*Green Hills Center*
6557 US 68 South
(937) 465-5065
West Liberty, OH

**Miami**
*Easter Seals—Piqua*
316 North College St.
(937) 778-3680
Piqua, OH

**Montgomery**
*Day Away Day Care*
8100 Clyo Rd.
(937) 439-7146
Centerville, OH

*Easter Seals*
5601 Kentshire Drive
(937) 275-4626
Kettering, OH

*United Rehabilitation Services*
4710 Old Troy Pike
(937) 233-1230
Dayton, OH

**Shelby**
*Fairhaven—Shelby Cty Home*
2901 Fair Road
(937) 492-8074
Sidney, OH

(Please note: Some Assisted Living Facilities offer Adult Day Services on an hourly basis. Call the local Assisted Livings in your area to learn if they offer this service.)
### In-Home Care Services

**Aide In-home Services:** Provided at home or as extra care in facilities, many services exist to assist families facing dementia. Private pay services range between $18 - $22 per hour on average.

**Skilled In-home Services:** These services can provide nursing and skilled care along with custodial/non-medical care. Often these services are used following a hospital stay which requires skilled care.

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**Choosing an In-Home Care Provider**

Call HelpLine at 1-800-272-3900 for assistance

24/7 Helpline 800.272.3900 • alz.org/dayton
# In-Home Care Services

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Call HelpLine at 1-800-272-3900 for assistance
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**Please note:**
- The above listing of in-home providers is for information only and does not reflect an endorsement by the Alzheimer’s Association Miami Valley Chapter.
- If a provider would like to be added or removed from this list, please contact the Alzheimer’s Association Miami Valley Chapter at (937) 291-3332.

**Choosing an In-Home Care Provider**
Call The Alzheimer’s Association 24/7 HelpLine at 1-800-272-3900 to learn more about how to choose an In-Home service provider.
Assisted Living Providers

Assisted Living (AL) is designed to maximize an individual's independence by combining a home-like setting with the availability of nursing and personal care services. When selecting a facility, it is important to ask if the daily rate includes all services or if there are additional costs. AL facilities either provide or make arrangements for services, including meals, housekeeping, laundry, assistance with personal care activities, and medication assistance (such as reminders and/or dispensing). Some AL facilities include these services in their daily rate, while other have a daily rate plus a 'ment' plan for each additional service provided. AL facilities are not able to provide services to persons in need of 24 hour skilled care. Please note that Medicare will not pay for AL.

There are Assisted Living Waivers available for those who meet financial guidelines. AL is a potential living arrangement for persons living with Alzheimer's disease or related dementia. In exploring and choosing this option, it is critical to inquire about the programming and the level of care, supervision, and structure provided by the facility. It is also important to ask about dementia-specific training and education provided to the staff.

If unsure where to start in finding an assisted living, please contact our 24/7 HelpLine at (800) 272-3900 for further assistance.

### Champaign

<table>
<thead>
<tr>
<th>Facility</th>
<th>Address</th>
<th>Phone</th>
<th>Dementia Unit</th>
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</thead>
<tbody>
<tr>
<td>Community Hearth and Home</td>
<td>1579 E State Rt 29, Urbana</td>
<td>(937) 653-5163</td>
<td>☑</td>
</tr>
<tr>
<td>Brookdale of Urbana</td>
<td>609 E. Water St. ,Urbana</td>
<td>(937) 652-1500</td>
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### Clark

