



A GUIDE FOR FAMILIES · LIVING WELL AT HOME

TheKey to Choosing Care With Confidence

A modern guide to understanding your options, navigating change with empathy, and building a plan of care that evolves with the people you love.





A Guide for the Decisions Ahead

Understanding care, navigating change, and planning well for the road ahead.

Care needs can change gradually, through small shifts in memory, mobility, routines, or social connection, or they can change suddenly after a fall, stroke, hospitalization, surgery, or new diagnosis.

Either way, it can be hard to know what the changes mean or what to do next.

This guide is designed to help you understand the options, recognize when additional support may be helpful, and make more confident decisions along the way.

The goal is to understand what matters most, find the right support for today, and create a plan that can evolve as needs change.

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01

Understand Your Care Options



Home care is not one-size-fits-all. It can range from help with everyday routines and companionship to hands-on personal care and, in certain locations, skilled nursing for more complex clinical needs.

The right place to start is with what support is needed today and what matters most to the person receiving it.

Professional Home Care

Helping everyday life feel easier, more connected, and more manageable.

Professional Home Care: Lifestyle Support

For someone who may not need hands-on personal care, but would benefit from a trusted person, more like a personal assistant, who can help keep the day running smoothly.

Support may include:

- meal preparation and household routines
- medication reminders
- technology and organization
- maintaining familiar routines and favorite activities
- transportation, errands, and appointments
- walking, exercise, and outings
- hobbies, conversation, and social connection

Sometimes care looks less like caregiving and more like making everyday life easier.

Professional Home Care: Personal Care & Daily Living Support

Respectful, hands-on support that helps preserve choice, dignity, and independence.

When everyday activities become harder or less safe, caregivers can provide support with:

- bathing
- toileting and continence care
- eating
- other daily routines
- dressing and grooming
- mobility and transfers
- oral and personal hygiene

Good personal care is not about taking over. It is about providing the right amount of support while helping the person remain involved in their own care as much as they are able and want to be.

Skilled Nursing & Advanced Care at Home

From a single nursing visit to highly specialized care at home. Available in select markets.

Sometimes a family needs a nurse for a specific service. Other times, a complex medical situation requires highly coordinated, around-the-clock support.

Depending on the market and individual need, licensed nurses may provide services such as:

- injections and IV therapies
- wound care
- feeding-tube support
- neurological and chronic-condition support
- medication administration
- catheter or ostomy care
- post-surgical nursing
- more complex care following hospitalization

TheKey can support everything from discrete, one-time or intermittent nursing services to highly tailored care programs combining skilled nursing, caregiving, and ongoing care coordination.

A GUIDING PRINCIPLE

Support Without Taking Over

A spectrum of involvement — not a ladder of decline

STAGE ONE

I Do It



Independent — help stays nearby, not yet needed.

STAGE TWO

We Do It Together



Shared effort — the task is done side by side.

STAGE THREE

You Help Me



Guided support — cueing, encouragement, or hands-on help.

STAGE FOUR

You Do It for Me



Fully provided — care given with dignity intact.

■ THEIR OWN EFFORT · MORE SELF-DIRECTED

SUPPORT PROVIDED · MORE SUPPORTED ■

The goal is not to help someone do as much as possible on their own. It is to help them remain involved in their own care as much as they are able and want to be.

Who's Who in Care

Home Care

Ongoing, one-to-one support with everyday life, companionship, personal care, routines, and safety. Usually privately paid and designed around the person's needs and schedule.

Private Skilled Nursing

Licensed nursing care delivered at home for more complex clinical needs. Services may range from specific visits to more extended support, depending on need and location.

Palliative Care

Specialized care focused on relieving symptoms and stress related to serious illness. Can be provided alongside treatment aimed at managing or treating the illness.

Adult Day Programs

Structured daytime programs offering social connection, activities, meals, supervision and sometimes health or therapeutic services. Can also provide respite for family caregivers.

Skilled Nursing Facility / Rehabilitation

A residential setting providing 24-hour nursing and rehabilitation, often after hospitalization or when a higher level of medical or functional support is needed.

Home Health

Short-term, medically-ordered nursing or therapy provided at home, often after illness, surgery, or hospitalization. Typically delivered through intermittent visits.

Hospice

Comfort-focused care for people with a life-limiting illness, including symptom management and support for the person and family. Private home care can complement hospice with continuous hands-on support.

Geriatric Care Management

Professional support that helps families assess needs, navigate options, coordinate providers, and manage complex care. Especially helpful when family lives far away or many professionals across disciplines are involved.

Senior Living Communities

Residential settings that may include independent living, assisted living, memory care, or multiple levels of support. Private one-to-one care can often be added for more individualized attention.

Geriatricians

Physicians with specialized expertise in the care of older adults, including complex medical conditions, medications, cognition, mobility, and function.

Care Wherever Home Is

Home is wherever a person feels known, comfortable, and connected. For many people, that remains a longtime private residence. For others, home may become an independent living apartment, assisted living community, memory care residence, or continuing care retirement community.

There is no single right setting. The best fit depends on health, abilities, preferences, finances, social needs, and available support.

Aging at Home

Most older adults want to remain in their own homes as they age. In a national AARP survey, 75% of adults age 50 and older said they wanted to stay in their current home.

When it is safe and sustainable, aging at home can preserve familiar routines, privacy, independence, and connection to community.

It may also require the home to evolve through changes such as better lighting, grab bars, reduced trip hazards, accessible bathrooms, ramps, or stair lifts.

Families should also plan for transportation, meals, medication support, social connection, home maintenance, and what happens if needs suddenly increase.

Aging at home works best when the plan considers both the person and the environment around them.

Independent Living

Independent living suits older adults who remain largely independent but want convenience, amenities, and fewer household responsibilities.

It's often more like living in your own home than families expect, and private care can be added if needs increase.

Assisted Living

Assisted living combines housing with support for people who need help with some activities of daily living.

Because staff support many residents at once, private one-to-one care can add consistency and individual attention as needs grow more complex.

Memory Care

Memory care is designed for people living with Alzheimer's disease and other dementias, offering more structure, supervision, and dementia-informed safety support.

Private caregiving can complement memory care with more consistent one-to-one companionship and support during harder parts of the day.

Continuing Care Retirement Communities

Continuing Care Retirement Communities (CCRCs) offer multiple levels of care in one community — independent living, assisted living, memory care, and skilled nursing.

This can make it easier to adjust support over time without leaving the broader community.

Where Private Home Care Fits

Home care does not have to be an either/or choice between staying home and moving.

It can often move with the person, from a private residence to senior living, or temporarily increase after hospitalization or rehabilitation.

Sometimes the answer is a different setting. Sometimes it is more support in the setting someone already calls home. And often, the right solution changes over time.

Supporting Life in Senior Living

TheKey is a preferred care provider in many leading senior living communities across North America.

Private one-to-one care does not replace the community team. It can extend and personalize the support around an individual resident, helping them continue to benefit from everything their community has to offer.

Additional one-to-one support may be especially helpful when someone:

- is adjusting to a new community
- has become more isolated
- is returning after hospitalization or rehabilitation
- would benefit from accompaniment to appointments or activities
- has family who live at a distance
- needs more individualized cueing or reassurance
- needs additional support during meals
- has increased mobility or fall-risk concerns
- has more difficult mornings, evenings, or overnight periods

THE KEY IDEA

You do not need to know exactly what kind of care is needed before you ask for help. A knowledgeable care professional can help you understand the options, weigh what matters most, and identify the right level and setting of support for your family.

Where Should We Start?

A simple guide. More than one may apply.

