Majestic Oaks
Continuing Care Complex
At John Knox Village

March 17, 2006

Barbara Dombrowski
AHCA Program Manager
272 Mahan Drive
Mail Stop 51
Tallahassee, FL 32308

Re: Funding Agreement AFA12

Dear Ms. Dombrowski,

Thank you for your prompt response to our recent request for extension of our Validation Therapy as a Lifestyle Project. Your consideration of such a request was appreciated, and we understand that it is not possible at this time. This has been an amazing project to be a part of and we truly hate to see it end! Of course, we know that simply ending our partnership with AHCA does not mean that the growth of this program must end also.

We have created our "validation" rooms and programs with the sole intention of making a better life for our residents. I hate to admit that the requisition of reimbursement has been the last thing on our minds. Thank you for a last opportunity to submit our documents to your office. We are unique in our situation in that so much of our labor was donated by our village residents, and was done as their time (and our staff's time) permitted. This resulted in our being well below the initial requested funding, but ultimately delayed our implementation. Our muralist endured a broken arm during this past year and most recently a death in the family that delayed our conclusion. Of the many unusual obstacles we have faced in implementation of this project, the most recent came as a result of my promotion in October of last year. I now serve as the Director of Health Care Services at John Knox Village, which allowed us the privilege of recruiting Mary Lee Jackson as our new Administrator of the Skilled Nursing Facility. Her first few weeks with us were a whirlwind of information and adding our AHCA grant to the mix would be a challenge to anyone who is new. She's a real "trooper".

Again, thank you for this wonderful opportunity to work with your organization. I look forward to your feedback with regards to the report on our program.

Sincerely,

Cathy Holland

Cathy Holland, NHA
Director of Health Care Services

901 Veterans Memorial Parkway, Orange City, FL 32763 • (386) 775-2008 • Fax (386) 775-0490

Validation Therapy as a Lifestyle

Final Report

The Validation Therapy as a Lifestyle project at John Knox Village has been a tremendous success. The targeted residents on our Memory Care Unit have benefited from the project as well as other residents in the unit. Several new residents, admitted since the project began, use the enhanced common areas daily and seem to benefit from the stimulation to maintain their current cognitive functioning or to validate their perceptions of past roles that defined their lives.

The Memory Care Unit now provides a living environment that reinforces positive memories of our resident's past. The common areas are utilized by our residents to act out or recall previous roles or occupations that were important and fulfilling to them.

Overview

The Nursery is highlighted by a Winnie the Pooh mural and numerous baby cribs, highchairs and clothes. Rocking chairs are provided and usually occupied by residents rocking the life like dolls, singing to them or chatting with other residents while holding the dolls. One interesting frequent user of the Nursery is a gentleman, who according to his family was a wonderful dad and granddad, he comes to the area several times daily to sit and hold the dolls and always has a smile on his face and "rocks them to sleep".

The Beauty Salon is often a bustling area where the ladies gather and enjoy trying on jewelry, getting hand massages or having make up applied by staff.

The School House is used often by residents who will write on the chalk board, sit in the desk or point out areas on the maps. Staff use the area for current events, map study and reminiscence therapy.

The General's office is a favorite of our male residents. The office features a mural that gives the effect of looking out of a window onto a military base. A platoon marching, a medical helicopter landing at the base hospital and a jeep can be seen out of the window. Memorabilia from all branches of the military are on display throughout the office. Many of the items on display

were provided by families of our residents which only enhance their enjoyment of the area.
The Music Room is equipped with a piano, stereo system and a wide variety of music from big band to easy listening. A mural depicts a stage with a blues theme, musical notes and sheet music complete the atmosphere. This area is a favorite of residents in the afternoon, as it is usually sunny and inviting. Soft music and impromptu sing alongs often fill the air. This area has a calming effect for several residents and they will spend time there alone.

The Garage has been a favorite of the men and one resident in particular will spend time there turning the gadgets on the work board or rearranging the tool box. A mural compliments the area by depicting old signage, a mechanic and other car related items.