<table>
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<th>Facility</th>
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<tbody>
<tr>
<td>Community Hearth and Home</td>
<td>3185 El Camino Dr. , Springfield</td>
<td>(937) 399-7851</td>
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<tr>
<td>Community Hearth and Home</td>
<td>550 W. Harding Rd., Springfield</td>
<td>(937) 399-8622</td>
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<tr>
<td>Eaglewood Care Center</td>
<td>2000 Villa Rd., Springfield</td>
<td>(937) 399-7195</td>
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<tr>
<td>Brookdale Fox Run</td>
<td>7800 Dayton-Springfield Rd., Enon</td>
<td>(937) 864-1500</td>
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<tr>
<td>Brookdale Springfield</td>
<td>2981 Vester Ave., Springfield</td>
<td>(937) 399-1216</td>
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<tr>
<td>The Legacy @ Forest Glen</td>
<td>2150 Montego Dr., Springfield</td>
<td>(937) 390-9913</td>
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<td>Oakwood Village</td>
<td>1500 Villa Rd., Springfield</td>
<td>(937) 390-9000</td>
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<td>Springfield Manor</td>
<td>404 E. McCreight, Springfield</td>
<td>(937) 399-8311</td>
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<tr>
<td>Springfield Masonic Community</td>
<td>2655 W. National Rd., Springfield</td>
<td>(937) 525-3067</td>
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<tr>
<td>Brookdale Buck Creek</td>
<td>3270 Middle Urbana Rd., Springfield</td>
<td>(937) 390-0432</td>
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If you live in Montgomery County, you may be able to have library material delivered to your door! Call 937-496-8956 for more information.

The Dayton Metro Library (DML) provides a homebound delivery service for people who are physically unable to get to a branch. They can bring you books, audio books, movies, music, and more. For more information or to request homebound delivery, please contact their Outreach Services department at 937/496-8956.
# Assisted Living Providers

## Darke

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<tr>
<td>Brethren Retirement Community</td>
<td>750 Chestnut St., Greenville</td>
<td>(937) 547-8000</td>
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<tr>
<td>Oakley House</td>
<td>1275 Northview Dr., Greenville</td>
<td>(937) 548-9521</td>
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<tr>
<td>Brookdale Greenville</td>
<td>1401 N. Broadway., Greenville</td>
<td>(937) 548-6800</td>
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## Greene

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<td>Elmcroft of Xenia</td>
<td>60 Paceline Circle, Xenia</td>
<td>(937) 372-1530</td>
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<tr>
<td>Brookdale Kettering</td>
<td>280 Walden Way, Beavercreek</td>
<td>(937) 427-0060</td>
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<tr>
<td>Friends Care Community</td>
<td>150 E. Herman St., Yellow Springs</td>
<td>(937) 767-7363</td>
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<tr>
<td>Legacy Village</td>
<td>695 Wycliffe Dr., Xenia</td>
<td>(937) 372-0359</td>
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<tr>
<td>Patriot Ridge Community</td>
<td>789 Stoneybrook Trail, Fairborn</td>
<td>(937) 878-0262</td>
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<tr>
<td>Brookdale Beavercreek</td>
<td>3839 Indian Ripple Rd., Beavercreek</td>
<td>(937) 431-0455</td>
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<tr>
<td>The Summit at Park Hills</td>
<td>2270 Park Hills Drive, Dayton</td>
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<tr>
<td>Trinity Community</td>
<td>3218 Indian Ripple Rd., Beavercreek</td>
<td>(937) 426-8481</td>
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<td>Green Hills Inn</td>
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<td>(937) 465-5065</td>
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<td>Logan Acres</td>
<td>2739 CR 91, Bellefontaine</td>
<td>(937) 592-2901</td>
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<td>Campbell Place</td>
<td>356 Kent Dr., Bellefontaine</td>
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<td>Caldwell House</td>
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<td>(937) 339-5199</td>
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<td>Garby Ridge</td>
<td>1567 Garby R.d., Piqua</td>
<td>(937) 778-9385</td>
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<td>Randall Residence of Tipp City</td>
<td>6400 S. CR 25A Tipp City</td>
<td>(937) 667-8200</td>
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<td>Brookdale Piqua</td>
<td>1744 W. High St. Piqua</td>
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<td>Brookdale Troy</td>
<td>81 S. Stanford Rd., Troy</td>
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## Montgomery

