Dementia is a cruel beast. Do you ever look back and wonder what happened to the person you once knew? You've watched them disappear into themselves. Maybe they've lost the ability to recognize you. It can be so painful when this happens.

For far too many New Brunswickers, this is compounded by the fact that it can be tricky to figure out our province's social and health departments to get your loved one the appropriate care and funding they need.

Unfortunately, not all care options available are going to give you the same quality of care. Different assisted living facilities have particular standards and approaches.

For example, at ProTem Memory Care, we are not just a dementia wing within a huge long-term care home. Rather, we are a community of five unique homes, each a self-sufficient “family” of its own with no more than ten residents living in each homelike environment.

You're dealing with enough stress in your life already. To make it easier for you, ProTem Memory Care has created this guide to support New Brunswickers like yourself navigate the system and select the best care possible for your loved one. Read further and you'll learn how to plan for the future so your loved one can thrive and so you can rest easy.

Thanks for reaching out to ProTem Memory Care. I appreciate you taking the time to learn more about us and I hope you find this information package useful in your search for memory care for your loved one.

ProTem Memory Care is a second-generation family business that has been in Atlantic Canada for 40 years. Our organization has been recognized on numerous occasions in the areas of health promotion, charitable work, patient care, and innovation.

It is easy to see that we do things quite a bit differently here at ProTem; we’re not your typical dementia-wing in the back corner of a nursing home. ProTem Memory Care is an easy place to visit and call home.

Our European-inspired small-home model means that there are never more than 10 residents living in one of our 5 care homes. Our very special caregivers work consistently within a single home and they take their role to heart so that it’s more of a life’s calling than a job. They are able to connect with each resident with highly-effective individualized therapies.

Why do we do it? When we meet families like yours, we are reminded of the reasons why we strive to create the best environment possible. It’s remarkable to see how those living with dementia can thrive in the right environment. I am very proud to be a part of such a special place like ProTem that is truly making a difference in Atlantic Canadian families’ lives.

It would be a great honour to welcome your loved one to ProTem Memory Care. If you have any questions, do not hesitate to reach out at 1.506.874.9652 or at sjason@protem.ca and I’ll be more than happy to help you out.

Warmly,
Stephanie Jason
Dementia Care Advisor
ProTem Memory Care
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About Dementia

Age-related memory loss isn’t the same as dementia.

No doubt you’ve misplaced your keys or have forgotten someone’s name. While memory lapses like this can be frustrating, it doesn’t mean that you have a cause for concern. Dementia, on the other hand, causes a noticeable, disabling decline in two or more intellectual abilities (like memory, language, visual perception, reasoning and judgement). Unlike normal memory loss, dementia can become so pervasive that it will disrupt your every-day-life.

Some of these diseases happen to older people but some can affect those in early adulthood.

You’ve likely heard of Alzheimer’s Disease as it’s the most common type of dementia but there are many other common types of dementia: Lewy body dementia, vascular dementia and frontotemportal dementia to name just a few.

According to the Public Health Agency of Canada, over 402,000 seniors (65 years of age and older) are currently living with dementia, two thirds of these individuals being women. Every year in Canada, we see an incidence of 14.3 new cases of dementia per 1000 Canadian seniors.

We see 76,000 new cases of dementia every year.

Dementia is a cruel beast and it’s difficult to see someone you love experience dementia symptoms. They may be confused, depressed, anxious, and of course, dealing with memory loss. You see them changing into someone you don’t recognize.

Dementia will progress differently in different patients but there are things to watch out for in your loved one.

Signs of Dementia

**Early Symptoms**
- memory lapses
- lack of focus
- frequently misplacing items
- getting lost
- increased confusion
- poor judgment
- withdrawal or depression

**Advanced Symptoms**
- personality changes
- inability to communicate
- problems with daily living activities (eating, dressing)
- further memory loss
- trouble walking
- problems with bladder or bowel function
Forms of Dementia

Alzheimer’s Disease

Alzheimer's disease causes severe problems with memory, behavior, and thinking.