The Sports Lounge will include team pennants, shadow boxes of sports equipment, pictures and interactive games. Many residents use this area frequently and the activity staff use the area for bowling tournaments, ball toss and other active events.

Measurement of Goals

Our five targeted residents who exhibited problematic behavior have been assessed throughout this project. The assessments consisted of a Brief Cognitive Rating Scale and a Psychological Evaluation detailing the behaviors of the residents and how the behavior adversely affects their quality of life, Care Plans have been developed and updated as needed as their behaviors improve or deteriorate.

Education

The staff that works the Memory Care Unit has been trained in the Validation Therapy approaches to dementia, the use of Naomi Feil's approach to dementia care and other ongoing training in related dementias and Alzheimer's. The ongoing training serves to boost staff's confidence and generate creative thinking.

Financial Impact

Due to the fact that our mural painter was out of the state for an extended period of time due to the death of his father, we were unable to complete all of the areas outlined in the original funding agreement, nor did we spend the entire amount of the agreement. Our total amount spent was $5,906.71. Copies of receipts are attached.

Five (5) Chosen Residents for Validation Therapy

This paper will give a brief update on how the five residents in our validation sample set have utilized the validation and activity programs provided as of February 2006. Update will include information as the whether programming has been effective.

Resident 1: Resident one has had a decline in her physical and cognitive functions. She had a recent fall and is now utilizing a wheelchair for her continued desire to wander. She presents with very poor safety awareness and remains impulsive. Her tendency to become argumentative during activities has declined significantly due to her cognitive decline. Resident one has made a turn-around as far as the activities she benefits from. In the past, arts and crafts were her weak spot and now she enjoys that opposed to the validation rooms. During the validation room activities her attention span is that of very short. Activities dealing with questions, quizzing and verbal input is where she has declined which coincides with her decreased cognitive skills. This resident is showing more signs and symptoms of a depressed mood from the possibility that she understands her decline, subconsciously.

Resident 2: Resident has responded well to the validation rooms. She gets most stimulation from the nursery and can be observed engaging with the baby dolls. She gives the dolls extensive care like: changing their clothes, talking to them, rocking them to sleep and putting them to bed. She is receptive to spending time out of her room in this environment and will also participate during validation programming in the schoolroom. Still she is more of a passive observer during any other group activity. Resident has an improved affect and will smile at others and briefly engage in one on one conversation with staff when initiated. Larger groups cause her to be over-stimulated and anxious. Staff is aware of this and will choose appropriate activities.

Resident 3: Resident continues to follow previous pattern of resisting care. She very rarely seeks to be outside the unit and I've witnessed her and her spouse refer to their room as their home. Resident is content in current environment throughout the day as along as her spouse is at her side. She will attend group activities mostly in the morning as long as he is with her. Occasionally, she can be encouraged to attend validation programming in

the beauty shop. Staff is trying to increase her participation in this area because it will not only increase her social stimulation but also aid us in improving on her hygiene issues. Resident at this point is more receptive to time in the nurturing room and schoolroom with spouse. This is not surprising as she has a strong attachment to her previous role as a mother.

Resident 4: Resident has shown a decline in his attempts to fiddle with and fix items around the building. Staff finds he is more receptive to one on one activity programming. Resident shows no interest in group activities. Activity staff takes resident to the garage area where he does seem to enjoy giving tips on what tools to use during a project. This validation area taps into resident's previous interests. He does seem to enjoy giving tips on what tools to use during a project. This is embraced. Attendance in activities for this resident is minimal. He spends time wandering throughout the Memory Care Unit and sitting alone in either the schoolroom or in the outside courtyards. Efforts are being made to increase his participation and tolerance of activities and utilization of validation rooms.

Resident 5: Resident did have a decline in physical functioning for a short time. She demonstrated episodes of crying spells and increased isolation. Due to her cognitive abilities, a psychologist has also been added to her plan of care along with the validation therapy. She had worked with therapy and is now back to her usual self. She continues to demonstrate a need to be busy. She attends group activities in addition to validation programming. Activity staff has been trying to utilize the beauty shop with her to increase better self-image and self-confidence. This is a slow process and staff has just started with this. She has been less irritable and anxious but will continue to seek out something to do when not occupied.