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<td>10 Wilmington Place</td>
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<td>(937) 253-1010</td>
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<td>Family Tree Residential Living</td>
<td>5136 Bigger Rd., Kettering</td>
<td>(937) 938-7033</td>
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<td>Bethany Lutheran Village</td>
<td>6451 Far Hills Ave., Centerville</td>
<td>(937) 433-2111</td>
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<td>Brighton Gardens of Wash.Twp.</td>
<td>6800 Paragon Rd., Dayton</td>
<td>(937) 438-0054</td>
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<tr>
<td>Brookdale Englewood</td>
<td>95 W. Wenger Rd., Englewood</td>
<td>(937) 836-9617</td>
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<tr>
<td>Brookdale Oakwood</td>
<td>1701 Far Hills Ave., Dayton</td>
<td>(937) 294-1772</td>
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<tr>
<td>Brookdale Miami Township</td>
<td>7847 Lois Circle, Dayton</td>
<td>(937) 586-7043</td>
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Assisted Living Providers

Montgomery (continued)

Brookhaven Life Care Community 1 Country Lane, Brookville (937) 833-2133
Carlyle House 3490 Far Hills Ave. Dayton (937) 293-3490
Cottages of Clayton 8212 N. Main St., Dayton (937) 280-0300
Elmcroft of Washington Twp. 8630 Washington-Church, Miamisburg (937) 291-3211
Friendship Village 5790 Denlinger Rd., Dayton (937) 837-5581
Grace Brethren 1010 Taywood Rd., Englewood (937) 836-4011
Hearth and Home 55 Great Hill Dr., Dayton (937) 264-1100
Lanepark of Huber Heights 6200 Bellefontaine Rd. Huber Heights (937) 236-1800
The Legacy at Cypress Pointe 600 West National Rd, Englewood (937) 836-3149
Laurelwood 3797 Summit Glen., Dayton (937) 436-6155
Pristine Senior Living 7300 McEwen Rd., Centerville (937) 433-3441
Lincoln Park Manor 694 Isaac Prugh Way, Kettering (937) 297-4300
Mercy Siena Woods 6125 N. Main St., Dayton (937) 278-8211
Nightengale Homes Call for appointment, Brookville (937) 280-5634
Oak Creek Terrace 2316 Springmill Road, Dayton (937) 439-1454
River Oaks 2961 W. Spring Valley Pk., Miamisburg (937) 291-1100
Shiloh Springs Care Center 3500 Shiloh Springs Rd., Dayton (937) 854-1180
Spring Hills Singing Woods 140 East Woodbury Dr., Dayton (937) 274-1400
St. Leonard Senior Living 8100 Clyo Rd., Centerville (937) 433-0480
Brookdale Centennial Park 350 Union Blvd., Englewood (937) 832-8500
Brookdale Washington Twp. 8130 Miller Farm Lane, Dayton (937) 291-9800
Sycamore Glen 317 Sycamore Glen Dr., Miamisburg (937) 866-2984
Symphony at Centerville 7383 Paragon Rd., Centerville (937) 999-2586
The Wellington 2656 Alex Bell Rd., Dayton (866) 623-8508
The Suites at Walnut Creek 5070 Lamme Rd., Kettering (937) 299-0194

Preble

Greenbriar Nursing Center 501 West Lexington Rd., Eaton (937) 456-9535

Shelby

Dorothy Love Retirement Com. 3003 West Cisco Rd., Sidney, OH (937) 498-2391
Lane Park of Sidney 1150 W. Russell Rd., Sidney, OH (937) 498-1818

Please note:

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24/7 Helpline 800.272.3900 • alz.org/dayton
Nursing Home Providers

Because the Chapter receives frequent requests for information about facilities with special care units for persons with Alzheimer’s disease or other related dementias, we have compiled the following list. Please note that there is no definitive research to indicate that only facilities with specialized units provide quality care for persons affected by Alzheimer’s disease. A program for dementia residents is only “special” if it offers something that is not offered in the traditional facility. You need to select a facility that you think will provide your loved one with the best possible care.

The Alzheimer’s Association recommends that you visit a variety of facilities before the need for placement occurs. Long term care facilities often have waiting lists so planning ahead is advisable. As you visit, it is important to: (1) Visit as many different facilities as you are able; (2) Visit at different times of the day and different days of the week; (3) Ask questions regarding resident care, including (a) Maintaining the highest level of functioning for the resident (b) Activities (c) staff/resident ratios (d) Alzheimer’s education for the unit staff; (4) Talk with several staff members and families of other residents; (5) If the facility has a special care unit, find out the criteria used to determine the resident’s placement in that unit and the criteria used to move a resident from that unit. If you have any questions or would like to work with one of the Family Assistance Coordinators, please call 937-291-3332 or 800-272-3900.