- 1 Is everyday life becoming harder to manage?
Meals, errands, appointments, transportation, household routines, social connection.
→ **Start with Personal Assistant & Lifestyle Support.** Helps someone stay engaged, organized, and independent.
- 2 Is hands-on help becoming necessary?
Bathing, dressing, toileting, eating, walking, or transfers.
→ **Start with Personal Care & Daily Living Support.** Hands-on help that preserves dignity, independence, and choice.
- 3 Are there memory or thinking changes?
A dementia diagnosis, increasing confusion, repeated questions, or getting lost.
→ **Look for dementia-informed home care.** Home can often remain an excellent option with the right support.
- 4 A recent hospitalization, surgery, fall, or health change?
Returning home weaker, less steady, more confused, or with new medical needs.
→ **Consider home care, plus skilled nursing if needed.** Wound care, injections, IV therapy, or medication management may apply.
- 5 Is one family member carrying most of the load?
Supervision, appointments, nights, emergencies — or coordinating from another city.
→ **Add professional home care before it becomes a crisis.** Consistency and another set of trusted eyes and ears.
- 6 Already in senior living, but need more support?
The community is good, but this person could use more individualized attention.
→ **Add supplemental one-to-one care within the community.** Complements the community team — no move required.
- 7 Ongoing or more complex medical needs?
Needs that go beyond what non-medical caregiving can safely provide.
→ **Ask about adding skilled nursing to the care plan.** From a single visit to full, ongoing clinical support — in select markets.

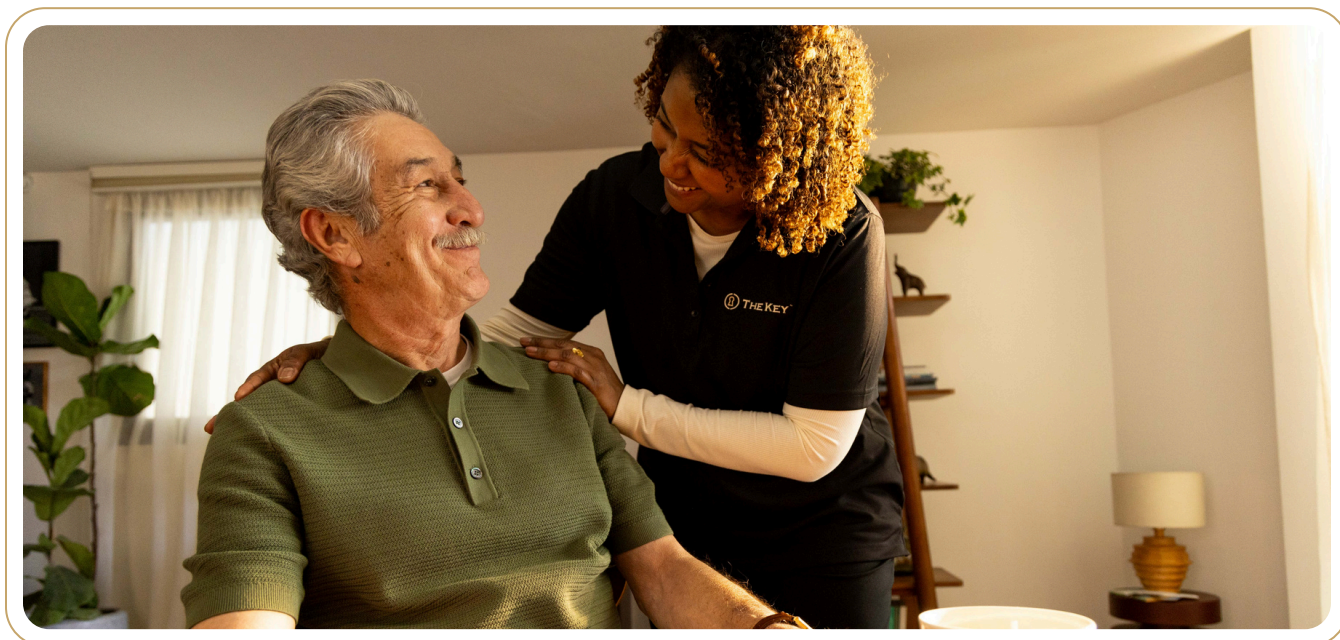
Still Not Sure Where to Begin?

You shouldn't have to determine the right level of care on your own. Start with a professional assessment — always complimentary.

Call or text (866) 475-4967 to schedule yours today.

02

Recognize When More Support May Help



Sometimes the need for more support is clear: after a stroke, hospitalization, new diagnosis, injury, or treatment that changes how someone is functioning.

More often, there's no single unmistakable sign — families notice small changes that are easy to explain away one at a time: a missed appointment, a near-fall, food going uneaten, or a routine that no longer works as well.

The goal is recognizing when those changes signal that support could make everyday life safer, easier, or more manageable.

Four Areas to Pay Attention To

Thinking & Judgment

Repeated questions, missed appointments, difficulty following familiar routines, getting turned around in familiar places, or changes in judgment and decision-making.

Physical Abilities

New unsteadiness, falls or near-falls, changes in walking, difficulty getting up from a chair, increasing fatigue, or noticeable changes in strength.

Mood & Connection

Withdrawal from friends or activities, increased irritability or anxiety, low mood, loss of interest, or spending much more time alone.

Everyday Life

Skipped medications, unopened mail, missed bills, expired food, changes in personal care, driving concerns, or household routines beginning to slip.

THE KEY IDEA

A single change may not mean much on its own. What matters is whether something is new, happening more often, or beginning to affect safety, independence, or quality of life.

Is It Time for More Support?

Think about the person's usual routines and abilities. For each item below, mark how often you have noticed a change from what is typical for them, whether it started recently or has been gradually becoming more noticeable.

	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
Meals are being skipped, forgotten, or becoming harder to manage	☐	☐	☐	☐
Medications are missed, confused, or require more oversight	☐	☐	☐	☐
Walking or balance seems less steady than before	☐	☐	☐	☐
There have been falls, near-falls, or new concerns about safety	☐	☐	☐	☐
Bathing, dressing, grooming, or toileting is becoming harder	☐	☐	☐	☐
Questions, stories, or requests are being repeated more frequently	☐	☐	☐	☐
Familiar tasks, routines, appointments, or decisions are becoming harder to manage	☐	☐	☐	☐
There is more confusion, disorientation, or difficulty finding the right words	☐	☐	☐	☐
The person is more anxious, irritable, withdrawn, or socially isolated	☐	☐	☐	☐
The home, finances, mail, or other everyday responsibilities are becoming harder to keep up with	☐	☐	☐	☐
Family members are providing more reminders, supervision, or hands-on help than they used to	☐	☐	☐	☐
You find yourself worrying more about what might happen when no one is there	☐	☐	☐	☐

If you marked “Occasionally,” “Often,” or “Very Often” for even one of these, it may be worth taking a closer look, especially if the change is new, increasing, or affecting everyday life.

You do not need to wait until someone clearly “needs care” to start planning. When possible, starting earlier gives families more time to understand the options, introduce support gradually, and make decisions before a crisis narrows the choices.

At TheKey, our professional care assessments are always complimentary. A care professional can help you understand what is changing, identify where support may be useful, and talk through home care, skilled nursing in select markets, and other options that may fit the person’s needs.

Call or text (866) 475-4967 to schedule a complimentary assessment.

03

Navigate Hesitation With Empathy



You may hear the phrase “resistance to care.” We prefer to think about hesitation.

Accepting help can be deeply personal. A new person may be entering the home, stepping into routines that have always been private, or helping with things someone has managed independently for decades. Hesitation is understandable and it usually tells us something important.

What Might Be Behind the Hesitation?

Privacy

A stranger entering a space that has always felt personal.