It’s the most common form of dementia, and is believed to be responsible for roughly 60-80% of dementia cases.

This is a progressive brain disorder that damages brain cells, and eventually destroys them.

Early Symptoms of Alzheimer’s Disease

- loss of memory so severe that it disrupts daily life—forgetting things learned recently like dates, events, and appointments
- difficulty following directions, a plan, a recipe, or managing bills
- forgetting where they are or how they got there
- visual confusion (judging distance, color, light vs. dark colors, etc.)
- waning judgement
- decline in personal hygiene
- not understanding concepts like “next week” or “two months ago”
- waning of communication (difficulty following a conversation, repetition, using words incorrectly, etc.)
- misplacing items or placing items in unusual locations
- misplacing items or placing items in unusual locations
- withdrawal from former interests, hobbies, and social activities
- personality changes
- confusion, insecurity, suspicious, depression, fear or anxiety

Lewy Body Dementia

Lewy Body Dementia is one of the most misdiagnosed forms of dementia. The onset patterns of LBD and Parkinson’s Disease are different but, as the disease progresses, the symptoms cross over and the two become very similar.

Lewy Body Dementia affects roughly 1.5 million people in North America.

Early Symptoms of Lewy Body Dementia

- delusions
- hallucinations
- impaired thinking
- decline in decision-making abilities
- problems accessing memories
- acting out dreams while still asleep
- fluctuation focus
- problems understanding visual information
- fluctuating levels of alertness
- listlessness of depression or anxiety
- paranoia
- agitation
- change in body functions such as blood pressure control, temperature regulation, and bowel and bladder control
- fluctuating levels of alertness

In addition to these symptoms, Parkinson’s disease symptoms may also emerge.

Learn more about dementia at protem.ca/dementia
Forms of Dementia

Parkinson’s Disease

A disease that begins with degeneration of the cells that produce dopamine in the brain, Parkinson’s is the most common of movement disorders, likely caused by a complex combination of genetics and environment.

In Parkinson’s disease, the most troubling and unmistakable symptoms that require attention are associated with movement.

Early Symptoms of Parkinson’s Disease

- tremors of the hands, legs, feet or jaw
- slow speech, slurring or voice softness
- impaired dexterity
- frequent falling
- rigidity of limbs
- shuffling walk or freezing gait
- difficulty swallowing
- drooling
- expressionless facial features (facial masking)
- postural instability
- stooped posture
- repetitive movements (dystonia)
- depression, anxiety
- sleep disturbances
- personality or behavior changes

Frontotemporal Dementia

Frontotemporal dementia (FTD), also known as frontotemporal degenerations or Pick's disease, are a group of disorders characterized by ongoing nerve cell loss.

Frontotemporal Dementia is usually diagnosed earlier in a person’s life than many other forms of dementia.

The types of FTD vary in symptoms.

Symptoms of Behavior variant frontotemporal dementia (bvFTD)

- changes in personality, interpersonal relationships and conduct
- changes in judgment, empathy and foresight

Symptoms of Primary Progressive Aphasia (PPA)

- degeneration of language skills, speaking and writing
- comprehension difficulty
- loss of ability to understand or formulate words in a spoken sentence
- hesitant, labored or ungrammatical speaking
- comprehension difficulty
Forms of Dementia

Huntington’s Disease

Typically beginning earlier in a patient’s life, Huntington’s Disease is often diagnosed between the ages of 30 and 45. Huntington’s, as the disease progresses, often leads to dementia symptoms.

While memory loss is rarely associated with this disease, decision-making and language or communication difficulties are much more common.

Mixed Dementia

Mixed dementia is a term for the condition made up of two or more symptoms, when combined, characterize two different forms of dementia.

This can be any two or more dementia conditions combined, but the most common example is when the protein deposits of Alzheimer’s combine with vascular damage of vascular dementia. Since Alzheimer’s dementia often coexists with Lewy bodies, it’s not at all uncommon for there to be three conditions linked in one person.