If unsure where to start in choosing a nursing home, please contact our 24/7 HelpLine at (800) 272-3900 for further assistance.

**Clark**

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<td>Dayspring Health Care Center</td>
<td>8001 Dayton-Springfield Rd., Fairborn, OH</td>
<td>(937) 864-5800</td>
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<tr>
<td>Eaglewood Care Center</td>
<td>2000 Villa Rd., Springfield, OH</td>
<td>(937) 399-7195</td>
<td>✔</td>
</tr>
<tr>
<td>Forest Glen Health Campus</td>
<td>2150 Montego Dr., Springfield, OH</td>
<td>(937) 390-9913</td>
<td>✔</td>
</tr>
<tr>
<td>Oakwood Village</td>
<td>1500 Villa Rd., Springfield, OH</td>
<td>(937) 390-9000</td>
<td>✔</td>
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<tr>
<td>Springfield Masonic Community</td>
<td>2655 West National Rd., Springfield, OH</td>
<td>(937) 525-3067</td>
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<tbody>
<tr>
<td>Brethren Retirement Community</td>
<td>750 Chestnut St., Greenville, OH</td>
<td>(937)547-8000</td>
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# Nursing Home Providers

## Greene

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<td>Greene Oaks</td>
<td>164 Office Park Dr., Xenia, OH</td>
<td>(937) 352-2800</td>
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<tr>
<td>Hospitality Homes</td>
<td>1301 North Monroe Dr., Xenia, OH</td>
<td>(937) 372-8081</td>
</tr>
<tr>
<td>Patriot Ridge Community</td>
<td>789 Stoneybrook Dr., Fairborn, OH</td>
<td>(937) 878-0262</td>
</tr>
<tr>
<td>Wright Nursing &amp; Rehab.</td>
<td>829 Yellow Springs-Fairfield Rd. Fairborn, OH</td>
<td>(937) 878-7046</td>
</tr>
<tr>
<td>Trinity Community</td>
<td>3218 Indian Ripple Rd., Beavercreek, OH</td>
<td>(937) 426-8481</td>
</tr>
<tr>
<td>Pristine Sugarcreek</td>
<td>1957 N. Lakeman Drive, Bellbrook, OH</td>
<td>(937) 848-7800</td>
</tr>
</tbody>
</table>

## Logan

<table>
<thead>
<tr>
<th>Nursing Home Provider</th>
<th>Address</th>
<th>Dementia Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Hills Center</td>
<td>6557 US 68 South, W. Liberty, OH</td>
<td>(937) 465-5065</td>
</tr>
<tr>
<td>Logan Acres</td>
<td>2739 County Road 91, Bellefontaine, OH</td>
<td>(937) 592-2901</td>
</tr>
</tbody>
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## Miami

<table>
<thead>
<tr>
<th>Nursing Home Provider</th>
<th>Address</th>
<th>Dementia Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covington Care Center</td>
<td>75 Mote Dr., Covington, OH</td>
<td>(937) 473-2075</td>
</tr>
<tr>
<td>Genesis HealthCare, Troy</td>
<td>512 Crescent Dr., Troy, OH</td>
<td>(937) 335-7161</td>
</tr>
<tr>
<td>Koester Pavilion</td>
<td>3232 North County Rd. 25A, Troy, OH</td>
<td>(937) 440-7663</td>
</tr>
<tr>
<td>Spring Meade Health Center</td>
<td>4375 South County Rd. 25A, Tipp City, OH</td>
<td>(937) 667-7500</td>
</tr>
</tbody>
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## Montgomery