Independence

Concern that accepting help means losing autonomy.

Control

Worry about someone else changing routines, making decisions, or taking over.

Cost

Real or assumed concerns about affordability.

Past experiences

A difficult experience with a caregiver, hospital, rehabilitation stay, or other care setting.

Anxiety or uncertainty

Not knowing what care will look like or what accepting it might mean.

Cognitive change

The person may not recognize the same changes that family members are seeing.

Anosognosia: When Someone May Not Recognize the Need

Sometimes what appears to be denial or stubbornness may actually reflect anosognosia: reduced awareness of changes in one's own abilities that can occur with dementia, stroke, and other neurological conditions.

A person experiencing anosognosia may sincerely believe that nothing has changed.

Repeatedly presenting evidence, correcting them, or trying to convince them that they need care can therefore increase frustration without increasing insight.

Instead, it can be more effective to begin with something the person already values — staying at home, keeping a familiar routine, getting back to an activity they enjoy, or making everyday life easier.

How TheKey Approaches Hesitation

Our care teams are experienced in navigating hesitation, including when cognitive change or anosognosia is part of the picture.

We partner with families on an approach that feels safe, respectful, and led by the person's own terms — focusing on what matters most to them, rather than trying to convince them of something they don't believe.

That might mean beginning with companionship, transportation, help around the home, or another practical need before introducing more hands-on support over time.

The goal is not to win an argument. It is to build enough trust that care can begin in a way the person can tolerate and ultimately benefit from.

Before You Push the Point, Ask:

- Could they genuinely be experiencing the situation differently than I am?
- Is proving that I am right likely to help?
- What matters most to them right now?
- Can support be introduced around a goal we both agree on?
- What choice or control can I preserve?

When the goal shifts from convincing to understanding, families often find more room for collaboration.

THE KEY IDEA

Hesitation is information. Understanding what is underneath it (privacy, independence, fear, cost, past experience, or cognitive change) gives families a much better chance of introducing support in a way that feels respectful and acceptable.

A Better Care Conversation

Helping care feel more acceptable. Before bringing up care, take a few minutes to think through the conversation.

1. What Matters Most to Them?

What are they trying hardest to preserve?

- ☐ Staying in their own home
- ☐ Independence
- ☐ Privacy
- ☐ A familiar routine
- ☐ Driving or getting out of the house
- ☐ Time with family or friends
- ☐ A favorite activity
- ☐ Something else: _____

2. What Are You Most Concerned About?

Choose the one or two concerns that matter most right now.

- ☐ Falls or mobility
- ☐ Meals or nutrition
- ☐ Medications
- ☐ Memory or judgment
- ☐ Personal care
- ☐ Isolation
- ☐ Driving
- ☐ Managing the household
- ☐ Family caregiver strain
- ☐ Something else: _____

A Better Care Conversation, continued

3. Could the Words Make This Harder?

Sometimes terminology itself can trigger fear or defensiveness. If “caregiver” feels uncomfortable, try another description:

- ☐ Personal assistant
- ☐ Companion
- ☐ Driver
- ☐ Household support
- ☐ Wellness support
- ☐ Someone to help with errands or activities
- ☐ Another term they would prefer: _____

4. What’s Better Discussed Separately?

Some subjects are easier to raise privately with the care professional, rather than in the first conversation:

- ☐ A diagnosis of Alzheimer’s disease or another dementia
- ☐ Memory or cognitive changes
- ☐ Incontinence or other personal care needs
- ☐ Driving concerns
- ☐ Medication mistakes
- ☐ Falls or other safety concerns
- ☐ Recent hospitalization or new medical diagnosis
- ☐ Recent loss, bereavement, divorce, or major life change
- ☐ Family conflict or disagreement about care
- ☐ Financial concerns
- ☐ Something else: _____

A Better Care Conversation, continued

5. Where Do Your Goals Overlap?

Instead of “you need help,” connect to something they already want.

Their goal: _____

My concern: _____

A shared goal we can start with: _____

6. What's the Smallest Useful First Step?

Care does not have to begin with a major change.

Could you start with:

- ☐ Help with errands or transportation
- ☐ Meal preparation
- ☐ A few hours of companionship or activity
- ☐ Help around the home
- ☐ Support after a hospitalization
- ☐ A caregiver joining an existing routine or outing
- ☐ A complimentary professional assessment
- ☐ Another small step: _____

7. What Choice Can You Offer?

Whenever possible, preserve control. Could they choose:

- ☐ The day or time
- ☐ Which task the caregiver helps with
- ☐ Whether family is present initially
- ☐ What they would like to do together
- ☐ Who they meet before care begins

Notes

Try Saying This

“I don’t need help.”

Instead of: “Yes, you do.”

Try: “What would make things easier without changing the parts of your day that you enjoy?”

“I don’t want a stranger in my house.”

Try: “That makes sense. What would help you feel comfortable meeting someone before deciding anything?”

“You think I can’t do anything anymore.”

Try: “I want you to keep doing as much as possible. I’m thinking about where a little support could make that easier.”

“I’m fine.”

Try: “I know you’re managing a lot. What is one thing that has become more tiring or frustrating lately?”

If the Conversation Is Not Going Well

You do not have to settle everything in one discussion. Give the person time, return to what matters to them, and consider involving someone they trust.

At TheKey, our complimentary assessments can also help families think through how to introduce care, not simply how many hours may be needed.

Call or text (866) 475-4967 to schedule a complimentary assessment.

04

Match Care to the Whole Person: TheKeyMatch™



Traditionally, home care matching has focused on practical considerations — geography, schedule, availability, driving, comfort with pets, and experience with certain types of care.

Those factors still matter, but they don't tell you enough about whether a caregiver is truly the right fit.

That is why TheKey developed TheKeyMatch™, our proprietary approach to matching clients and caregivers based on a more complete understanding of the person's needs.

Looking at the Whole Person

TheKeyMatch™ considers three important dimensions:

Cognitive	How much support is needed with memory, judgment, communication, routines, and decision-making?
Physical	How much support is needed with mobility, personal care, strength, endurance, and everyday activities?
Emotional & Behavioral	What helps the person feel safe, comfortable, engaged, and understood? Are there anxiety, mood, behavioral, or adjustment needs that should shape the approach to care?

We also consider the factors that influence day-to-day compatibility — personality, routines, interests, communication style, cultural preferences, schedule, and what matters most to the client.

Once we understand the client's needs, we look at the caregiver's skills, experience, competencies, and ability to meet those specific needs. The goal is not simply to find an available caregiver, but to identify someone who is well suited to the person and the care they require.

THE KEY IDEA

Good matching is about more than availability. It starts with understanding what the client needs, then finding a caregiver with the skills, experience, and approach to meet those needs well.

What Should We Look for in a Caregiver?

Before choosing care, think about the kind of support that would help this person feel safe, comfortable, and well supported.

Cognitive Support

Would the person benefit from a caregiver who has:

- ☐ Experience supporting someone with dementia or cognitive change
- ☐ Skill with reminders, cueing, and familiar routines
- ☐ A calm approach to repetition or confusion
- ☐ Experience with redirection and reassurance
- ☐ Strong communication skills
- ☐ Patience when tasks take more time
- ☐ Something else: _____

Physical Support

Would the person need a caregiver with:

- ☐ Experience with mobility or transfer assistance
- ☐ Fall-risk awareness
- ☐ Experience with bathing, dressing, toileting, or eating support
- ☐ Experience with mobility equipment, such as a Hoyer lift
- ☐ Comfort supporting more complex physical needs
- ☐ An approach that encourages safe independence
- ☐ Something else: _____

Emotional & Behavioral Support

Would they do best with someone who is:

- ☐ Calm and reassuring
- ☐ Warm and highly social
- ☐ Comfortable supporting anxiety or irritability
- ☐ Skilled at building trust gradually
- ☐ Comfortable with behavioral changes related to dementia
- ☐ Able to adjust approach based on mood, energy, or stress
- ☐ Something else: _____

Personal Fit

What might help the relationship feel natural?