Parkinson’s disease sometimes leads to dementia so the initial symptoms in that person are Parkinson’s tremors, but in ten or fifteen years, it can advance to dementia. PDD also exhibits Lewy bodies on autopsy.

Since diagnoses are made largely because of dominant symptoms that interfere with life, treatment tends to be focused on those symptoms. If more symptoms of another type of dementia emerge, then the doctor may add the second diagnosis and treat it accordingly.

However, the dominant symptoms often hail the dominant diagnosis, and the accompanying diagnoses are often missed until autopsy.

Early Symptoms of Huntington’s Disease

- fidgeting
- involuntary movements of the head, torso, arms or legs
- mood swings
- loss of coordination
- depression, apathy, withdrawal
- disinhibition or inappropriate behavior

Learn more about dementia at protem.ca/dementia
Normal Pressure Hydrocephalus

Normal Pressure Hydrocephalus (NPH) is a condition where the cerebral spinal fluid collects in the brain, often without increasing intracranial pressure. The ventricles in the brain become enlarged to accommodate the extra fluid because the fluid is unable to drain out or be absorbed.

The reason the fluid is blocked from reabsorption isn’t clear. This condition was first identified in 1964, and is still undiagnosed often enough that it’s considered rare. But as more young neurologists who are looking for NPH find it, it may become more common.

NPH is most commonly seen in older adults. As mentioned before, because this condition is so often misdiagnosed, it’s estimated that only about 20% of all patients with NPH are actually diagnosed by this name.

Unless the physician uses appropriate diagnostic testing, a high percentage of these patients are diagnosed with Alzheimer’s or Parkinson’s.

Early Symptoms of Normal Pressure Hydrocephalus
• gait disturbances
• bladder control
• dementia

Wernicke-Korsakoff Syndrome

Wernicke’s encephalopathy is caused by acute thiamine deficiency which causes brain damage. The usual result is Korsakoff’s psychosis. Both of these diseases are typically seen in people who have suffered from alcohol use disorder, or alcoholism, which causes the thiamine deficiency.

Because of the connection between these two diseases, they’re often both present at the same time, and the diagnosis is Wernicke-Korsakoff Syndrome. However, either of these conditions can be diagnosed separately.

Early Symptoms of Wernicke-Korsakoff Syndrome
• tremors, rapid movements or paralysis of one or both eyes
• mental confusion
• unsteady gait
• apathy, confusion, loss of focus and decreasing awareness of one’s situation
• low blood pressure
• stupor
• elevated heart rate
• progressive hearing loss
• hypothermia
• problems remembering the recent past
• difficulties comprehending or formulation language
• difficulties interpreting information gathered by the five senses
• issues with cognitive control, stimulus control, reasoning or problem solving

Learn more about dementia at protem.ca/dementia
Early Onset Dementia

Early Onset Dementia is the onset of a dementia between the ages of 30 and 64. Approximately 16,000 Canadians under the age of 65 live with Early Onset Dementia.

**Early Symptoms of Early Onset Dementia**

- difficulties making decisions
- communication problems
- mood changes
- personality changes
- impaired inhibitions
- social withdrawal
- problems focusing or forgetting what is currently being done
- difficulties keeping up with conversation
- repetition of phrases or actions

Vascular Dementia

Vascular dementia is specifically associated with damaged blood vessels but often combines with other forms of dementia to create a condition called mixed dementia.

Symptoms of vascular dementia often overlap with other forms of dementia, especially Alzheimer’s.

**Early Symptoms of Vascular Dementia**

- confusion
- difficulty focusing
- memory problems
- issues with making decisions
- unsteady gait
- agitation
- difficulty urinating
- depression

Learn more about dementia at protem.ca/dementia
What services are available under long-term care?
Services range from home support services, day activity services, special care homes, nursing homes, and relief care.

Does my loved one qualify?
First and foremost, in order to get home support services or to move your loved one into a long-term care facility, they will have to undergo an assessment with New Brunswick Social Development. This can be scheduled by calling 1.866.426.5191.

