

IS IT TIME TO START LOOKING?

A Family Checklist for Recognizing When Memory Care Might Be the Right Next Step

If you're reading this, something already told you to. A repeated story. An empty pot on a hot stove. The way your mom called you by your sister's name last Tuesday, then again on Sunday. A growing feeling that "we can keep managing this" is getting harder to believe.

This checklist is not a diagnostic tool, and it's not designed to scare anyone. It's a clinically-informed way to sort what you're actually seeing from what you're hoping you're seeing. Use it alone, use it with siblings, or bring it to a primary care visit. Each item is checked if it has been true consistently for the past 2–4 weeks — not just once or twice on a bad day.

The scoring guide at the end will help you interpret what the total means.

1. Safety at Home

These items are about whether the home itself is still a safe place for your loved one to be alone.

- Has left the stove, oven, or a burning candle unattended more than once — *leaving food cooking, forgetting the flame*
- Has gotten lost in a familiar place — *their own neighborhood, driving to a grocery store they've used for years*
- Has had a fall, near-fall, or unexplained bruise in the last 3 months
- Has left the house at unusual hours or in inappropriate clothing — *slippers in winter, a nightgown to the mailbox at 2 a.m.*
- Medications are being missed, double-dosed, or found in odd places
- Has opened the door to strangers or fallen for a phone scam
- Is no longer safely driving — *getting lost, near-misses, citations, family disagreement about the keys*

2. Activities of Daily Living

"ADLs" is the clinical term for basic self-care. A decline here is often the clearest sign that 24/7 support is needed.

- Bathing or showering is happening less often than it used to — *visible signs — body odor, unwashed hair, stained clothing*
- Is wearing the same clothes for multiple days without realizing
- Toileting accidents are occurring — *or incontinence products are in use but not being managed well*
- Is losing weight without trying — *meals being skipped, forgotten, or left half-eaten*
- The refrigerator has expired or spoiled food that was not noticed
- Grooming has slipped — nails, shaving, dental care, hair
- Laundry and basic housekeeping are no longer being done

3. Cognitive Changes

These go beyond "normal" forgetfulness and represent a pattern rather than isolated moments.

- Is repeating the same story or question multiple times in one conversation
- Is confused about the day, date, or season
- Is getting names mixed up — calling you by a sibling's or a parent's name
- Is struggling to follow a familiar recipe, game, or hobby they've done for years
- Is having trouble managing finances — *unpaid bills, duplicate payments, unusual charges, letters from creditors*
- Is putting objects in wrong places — *keys in the freezer, remote in the dishwasher*
- Cannot retrace steps when something is lost, and becomes accusatory about theft

4. Behavior & Emotional Changes

The emotional and behavioral shifts families notice are real clinical symptoms — not personality flaws.

- Is more anxious, irritable, or suspicious than they used to be
- Is experiencing "sundowning" — *increased confusion, agitation, or restlessness in the late afternoon and evening*
- Has withdrawn from friends, church, or hobbies they used to love
- Has had episodes of anger, fear, or paranoia that seem out of character
- Is seeing or hearing things that are not there
- Sleeps erratically — up at night, wandering, or napping all day
- Has new fears around being alone or being with people

5. The Caregiver Reality

An honest question most families avoid: how is this affecting the person (or people) providing care?

- The primary caregiver is exhausted, sleep-deprived, or showing signs of burnout
- The caregiver's own health is declining — *missed appointments, weight changes, new medications for anxiety or depression*
- The caregiver can no longer work, travel, or maintain relationships outside of caregiving
- Family members are arguing about care decisions
- The caregiver has said, to themselves or aloud, "I can't keep doing this"
- The person with dementia has become physically or verbally aggressive toward the caregiver
- Home care help has been tried and is no longer enough — the need is 24/7

6. The Clinical Picture

Your loved one's medical history and recent clinical events often tell a clearer story than day-to-day moments.

- Has a formal diagnosis of Alzheimer's, vascular dementia, Lewy body dementia, frontotemporal dementia, or mild cognitive impairment
- Has had a recent hospitalization where a case manager suggested they may not be safe to return home alone
- A physician, nurse practitioner, or home health nurse has mentioned that "more help" is needed
- Home health or non-medical homecare has been increased multiple times in the past year
- Has a chronic medical condition (Parkinson's, diabetes, COPD, heart failure) now complicated by memory loss
- Has had repeated UTIs, pneumonias, or other infections — *often a sign that self-care is failing*

What Your Total Means

Count the boxes you checked across all six sections.

0 – 5 checked items | Early, but start planning

It may be too early for memory care — but it is the right time to plan. Families who start educating themselves early make better decisions when the situation changes. Talk to your loved one's primary care provider about a baseline cognitive assessment. Start quiet conversations with siblings about what "if" would look like. File the paperwork that's easy to do while everyone's healthy — power of attorney, healthcare directive, a clear understanding of finances.

6 – 12 checked items | It's time to start looking

You don't have to move anyone tomorrow. But the decision window has opened, and families who tour now — before a crisis forces the decision — consistently report a better transition and a better fit. This is the stage where starting to visit 3–5 communities, learning the real differences between memory care and assisted living, and understanding the financial options is genuinely useful.

13 – 20 checked items | Clinically significant

If a fall, a hospitalization, or a caregiver collapse hasn't happened yet, it may be coming soon. This is the stage where a geriatric care manager, a trusted primary care provider, and a short list of memory care options should all be part of the conversation within the next 30 days. Waiting longer usually does not make the decision easier — it just moves it into an emergency.

21+ checked items | Get honest help now

Your family is in the hardest part of this journey, and you're not imagining it. The most important next step is to get honest help — clinical, practical, and emotional. A memory care home, respite stay, or hospice consultation (depending on the stage) is not giving up. It is changing your role from doing everything to making sure everything is done well.

What to Do With This Checklist

1. Talk it through with family first

Share the completed checklist with a spouse, siblings, or the primary caregiver. If different family members are seeing different things, compare notes. Disagreement usually means one person is closer to the situation and seeing more than the others realize.

2. Bring it to a doctor's visit

Your loved one's primary care provider can do a baseline cognitive screen (the Mini-Cog, MoCA, or similar tool takes about 10 minutes). A formal diagnosis changes everything — it opens the door to appropriate medications, Veterans benefits, long-term care insurance claims, and ALTCS (Arizona's Medicaid long-term care program).

3. Download the deeper guide

If you want a plain-English walk-through of the difference between memory care, assisted living, and nursing homes — along with honest pricing ranges for Scottsdale and the questions to ask on every tour — download our free guide:

"Memory Care Planning Guide: What Families Should Know Before They Tour"

encompass-seniorliving.com/guide

4. Come see us

When you're ready — even just to gather information, with no pressure to decide anything — we'd welcome you for a private tour of Encompass Senior Living & Memory Care in Scottsdale. You'll meet Kevin (co-founder) and Paige (co-founder, DNP, FNP-BC), walk the home, see an available suite, and get every question answered honestly.

Encompass Senior Living & Memory Care

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Private tours by appointment — same-day welcome when possible

This checklist is an educational tool developed by Encompass Senior Living & Memory Care and is not a substitute for a clinical evaluation by a licensed healthcare provider. If you believe your loved one is in immediate danger, call 911 or the Alzheimer's Association 24/7 Helpline at 800-272-3900.