- ☐ Language or cultural preferences
- ☐ Shared interests or hobbies
- ☐ Driving ability
- ☐ Comfort with pets
- ☐ Preferred gender, where possible
- ☐ A quieter or a more outgoing personality
- ☐ Something else: _____

What Would Make the Match Feel Truly Personal?

Sometimes the details that matter most are highly specific. Maybe you are looking for —

- someone who can take your dad fishing
- someone who genuinely enjoys gardening and can work in the garden with your mom
- someone who speaks the language your parent is most comfortable using
- someone who loves music and will sing or listen to favorite records together
- someone comfortable accompanying a client to religious services or longtime community activities
- someone who enjoys cooking and can help preserve favorite family recipes
- someone who shares an interest in sports, art, books, walking, or another meaningful pastime

TheKeyMatch™ is designed to consider both care needs and the details that make a relationship feel genuinely compatible.

The Three Things That Matter Most to Us

1. _____
2. _____
3. _____

05

Make Care About Living, Not Just Tasks



From Understanding the Person to Designing the Care

Exceptional care begins with understanding the person — their needs, strengths, routines, preferences, goals, and what matters most to them.

That understanding becomes the foundation of a personalized care plan: a practical guide for how care should show up day to day.

How Care Takes Shape

01 Initial Conversation

We begin with what is bringing someone to care now and the priorities that matter most.

02 In-Home Assessment

We look more deeply at cognitive, physical, emotional, environmental, and lifestyle needs.

03 Personalized Care Plan

What we learn is translated into a practical plan for support, routines, safety, preferences, and quality of life.

04 Caregiver Match

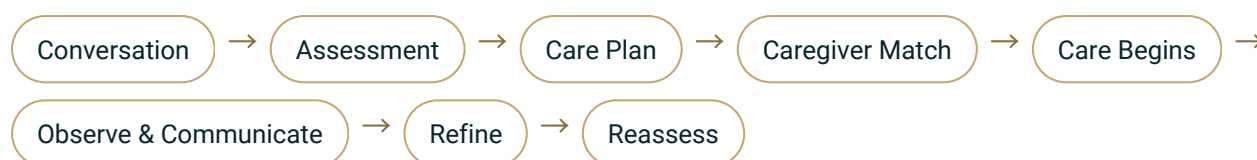
The care plan helps guide the experience, capabilities, and personal qualities that may make for the strongest fit.

05 Care Begins

As the caregiver gets to know the person in everyday life, the team continues learning what works best.

06 Ongoing Oversight & Reassessment

Needs can change — gradually or suddenly. The care plan is refined through observation, communication, and reassessment — on a regular schedule, and always after a meaningful change in health, function, cognition, or goals.



THE KEY IDEA

An excellent care plan evolves as your needs evolve.

It starts with a strong understanding of the person and becomes more personalized over time as needs, preferences, routines, and goals become clearer or change.

The Balanced Care Method®

Because care should support more than what needs to get done.

A care plan may identify support with bathing, meals, mobility, or medication reminders. The Balanced Care Method® adds a whole-person lens — helping caregivers also look for meaningful ways to support well-being throughout the day.

Move More

Support strength, mobility, and participation through movement that fits naturally into everyday life.

Nourish & Hydrate

Support eating and drinking through preferences, routines, hydration, and enjoyable meals.

Connect With Others

Help maintain relationships, community, and meaningful social connection.

Flex Your Mind

Use conversation, music, reading, games, reminiscence, and other engaging activities matched to the person.

Engage With Joy & Purpose

Build in the interests, roles, and activities that make the day feel meaningful.

Sleep Well

Support healthier rest through consistent routines, daytime activity, natural light, and a calmer evening environment.

THE KEY IDEA

A strong care plan evolves with the person and helps everyday care stay connected to what matters most.

Build a Better Day

Turning the Balanced Care Method® into today's actual plan.

1. Start the Day Well

What helps mornings go smoothly?

- ☐ Preferred wake-up time
- ☐ Coffee, tea, breakfast routine
- ☐ Music, news, quiet time
- ☐ Bathing or dressing preferences
- ☐ Morning medications or appointments
- ☐ Anything that tends to make mornings harder

My notes: _____

2. Move More

Where can movement fit naturally into the day?

- ☐ Walk to the mailbox
- ☐ Stretching
- ☐ Garden or patio time
- ☐ Help prepare a meal
- ☐ Walk through the community
- ☐ Accompany to an activity
- ☐ PT exercises, if prescribed

Today's movement: _____

3. Nourish & Hydrate

What helps eating and drinking go well?

- ☐ Favorite foods
- ☐ Preferred meal times
- ☐ Foods to avoid
- ☐ Hydration preferences
- ☐ Whether company helps
- ☐ Appetite changes
- ☐ Cultural or family traditions around food

Meals & hydration plan: _____

4. Connect With Others

Who and what help the person feel connected?

- ☐ Call a family member
- ☐ Visit with a friend
- ☐ Attend a community activity
- ☐ Worship or spiritual practice
- ☐ Sit outside with a neighbor
- ☐ Look at photos together
- ☐ Write a note or send a message

Connection for today: _____

Build a Better Day, continued

5. Flex Your Mind

What feels engaging without feeling frustrating?

- ☐ Conversation
- ☐ Reading
- ☐ Music
- ☐ Puzzles or games
- ☐ Reminiscence
- ☐ Current events
- ☐ Learning something new
- ☐ Sorting or organizing
- ☐ Creative activities

What engages them best: _____

7. Rest & Sleep Well

What helps the day wind down comfortably?

- ☐ Preferred bedtime
- ☐ Lighting
- ☐ Caffeine timing
- ☐ Evening medications

Evening plan: _____

6. Engage With Joy & Purpose

What gives the day meaning? This can be small.

- ☐ Water plants
- ☐ Choose what to wear
- ☐ Set the table
- ☐ Feed a pet
- ☐ Help plan dinner
- ☐ Work on a hobby
- ☐ Attend a favorite activity
- ☐ Prayer or spiritual practice
- ☐ Listen to meaningful music
- ☐ Spend time outdoors

Something meaningful today: _____

What Matters Most Today?

Today, the most important thing is: _____

One thing we want to preserve: _____

One thing we can make easier: _____

What Did We Learn?

An excellent care plan evolves — today's notes help shape tomorrow's.

What worked especially well today? _____

What seemed harder or different? _____

Anything the care team should know? _____

An excellent care plan evolves as needs, preferences, and routines evolve.

06

Support Brain Health & Cognitive Changes



People living with dementia and other cognitive changes can often continue to live well at home with the right combination of support, environment, routines, and caregiver expertise.

Cognitive changes can affect far more than memory. They may also influence judgment, problem-solving, communication, perception, emotional regulation, routines, and a person's awareness of their own abilities.

The right home care approach should account for those changes while still focusing on the whole person: their strengths, preferences, routines, relationships, and what helps them feel safe, capable, and connected.

What Dementia-Informed Care Should Include

Awareness Beyond Memory Loss

Caregivers should understand that cognitive changes may affect:

- attention and processing
- communication and language
- sequencing familiar tasks
- awareness of changes or need for support, including anosognosia
- judgment and problem-solving
- visual or perceptual abilities
- emotional regulation

Behavior as Communication

Agitation, repetition, withdrawal, pacing, or saying “no” may reflect discomfort, fear, fatigue, overstimulation, confusion, or a need for control.