For those living with dementia, a unique option is to have your loved one move into a specialized memory care home, which in New Brunswick is referred to as Level 3B Memory Care. These homes are able to provide more specialized memory care services than other assisted living or long-term care facilities, making them advantageous compared to traditional long-term care or assisted living options.

Level 3B clients do not require full-time nursing care; rather, while they are generally medically stable, they require additional supervision and help due to a physical frailty, Alzheimer’s disease or dementia. Whenever you call Social Development New Brunswick to set up your loved one’s assessment, they will ask you if you’re interested in home care services or placement. You will want to tell them that you are looking for placement for your loved one.

What should we do as we wait for our assessment?
Once your loved one’s assessment has been booked with Social Development, you will want to call the different long term care homes and memory care facilities you may be interested in and ask them about their availability and wait list.

It is key to maintaining an open line of communication during this time!

It is crucial that your family chooses a home that is accessible and so you can maintain close contact and communication with them.
As soon as your loved one's assessment by Social Development confirms that they qualify for level 3B memory care, you should contact the memory homes you're interested in and book tours so you can visit and get a first-hand look at the facility.

While the standards listed above are required by law, there are different things to look out for that will set some homes apart from the rest.

1. **Undergo an annual inspection** process by the Department of Social Development
2. **Have one staff for every three residents;** all staff are required to a caregiving course that is accredited by Social Development New Brunswick
3. **Offer all services on one floor**
4. **Have at least one operator and at least one primary staff that is a Registered Nurse or an LPN**
5. **Not exceed 18 residents**
6. **Have an indoor layout designed for clients with dementia**
7. **Have an accessible outside courtyard that is fenced in**

When you tour ProTem Memory Care, you'll see that our European-inspired small-home approach means that although we have five homes, each operates as a self-sufficient “family” of its own with:

- a living room
- 10 bedrooms
- a kitchen at the centre of the home
- circular layout (allowing residents to wander and end back in the same place)
- each home is staffed with the same caregiving team on a daily basis, allowing for residents to develop relationships easier
To help you with your search, we've compiled a list of must-ask questions you need to ask to avoid any disappointment or hidden surprises when making your decision. Get the answers you need so that you can have peace of mind your loved one is in an environment where they can reach their full potential.

### Staffing & Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What type of training does the staff receive? How often do they receive upgraded training?</td>
<td></td>
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<tr>
<td>Are staff required to obtain a background check?</td>
<td>YES</td>
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<tr>
<td>What is the daytime staffing ratio? Nighttime?</td>
<td></td>
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<tr>
<td>What medical services are offered?</td>
<td></td>
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<tr>
<td>Is there a house physician? RN?</td>
<td>YES</td>
</tr>
<tr>
<td>Do they provide a comprehensive assessment before admission? Does each resident have an individual care plan?</td>
<td>YES</td>
</tr>
</tbody>
</table>
What is their philosophy of care?

How does the facility care for residents who are aggressive or agitated?

What measures are used to prevent wandering?

How are the residents grouped?

What types of dementia does the facility care for?

Is pet, music or reminiscence therapy offered?

Ask for a copy of the meal plan. Is it nutritious? How often are meals served?

Is end of life/hospice care offered?
### The Atmosphere

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<tr>
<td><strong>Is the home in a circular layout?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>This is considered best practice as it allows residents who wander to end up in the same place.</td>
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<td><strong>Are residents allowed outside? What is the facility like to navigate?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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<tr>
<td><strong>Are there walking paths and/or an outdoor terrace for residents to use?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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<td><strong>Is the facility accessible for those with mobility issues?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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<tr>
<td><strong>Are the floors, kitchens, and washrooms clean?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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<tr>
<td><strong>Is the furniture clean and well-maintained?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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<td><strong>Is the atmosphere inviting and homey? Is it a comfortable and calming place to visit?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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<td><strong>Is there a low noise level?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>Low noise levels are important to avoid sensory overloads.</td>
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People & Programming

Have a look around at the other residents. Do you see them participating in activities and with other people? Are they happy?