<table>
<thead>
<tr>
<th>Nursing Home Provider</th>
<th>Address</th>
<th>Dementia Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethany Lutheran Village</td>
<td>6451 Far Hills Ave, Centerville, OH</td>
<td>(937) 433-2110</td>
</tr>
<tr>
<td>Brookhaven Life Care Com.</td>
<td>1 Country Lane, Brookville, OH</td>
<td>(937) 833-2133</td>
</tr>
<tr>
<td>Carriage Inn of Dayton</td>
<td>5040 Philadelphia Dr., Dayton, OH</td>
<td>(937) 278-0404</td>
</tr>
<tr>
<td>Crossroads Rehab &amp; Nursing</td>
<td>208 North Cassel Rd., Vandalia, OH</td>
<td>(937) 898-4202</td>
</tr>
<tr>
<td>Genesis HealthCare, New Leb.</td>
<td>101 Mills Place, New Lebanon, OH</td>
<td>(937) 687-1311</td>
</tr>
<tr>
<td>Heartland of Centerville</td>
<td>1001 Alex Bell Rd., Centerville, OH</td>
<td>(937) 436-9700</td>
</tr>
<tr>
<td>The Laurels of W.Carrollton</td>
<td>115 Elmwood Circle, West Carrollton, OH</td>
<td>(937) 866-3814</td>
</tr>
<tr>
<td>Maria-Joseph Center</td>
<td>4830 Salem Ave., Dayton, OH</td>
<td>(937) 278-5720</td>
</tr>
<tr>
<td>Mary Scott Nursing Center</td>
<td>3109 Campus Dr., Dayton, OH</td>
<td>(937) 278-0761</td>
</tr>
<tr>
<td>Oak Creek Terrace</td>
<td>2316 Springmill Road, Dayton, OH</td>
<td>(937) 439-1454</td>
</tr>
<tr>
<td>Oaks of West Kettering</td>
<td>1150 West Dorothy Lane, Kettering, OH</td>
<td>(937) 293-1152</td>
</tr>
<tr>
<td>Pinnacle Pointe</td>
<td>3421 Pinnacle Rd., Moraine, OH</td>
<td>(937)268-3488</td>
</tr>
<tr>
<td>Riverside Nursing Center</td>
<td>1390 King Tree Dr., Dayton, OH</td>
<td>(937) 278-0723</td>
</tr>
<tr>
<td>St. Leonard Senior Living Com.</td>
<td>8100 Glyo Rd., Centerville, OH</td>
<td>(937) 433-0480</td>
</tr>
<tr>
<td>Walnut Creek Nursing Home</td>
<td>5070 Lamme Rd., Kettering, OH</td>
<td>(937) 299-0194</td>
</tr>
</tbody>
</table>

(Continued on next page)
# Nursing Home Providers

<table>
<thead>
<tr>
<th>Montgomery (cont.)</th>
<th>Preble</th>
<th>Shelby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood Glen Nursing Center</td>
<td>Greenbriar Nursing Center</td>
<td>Dorothy Love Retirement Community</td>
</tr>
<tr>
<td>3800 Summit Glen Dr., Dayton, OH</td>
<td>501 West Lexington Rd., Eaton, OH</td>
<td>3003 West Cisco Rd., Sidney, OH</td>
</tr>
<tr>
<td>(937) 436-2273</td>
<td>(937) 456-9535</td>
<td>(937) 498-2391</td>
</tr>
</tbody>
</table>

**Please note:**
- The above listing of nursing care facilities is for information only and does not reflect an endorsement by the Alzheimer’s Association Miami Valley Chapter.
- If a provider would like to be added or removed from this list, please contact the Alzheimer’s Association Miami Valley Chapter at (937) 291-3332.

**THANK YOU to our 2017 Dimensions of Dementia Sponsors!**

![Dimensions of Dementia Sponsors Logos](image-url)

Area Agency on Aging  Hospice of the Miami Valley  10 Wilmington Place  Senior Helpers
Hospice Providers

Hospice services provide critical medical, emotional and spiritual support to people in the end stages of Alzheimer’s disease and their families. Hospice support is increasingly available to people with Alzheimer’s disease, who must meet certain criteria to be eligible. The hospice team, typically comprised of nurses, aides and social workers, provides support to families in homes and nursing centers. Grief support is available for families, including individual and group counseling. Hospice services are covered by Medicare/Medicaid, as well as many insurance plans.