A strong care approach asks:

“What unmet need might be driving this response?”

rather than simply trying to stop the behavior.

Connection Before Correction

When facts are confused, repeated correction can increase distress.

Dementia-informed care may instead use:

- validation
- gentle redirection
- familiar routines
- reassurance
- reframing
- a calm, supportive approach

Supporting What the Person Can Still Do

Good care should not automatically take over.

It should look for ways to preserve ability, choice, and confidence through:

- cueing rather than testing
- one step at a time
- simplified choices
- demonstrating rather than over-explaining
- adapting the environment
- allowing more time to respond
- building on familiar skills and routines

Meaningful Engagement

Engagement should be personal, not generic.

The best approach considers:

- lifelong interests
- music
- hobbies
- relationships
- culture and faith
- meaningful roles
- activities matched to the person's current abilities

The goal is not simply to “keep someone busy.” It is to help them remain connected to who they are.

THE KEY IDEA

Person-centered cognitive care adapts to what has changed while building on what is still possible.

Questions to Ask About Cognitive Care

When evaluating a home care provider, ask:

- 01 How are caregivers trained to support dementia and other cognitive changes?
- 02 How do you help caregivers understand what a person can still do, rather than taking over too quickly?
- 03 How do you support independence, choice, and dignity as cognition changes?
- 04 How do caregivers respond when someone is hesitant about care or says “no”?
- 05 Do caregivers receive training in cueing, validation, redirection, and reframing?
- 06 How do you approach behaviors such as repetition, agitation, withdrawal, pacing, or changes in sleep?
- 07 How do you personalize engagement around the person’s interests, history, routines, and current abilities?
- 08 How do you account for changes beyond memory, such as perception, communication, judgment, or reduced insight?
- 09 What support does the caregiver receive if a situation becomes more challenging — additional coaching, consultation, or training?
- 10 Who helps the family understand what is changing and how the care approach should adapt?
- 11 How is the care plan updated as cognitive, behavioral, or functional needs evolve?

Listen for Specifics, Not Slogans

A provider that treats cognitive care as a specialty will answer these clearly and specifically — not with a general reassurance.

07

Prepare for Transitions & Special Situations



Some of the most vulnerable moments in a care journey happen during transitions: after a hospitalization, around surgery, when one spouse is carrying too much, or when family is far away. The right support can reduce avoidable complications, preserve continuity, and help families respond before a difficult situation becomes a crisis.

Hospital to Home

The transition home after a hospitalization can be complex. Medications may have changed, mobility may be different, follow-up appointments need to happen quickly, and the person may be weaker, more fatigued, or more confused than before.

Why excellent care matters: Thoughtful support can help reinforce discharge instructions, support safe mobility, monitor for meaningful changes, and help reduce the gaps that can contribute to avoidable readmissions or emergency visits.

Plan for:

- medication changes
- food and hydration
- overnight support
- new confusion or changes in function
- mobility and fall risk
- equipment
- follow-up appointments
- who communicates concerns back to the care team

Surgery

Recovery often starts before the procedure. Pain medications, mobility restrictions, transportation, meals, wound instructions, and the first night home all require a plan.

Why excellent care matters: Good support can make recovery safer and smoother by reducing fall risk, helping someone follow post-operative instructions, supporting nutrition and hydration, and noticing when recovery is not progressing as expected.

Plan for:

- transportation home
- safe mobility
- constipation prevention
- overnight support
- medications and side effects
- hydration and nutrition
- wound instructions
- follow-up appointments

Hospice + Home Care

Hospice and private home care serve different but complementary roles.

Hospice focuses on comfort-directed clinical care, symptom management, and support for the person and family. Private home care can add more continuous hands-on support with personal care, companionship, supervision, and respite.

Why excellent care matters: Families often need more presence than hospice alone can provide. Additional support can help preserve comfort, dignity, and family connection while reducing the physical and emotional burden on loved ones.

Plan for:

- who is providing clinical care
- personal care needs
- family respite
- who to call when symptoms or needs change
- who is present between hospice visits
- overnight support
- comfort routines and preferences

Couples Care

When one spouse's needs increase, the other often becomes the default caregiver — sometimes gradually and without realizing how much they are taking on.

Why excellent care matters: Support should protect both partners. The right care can reduce physical strain, sleep disruption, isolation, and caregiver burnout while allowing the couple to spend more time as spouses rather than one person becoming the other's full-time caregiver.

Plan for:

- what the caregiving spouse is currently managing
- sleep and overnight needs
- preserving shared routines and activities
- tasks that are becoming physically unsafe
- opportunities for respite
- whether both partners could benefit from support

Long-Distance Family

When family lives far away, small changes can be harder to see and everyday logistics can become difficult to manage from a distance.

Why excellent care matters: A consistent local presence can provide reassurance, notice meaningful changes early, communicate concerns, and help prevent small problems from becoming urgent crises.

Plan for:

- a trusted local point person
- medication system
- family communication cadence
- backup coverage if the regular caregiver is unavailable
- emergency contacts
- appointment support
- who notices and reports changes

When to Add Support or Reassess the Care Plan

A care plan should not wait for the next scheduled review if something meaningful changes.

Consider reassessment after:

- a hospitalization, emergency department visit, or surgery
- new confusion or a meaningful cognitive change
- increased difficulty with bathing, dressing, eating, toileting, or other daily routines
- new or escalating behavioral expressions
- a caregiver or spouse becoming physically or emotionally overwhelmed
- the person's goals, preferences, or priorities changing
- a fall or noticeable change in mobility
- a change in diagnosis, medications, or medical equipment
- changes in appetite, weight, sleep, or social engagement
- increased nighttime needs
- a move or major change in living situation

First 72 Hours Home Checklist

The days after a hospital stay carry outsized risk — a clear plan protects against readmission.

Before Discharge

- ☐ Confirm the current medication list
- ☐ Understand what changed during the hospitalization
- ☐ Arrange equipment and supplies
- ☐ Confirm transportation home
- ☐ Schedule follow-up appointments
- ☐ Clarify mobility restrictions
- ☐ Make sure food and essentials are available
- ☐ Determine who will be present the first night
- ☐ Arrange care coverage before discharge, not after

First 24 Hours

- ☐ Obtain medications
- ☐ Support safe movement and bathroom access
- ☐ Encourage food and fluids
- ☐ Follow discharge instructions
- ☐ Watch for new confusion, weakness, pain, or other meaningful changes
- ☐ Confirm the overnight plan

First Week

- ☐ Complete follow-up appointments
- ☐ Begin therapy if ordered
- ☐ Monitor mobility, appetite, hydration, cognition, and overall function
- ☐ Communicate meaningful changes to the appropriate healthcare professional
- ☐ Confirm that the current level of care is still the right fit

If Recovery Follows Surgery — Also Plan For:

- ☐ Pain medications and possible side effects
- ☐ Wound-care instructions
- ☐ Mobility or lifting restrictions
- ☐ Constipation prevention
- ☐ Hydration and nutrition
- ☐ Transportation to follow-up visits
- ☐ Help overnight, especially the first few days

THE KEY IDEA

A thoughtful transition home means more than getting through the front door. It means having the right support in place for the days that follow.

08

Choose the Right Care Provider



Finding someone kind and capable is important. But there is another question families sometimes overlook:

Who stands behind the caregiver?

If the caregiver becomes ill, the match is not working, needs change, or a concern arises after hours, someone has to take responsibility for solving it.

Different care models place very different levels of that responsibility on the family.

Private Hire, Registry, or Full-Service Agency?

Private Hire

When you hire a caregiver directly, you may also take on the responsibilities of being an employer.