Are residents given the chance to contribute and help in the community? For example, are they encouraged to set the table, fold laundry, etc.?

Do the staff members appear happy? Do they interact with others in a professional and respectful way?

Does the hygiene of the residents seem well taken care of?

What type of programs and activities are offered? Ask for a copy of the activity calendar.

Are spiritual or religious services offered?

Can couples live together?

Are residents allowed to bring personal items?

Are there specific visiting hours?
Final Questions

Before you commit to any decision, can you answer yes to all of these questions?

**YES**  **NO**  
Do you fully understand the payment structure and everything that is (and isn’t) included? Will you be able to afford it?

**YES**  **NO**  
Have you met the care team that will be responsible for your loved one? Are they genuine and trustworthy?

**YES**  **NO**  
Is the building secure?

**YES**  **NO**  
Is the location of the home convenient for your loved one to have visitors?

**YES**  **NO**  
Is your gut feeling a good one?

Your notes:
In New Brunswick, services under the long-term care and disability support programs are not covered by Medicare. Rather as the Province’s Standard Family Contribution Policy dictates that “New Brunswickers are responsible for the cost and provision of long-term care services to their family members.”

This means that the family is responsible for the full costs of services if they are able to do so.

Of course, it is unrealistic for many New Brunswick families to pay for the services their loved one needs.

That is why this policy also explains that families may apply to have a financial assessment to determine what amount of long-term care subsidy their loved one can get.

Only after this financial assessment has been done that any sort of subsidy will be authorized.

As soon as your family’s financial assessment is complete, you should allow up to 30 days to hear back regarding what sort of subsidy you will qualify for.

Financial reassessments will take place if there is ever any change in the family composition (ie. a death in the family), if there is a decrease or an increase in the family’s financial resources, a change in Old Age Security, or when a client’s care requirements change (ie. if your loved one is transitioning from at-home support to a long-term care facility).

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**Finances matter.**

One of the most important questions you probably have is whether you can afford to move your loved one into a memory care facility.

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If you are receiving a government subsidy for your loved one’s care, the government may request a financial reassessment of your family’s situation at any time.

If you do not comply, and if you do not provide updated financial information, your government subsidy may be terminated.

Keep in mind that as the client, you can request an administrative review of your financial assessment from the Department of Social Development. For example, if your family is in serious financial hardship and where “payment of the client contribution would result in the inability of self, spouse, or dependant to pay for: adequate food, monthly mortgage/rent, sufficient home heat, prescribed medication, or other required prescribed health care” you may be able to get your rate adjusted.

To learn more about what your loved one may qualify for, you’ll want to read the entire New Brunswick’s ‘Standard Family Contribution Policy’, which can be found online at: http://bit.ly/2EXaGx2

To schedule your family’s financial assessment, call New Brunswick’s Social Development Office at: 1.866.426.5191

ProTem Memory Care won’t be your cheapest option, nor do we strive to be. The very best quality of care means higher staffing costs and programming costs. Your loved one deserves more than the bare minimum. They deserve the very best. However, you may be surprised after your loved one’s financial assessment to realize that moving into ProTem Memory Care is actually much more affordable than you thought.

Your investment at ProTem Memory Care covers:

- Meals and snacks (3 meals per day)
- Therapy and Programming
- Medication Management
- Utilities
- Cable, Phone and Internet
- Laundry and Housekeeping
- Incontinence Products
- Outings and Doctors Visits
- 24/7 Nurse Availability

For more information please call Stephanie Jason, our Dementia Care Advisor at: 506.874.9652

She will help you determine whether ProTem is the right fit for you.
Don’t worry. It’s normal to feel overwhelmed during this time.

The process can be daunting, the government can be confusing, and in the meantime, you’re still trying to make sure your loved one is getting the care they need.

It’s normal to feel like you don’t quite have a solid grasp of the process.

This is why it’s important to ask questions, maintain open lines of communication, and make sure you have the answers you need before moving ahead.

Contact us for more information: info@protem.ca or call 506.874.9652