If unsure where to start in finding a hospice provider, please contact our 24/7 HelpLine at (800) 272-3900.

**Champaign**

Community Mercy Hospice (937) 390-9665

**Clark**

Cornerstone Hospice (937) 484-5710
Crossroads Hospice (937) 312-3170
Community Mercy Hospice (937) 390-9665
The Hospice of Dayton (937) 256-4490

**Darke**

Hospice of Darke County (937) 548-2999

**Greene**

Crossroads Hospice (937) 312-3170
Hospice of the Miami Valley (937) 458-6028
The Hospice of Dayton (937) 256-4490
Tridia Hospice (937) 412-0210

**Logan**

Universal Home Health & Hospice (937) 593-6333

**Miami**

Crossroads Hospice (937) 312-3170
Heartland Hospice Care (937) 299-6980
Hospice of Miami County (937) 335-5191
The Hospice of Dayton (937) 256-4490
Vitas Healthcare Corp. (937) 299-5379

**Montgomery**

Acclaim Hospice (937) 433-2400
Crossroads Hospice (937) 312-3170
Gentiva (937) 298-2800
Grace Hospice (937) 293-1381
Heartland Hospice Care (937) 299-6980
The Hospice of Dayton (937) 256-4490
Vitas Healthcare Corp. (937) 299-5379

**Preble**

Crossroads Hospice (937) 312-3170
The Hospice of Dayton (937) 256-4490

**Shelby**

Wilson Home Health (937) 498-9335

Please note:

- The above listing of hospice providers is for information only and does not reflect an endorsement by the Alzheimer’s Association Miami Valley Chapter.
- Many hospice providers serve multiple counties. Please call the agency of your choice and ask if they are available in your area.
- If a provider would like to be added or removed from this list, please contact the Alzheimer’s Association Miami Valley Chapter at (937) 291-3332.
Other Community Resources

The Alzheimer’s Association Miami Valley Chapter has many additional resources available to families who need help. If we can help you find a specific service that is not listed, please contact our 24/7 HelpLine at (800) 272-3900.

Geriatric Case Managers
Geriatric case managers can provide a full initial assessment and follow-up case management services.

Dynamic Senior Solutions 937-429-4220
Elaine Harris Consulting 937-344-3653

Adult Protective Services
The Adult Protective Services provide case management help in crisis situations reported by professionals or other family members. Their mission is to keep people in the most independent setting possible.

Champaign 937-484-1500
Clark 937-327-1748
Darke 937-548-4132
Greene 937-562-6000
Logan 937-599-5165
Miami 937-440-3471
Montgomery 937-225-4906
Preble 937-456-6205
Shelby 937-498-4981

Elder Care Advisors
Elder Care Advisors are specialists in connecting families with facilities in their local area. They know the facilities and can make referrals based on the person’s needs.

A Place for Mom 937-949-4457
Assisted Transition 513-318-8157
Senior Care Transition Services 937-630-4325

Dentists
Dr. John Russell Yellow Springs, OH 937-767-7731
Dr. Wayne Fisher Troy, OH 937-335-8014
Dr. Catherine Lawler Miamisburg, OH 937-866-5713
Kreider&Krogg DDS,Inc Springfield, OH 937-390-3050

Home Transitions
Transitioning from home can be overwhelming, especially if the family is out of town. These services can help from planning the move to actually overseeing the move and set-up of a new living situation.

Downsizing & Moving Mgrs of Ohio 937-630-4325
Golden Transitions 937-374-2448
Home to Home 937-848-7559
Next Steps 937-718-1729
Smooth Move (Ask Amy Staging) 937-693-2078
Smooth Transitions 937-545-8803
Senior Care Transition Services 937-630-4325

Veterans Administration
Veterans can find their local office by calling: 877-OHIO-VET
(877-644-6838)

Driving Evaluation
Kettering Health Network 937-401-6109

LGBT Assistance
Rainbow Elder Care of Greater Dayton 937-623-7024
provides advocacy, education & support to lesbian, gay, bisexual and transgender older adults in greater Dayton area.

The Memory Resource Center offers people living with dementia and care partners a chance to engage in meaningful activities while increasing opportunities for friendship.