Depending on the arrangement and applicable law, that can include:

- recruiting, interviewing, and vetting
- wage-and-hour requirements
- scheduling and supervision
- arranging backup coverage
- payroll and tax responsibilities
- workers' compensation and other insurance obligations
- training and performance concerns
- managing injuries, complaints, or other employment issues

A private hire may appear simpler or less expensive at first, but it is important to understand what responsibilities and potential liabilities the family is assuming along with the hire.

Employer obligations vary by state and circumstance. Families considering a direct-hire arrangement should understand the legal, tax, insurance, and employment responsibilities that may apply.

Registry or Referral Model

A registry may help connect families with caregivers, but the amount of responsibility the registry assumes can vary considerably.

Ask:

- Who actually employs the caregiver?
- Who provides workers' compensation coverage?
- Who manages performance concerns?
- Who carries responsibility if there is an injury or employment dispute?
- Who handles payroll and taxes?
- Who trains and supervises the caregiver?
- Who provides replacement coverage?

Do not assume that finding the caregiver means the organization is responsible for the caregiver.

Full-Service Home Care Agency

With a full-service agency, the agency employs and manages the caregiver and provides a broader infrastructure around the care.

That may include:

- caregiver recruiting and screening
- payroll and employment administration
- training and competency support
- matching and rematching
- ongoing care management
- background checks
- applicable taxes and workers' compensation
- scheduling and supervision
- backup staffing
- escalation when needs change

THE KEY IDEA

You are not only choosing a caregiver. You are choosing the team and infrastructure standing behind that caregiver.

What Strong Agency Support Should Look Like

The strongest home care models do more than place a caregiver and step away.

At TheKey, care is supported by a broader team designed to help the experience remain responsive as needs evolve.

Dedicated Client Success Manager

A consistent point of contact who helps oversee the care experience, stays close to changing needs, communicates with the family, and helps ensure the care plan continues to fit.

Thoughtful Matching and Rematching

The right caregiver at the start may not always be the right caregiver later. Matching should evolve as cognitive, physical, emotional, scheduling, or lifestyle needs change.

Dedicated Caregiver Management

Caregivers need support too. A dedicated caregiver management team provides ongoing coaching, performance support, and staffing adjustments when needs or circumstances change.

Coverage and Continuity

If a caregiver is unavailable, the family should not suddenly become the staffing department. A professional team should be working behind the scenes to support continuity and replacement coverage.

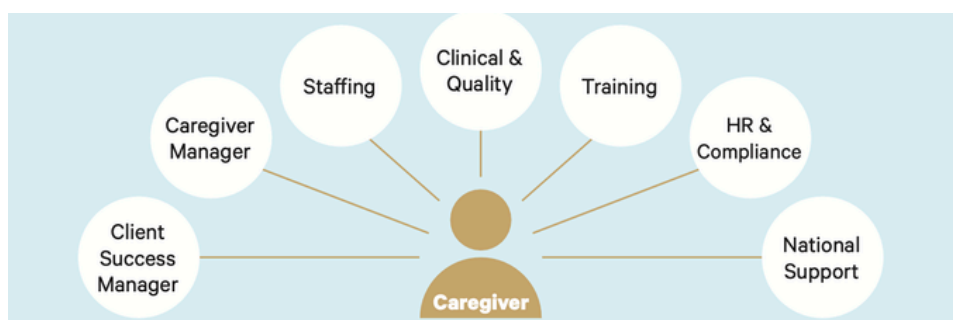
Local Relationships, National Support

Families benefit from a team that understands the local community while also drawing on broader expertise and resources in:

- clinical excellence and quality
- human resources
- recruiting and staffing
- aging and cognitive care
- caregiver training and development
- compliance
- operations

One Caregiver. An Entire Team Behind Them.

Personal care should feel personal. The infrastructure behind it should be professional.



What About Senior Living?

For some individuals, a senior living community may be the right next step, offering built-in services, meals, activities, social connection, and a supportive environment.

Others prefer to remain in a private residence. And many families choose a combination: the benefits of a senior living community with additional one-to-one home care support.

That added support may be especially helpful when someone would benefit from:

- more individualized attention
- a consistent caregiver who knows their routines and preferences
- added support with cognitive changes
- accompaniment to meals, activities, or appointments
- more help during mornings, evenings, or transitions
- continuity after hospitalization or rehabilitation
- a trusted local presence when family lives farther away

TheKey is a preferred provider in many leading senior living communities across North America, where our caregivers work alongside community teams to add individualized support while helping residents remain engaged in everything the community has to offer.

THE KEY IDEA

The best setting is the one that fits the person and sometimes the strongest plan combines the benefits of community living with personalized one-to-one support.

12 Questions to Ask Any Home Care Company

- 01 Who actually employs the caregiver?
- 02 Who is responsible for payroll, taxes, workers' compensation, and employment compliance?
- 03 How are caregivers screened and background checked?
- 04 How are caregivers trained and competency assessed?
- 05 How do you match caregivers beyond schedule and geography?
- 06 Who oversees the care once it begins?
- 07 Who supports and coaches the caregiver after placement?
- 08 What happens if the regular caregiver calls out?
- 09 What happens if the match is not working?
- 10 How do you respond when care needs change?
- 11 How and when will meaningful changes be communicated to our family?
- 12 What does excellent care look like beyond completing the tasks?

After the Conversation, Ask Yourself

- ☐ Did they ask thoughtful questions about the person, not just the schedule?
- ☐ Was it clear who would be accountable for the care?
- ☐ Did they explain what happens when something changes or goes wrong?
- ☐ Did they have a real system for supporting their caregivers?
- ☐ Did they sound like care experts?

09

Support the Whole Family



Care needs rarely affect one person alone. Roles shift. Spouses take on more. Siblings may disagree. Long-distance family members can feel disconnected from decisions. Even strong families can become strained when responsibilities are unclear or one person is carrying too much.

The answer is not perfection. It is structure, communication, and support.

Family Caregiver Strain Check

Consider whether any of these are becoming true:

- ☐ Sleep — I am regularly losing sleep because of caregiving
- ☐ Work — care responsibilities are affecting my job or schedule
- ☐ Physical strain — caregiving is taking a toll on my body
- ☐ Isolation — I am pulling away from relationships or activities
- ☐ Constant vigilance — I feel like I can never fully relax
- ☐ Resentment or guilt — I am carrying emotions I have not been able to talk about
- ☐ Ability to leave — I rarely feel able to step away, even briefly
- ☐ My own health — I am postponing or neglecting my own care

THE KEY IDEA

When the family caregiver is overwhelmed, the care plan may need more support too.

A Few Things Worth Remembering

- The person receiving care may be adjusting to loss, uncertainty, or change too.
- Cognitive or physical changes can affect communication, judgment, mood, and behavior.
- Family members may see the situation differently depending on how often they are present and what role they play.
- Needing respite or additional help is not a sign that the plan has failed. It may be what makes the plan sustainable.
- Good care should protect the well-being of the person receiving support and the people who love and care for them.

When One Spouse Becomes the Caregiver

Sometimes one spouse has the diagnosis, but two people need support.

A spouse may gradually take on medications, meals, transportation, supervision, nighttime care, and appointments without realizing how much the role has expanded.

Adding support can help preserve the relationship itself — allowing partners to spend more time as spouses, not only as caregiver and care recipient.

How Home Care Can Support the Whole Family

Home care is not only about the person receiving support. It can also reduce the amount of care coordination, supervision, and day-to-day responsibility that falls on family members.

The right home care plan can help by:

- providing reliable day-to-day support so one person is not carrying everything
- giving spouses and adult children time to rest, work, travel, or attend to their own health
- creating more consistency around meals, routines, appointments, and personal care
- noticing meaningful changes early and communicating them to the family
- helping long-distance relatives stay informed without having to manage every detail from afar
- supporting difficult transitions, such as after hospitalization or a change in cognition or mobility
- giving family members more time to be a spouse, daughter, son, or friend — not only the caregiver

Trusted Resources

For additional education and caregiver support:

Family Caregiver Alliance

Practical guidance, caregiver education, support services, and state-by-state resources for families caring for an adult.

caregiver.org

Caregiver Action Network

Education, tools, and peer support for family caregivers across a wide range of health conditions.

caregiveraction.org

National Institute on Aging

Evidence-based information on aging, caregiving, cognitive health, Alzheimer's disease, and planning for care.

nia.nih.gov

Alzheimer's Association

Education, support groups, a 24/7 helpline, and practical resources for people living with Alzheimer's or other cognitive changes and their families.

alz.org

AARP Family Caregiving Resources

Practical tools on caregiving, legal and financial planning, home safety, and navigating family responsibilities.

aarp.org/caregiving

Area Agencies on Aging

Local organizations that connect older adults and families with community-based services, benefits information, transportation, meal programs, respite, and other supports.

eldercare.acl.gov to find the agency serving your area.

Family Role Map

A simple worksheet to clarify who is responsible for what.

Medical Communication

Who speaks with physicians and keeps track of health updates?

Primary: _____

Backup: _____

Care Coordination

Who manages the home care provider and changes in support?

Primary: _____

Backup: _____

Home Logistics

Who manages supplies, appointments, transportation, and household needs?

Primary: _____

Backup: _____

Emergency Decisions

Who should be called first, and who has legal decision-making authority?

Primary: _____

Backup: _____

Finances

Who handles bills, insurance, and care-related expenses?

Primary: _____

Backup: _____

Family Updates

Who keeps everyone informed so the same information isn't relayed repeatedly?

Primary: _____

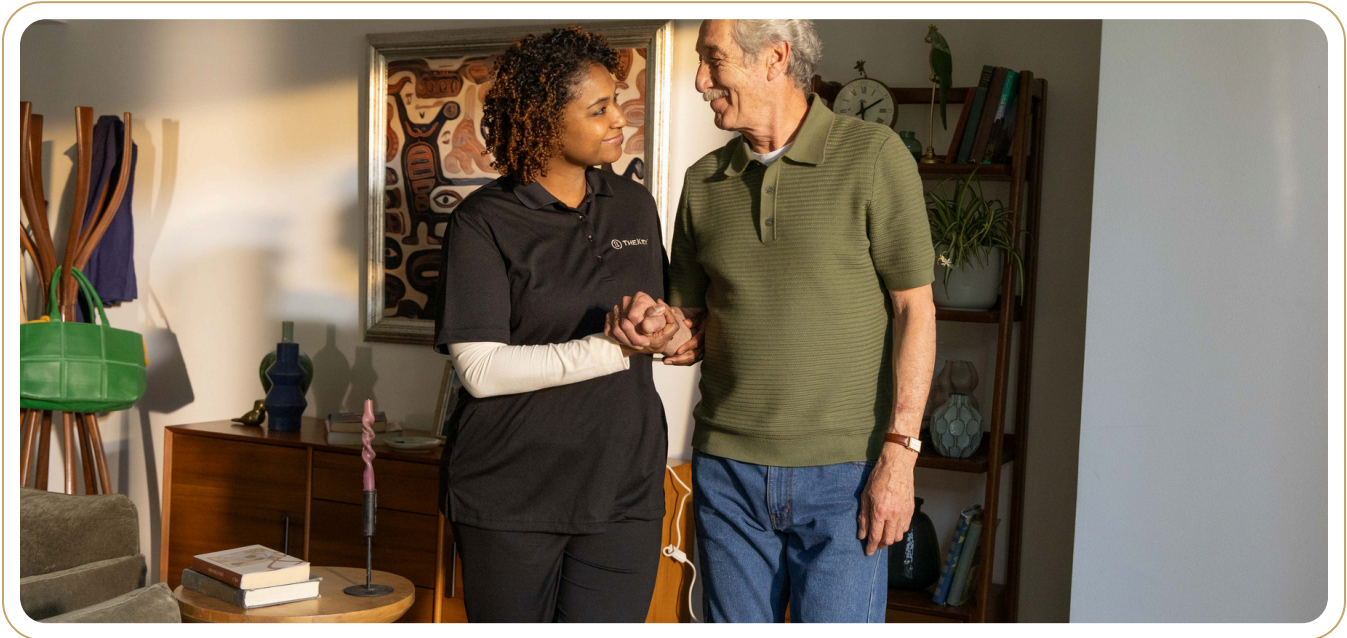
Backup: _____

One More Question to Add

Who is the backup if the primary family caregiver becomes unavailable? That is often the gap families do not identify until a crisis.

10

Understand Costs & Plan With Confidence



Ongoing home care is typically paid for privately. Unlike Medicare-covered home health, long-term home care is generally not an insurance benefit people can assume will be covered.

Families usually fund care through personal resources, sometimes supplemented by long-term care insurance or eligible VA benefits in select locations.

The goal is to understand the true cost of care, what is included, and what level of support can be sustained over time.

Private Pay

Private pay gives families the greatest flexibility around when care begins, how much support is added, and how the schedule changes over time.

Families may use:

- savings
- trust distributions
- proceeds from assets
- retirement income
- investment income
- contributions from multiple family members

Keep the Bigger Picture in Mind

Hourly rate matters, but it does not tell the whole story.

For example:

A \$5/hour difference at 20 hours of care per week is \$100 per week.

When comparing providers, consider what comes with that difference: a highly vetted caregiver, training, professional oversight, caregiver coaching, backup coverage, workers' compensation, care management, and a team that can respond when needs change.

THE KEY IDEA

Compare the full value of the care model, not just the hourly rate.

Long-Term Care Insurance

If there is a long-term care insurance policy, it may help reimburse eligible home care expenses.

Coverage varies significantly by policy, so it is worth understanding the benefit before assuming what will be covered.

Questions to Ask Your Long-Term Care Insurer

- ☐ What triggers eligibility – ADL limitations, cognitive impairment, or both?
- ☐ Is there an elimination or waiting period?
- ☐ What is the daily or monthly benefit?
- ☐ Is there a lifetime or maximum benefit?
- ☐ Does the policy require a licensed home care agency?
- ☐ What documentation is required?
- ☐ Who submits claims?
- ☐ How frequently must eligibility be recertified?

TheKey can help families navigate the claims process where applicable.

VA Benefits

Eligible veterans may be able to receive authorized home care benefits through certain VA programs.

TheKey participates in VA-supported care in select locations.

Because eligibility, authorization, and available services vary, families should confirm benefits with the VA and their local TheKey team.

Making Care Financially Sustainable

The financial conversation is often easier when families think beyond:

“Who is paying for this?”

and instead ask:

- What level of care is needed now?
- What may change over the next 6–12 months?
- What resources are already available?
- What level of support is sustainable over time?
- Are family members able to share costs?
- Is one person already contributing substantial unpaid caregiving time?
- Could adding some paid care now reduce strain or help avoid a more disruptive care crisis later?

Creative Ways Families Share the Cost

Private pay does not always mean one person carries the entire expense.

Families sometimes:

- split costs equally among siblings
- divide costs proportionally based on financial ability
- use a parent's funds for core care and family contributions for additional hours
- have one sibling contribute financially while another contributes more time or coordination
- combine private funds with long-term care insurance reimbursement
- combine private funds with eligible VA-supported care

A simple planning question can help:

What is the fairest way to share both the financial and caregiving load?

Care Funding Snapshot

A quick picture of resources, costs, and who manages what.

Resources Available

- ☐ Savings / retirement income
- ☐ Trust or investment funds
- ☐ Long-term care insurance
- ☐ VA benefits, if eligible
- ☐ Family contributions

What May Change

Could hours increase after:

- ☐ Hospitalization
- ☐ Surgery
- ☐ Worsening mobility
- ☐ Cognitive changes
- ☐ Nighttime needs
- ☐ Family caregiver burnout

Care Needs

Current hours per week: _____

Current hourly rate: _____

Estimated weekly cost: _____

Estimated monthly cost: _____

Family Plan

Who manages finances? _____

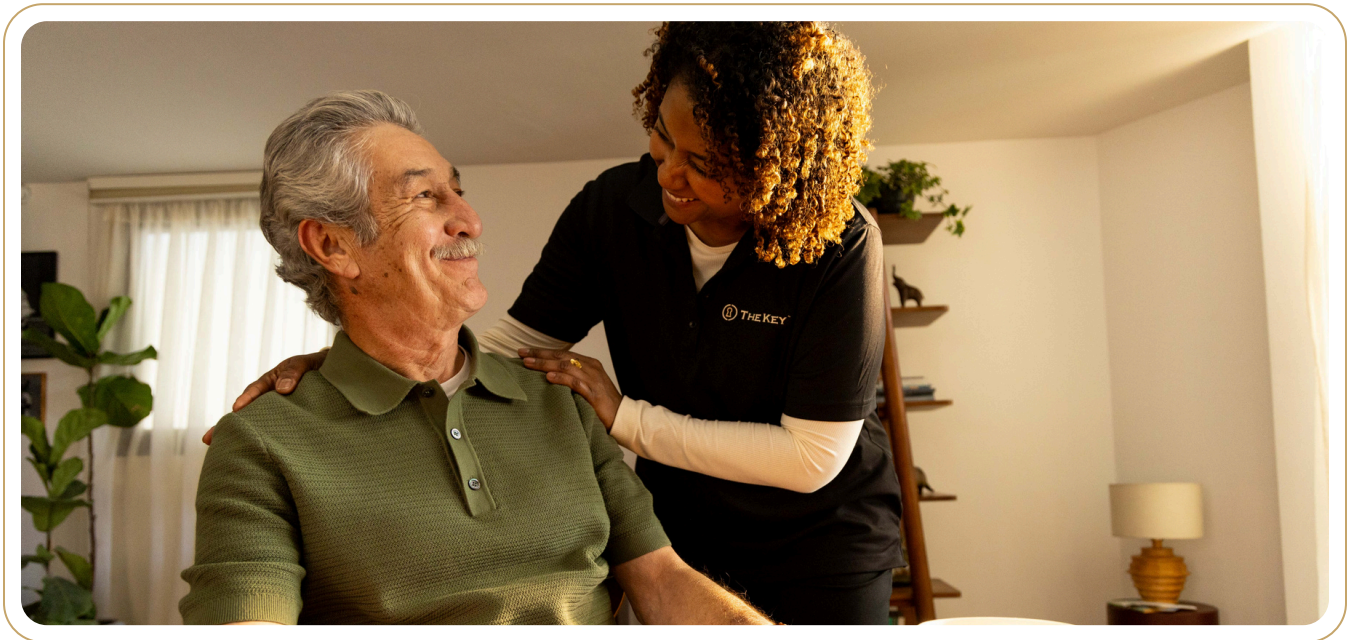
Who reviews invoices / claims? _____

Who handles LTC insurance paperwork? _____

Who participates in major care-cost decisions? _____

11

What Exceptional Home Care Should Feel Like



However you arrived here — a diagnosis, a fall, a hospitalization, a difficult conversation, or simply the sense that it is time to plan ahead — exceptional home care should feel like a few things, consistently.

Personalized

Built around the person's routines, preferences, strengths, goals, and needs — not just a diagnosis or task list.

Responsive

Care changes when life changes — not only at a scheduled review.

Evidence-Informed

Care reflects what we know about aging, cognition, mobility, nutrition, engagement, emotional well-being, and quality of life.

Well Matched

The caregiver has the right capabilities for the care required, along with the personality, communication style, and fit to build trust.

Coordinated

The caregiver, family, and broader care team understand the plan, know who is responsible for what, and communicate when something meaningful changes.

Backed by a Team

The caregiver should never be the entire care system. Strong care includes the oversight, coaching, staffing, quality, and operational support needed to help care remain consistent as needs evolve.

THE KEY IDEA

Exceptional care should feel deeply personal — and be supported by a highly professional system behind the scenes.

How TheKey Brings It Together

Exceptional care is not one feature or one caregiver. It is the way the pieces work together around the person.

TheKeyMatch™

Helps us understand cognitive, physical, emotional, lifestyle, and personal needs — and identify the caregiver qualities that may make for the strongest fit.

Thoughtful Caregiver Matching

Brings skill, experience, personality, preferences, and compatibility together.

Personalized, Evolving Care Plan

Translates what we learn into clear priorities for everyday care, then evolves as needs, routines, preferences, and goals change.

Balanced Care Method®

Looks beyond tasks to support movement, nutrition and hydration, connection, cognitive engagement, joy and purpose, and sleep.

Dedicated Client Success Management

Provides a consistent point of contact who helps oversee the care experience, stays close to changing needs, and helps keep the care plan current.

Dedicated Caregiver Support

Caregivers receive ongoing coaching, support, and staffing guidance so they are not left to manage changing needs alone.

Clinical, Quality & Specialty Expertise

Adds another layer of support when care becomes more complex, including specialized expertise in aging, cognitive change, quality, and clinical care.

Care Wherever Home Is

Support can be provided in private residences, senior living communities, and other appropriate settings — helping care follow the person as circumstances change.

Skilled Nursing in Select Markets

For families who need more complex clinical support at home, licensed nursing and advanced care options may also be available.

Local Care. National Support.

Care is personal and local. Families need a team that understands the community, knows local resources, and can respond when something changes.

At the same time, strong local care is more resilient when it is backed by the systems and expertise of a larger organization.

At TheKey, local teams are supported by national resources in:

- clinical excellence and quality
- recruiting and staffing
- compliance
- aging and cognitive care expertise
- caregiver training and development
- human resources
- operations

What that means for families

The responsiveness and familiarity of a local team, backed by the standards, expertise, and infrastructure of a national organization.

TheKey at a Glance

4.8 Stars Average Google Rating · 4,427 five-star reviews	25 Years Home Care Experience	110+ Local Community Locations	12 Million Hours of Care Each Year
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Care Quality Check

Once care begins, ask:

- ☐ Do I have more peace of mind than I did before care started?
- ☐ Does the person receiving care seem more supported, comfortable, or engaged?
- ☐ Does the caregiver know the person, not just the tasks?
- ☐ Are preferences, routines, and choices being respected?
- ☐ Is the caregiver helping preserve independence where possible?
- ☐ Are meaningful changes being noticed and communicated?
- ☐ Does the care plan still fit – and is it evolving when needs change?
- ☐ Do I know who to call when something is not working?
- ☐ Does the caregiver appear well supported by the broader care team?
- ☐ Has care made day-to-day life feel more manageable for the family?
- ☐ Do I feel confident there is a plan if needs increase or something unexpected happens?

Most Importantly

Does this still feel like the right care for this person, at this point in their life?



One Person. One Evolving Plan. An Entire Care Team Behind It.

The care should feel deeply personal. The system behind it should be anything but small.

The goal is not simply to stay at home. It is to keep living a life that feels like your own.