Brief Cognitive Rating Scale (BCRS)*

The BCRS is an assessment tool to be used with the Global Deterioration Scale (GDS) to help stage a person suffering from a primary degenerative dementia such as Alzheimer's disease. Developed by Dr. Barry Reisberg, this assessment tool tests 5 different areas known as Axis (4 cognitive and 1 functional). For the first 4 axis, the tester will ask a variety of questions to determine the level of impairment (see Guidelines for Scoring BCRS on the next page). The results of the 5th axis (Functioning) are determined primarily by observation. The tester can use the Functional Assessment Staging Test (FAST) for a more accurate assessment. After a score is determined for each Axis, total the results and divide by 5. This answer will result in a stage corresponding on the GDS.

Assessment					Brief Cognitive Rating Scale (BCRS)*
Date	Date 3/8/06	Date	Date	Date	
Rating	Rating	Rating	Rating	Rating	
(Circle the Highest Rating Attained)					**Axis I: Concentration**
1	1	1	1	1=	No objective or subjective evidence of deficit in concentration.
2	2	2	2	2=	Subjective decrement in concentration ability.
3	3	3	3	3=	Minor objective signs of poor concentration (e.g., subtraction of serial 7's from 100).
4	4	4	4	4=	Definite concentration deficit for persons of their backgrounds (e.g., marked deficit on serial 7's; frequent deficit in subtraction of serials 4's from 40).
5	5	5	5	5=	Marked concentration deficit (e.g., giving months backwards or serials 2's from 20).
6	6	6	6	6=	Forgets the concentration task. Frequently begins to count forward when asked to count backwards from 10 by 1's.
7	7	7	7	7=	Marked difficulty counting forward to 10 by 1's.
					Axis II: Recent Memory
1	1	1	1	1=	No objective or subjective evidence of deficit in recent memory.
2	2	2	2	2=	Subjective impairment only (e.g., forgetting names more than formally)
3	3	3	3	3=	Deficit in recall of specific events evident upon detailed questioning. No deficit in recall of major recent events.
4	4	4	4	4=	Cannot recall major events of previous weekend or week. Scanty knowledge (not detailed) of current events, favorite TV shows, etc.
5	5	5	5	5=	Unsure of weather; may not know current President or current address.
6	6	6	6	6=	Occasional knowledge of some events. Little or no idea of current address, weather, etc.
7	7	7	7	7=	No knowledge of any recent events.
					Axis III: Past Memory
1	1	1	1	1=	No subjective or objective impairment in past memory.
2	2	2	2	2=	Subjective impairment only. Can recall two or more primary school teachers.
3	3	3	3	3=	Some gaps in past memory upon detailed questioning. Able to recall at least one childhood teacher and/or childhood friend.
4	4	4	4	4=	Clear-cut deficit. The spouse recalls more of the patients past than the patient. Cannot recall childhood friends and/or teachers but know the names of most schools attended. Confuses chronology in reciting personal history.
5	5	5	5	5=	Major past events sometimes not recalled. (e.g., names of schools attended).
6	6	6	6	6=	Some residual memory of past (e.g., may recall country of birth or former occupation).
7	7	7	7	7=	No memory of past.
					Axis IV: Orientation
1	1	1	1	1=	No deficit in memory for time, place, identity of self or others.
2	2	2	2	2=	Subjective impairment only. Knows some time to nearest hour, location.
3	3	3	3	3=	Any mistakes in time >2 hours; day of the week > 1 day; date > 3 days.
4	4	4	4	4=	Mistakes in month >10 days or year > 1 month.
5	5	5	5	5=	Unsure of month and/or year and/or season; unsure of locale.
6	6	6	6	6=	No idea of date. Identifies spouse but may not recall name. Knows own name.
7	7	7	7	7=	Cannot identify spouse. May be unsure of personal identity.
					Axis V: Functioning and Self-Care
1	1	1	1	1=	No difficulty, either subjectively or objectively.
2	2	2	2	2=	Complains of forgetting location of objects. Subjective work difficulties.
3	3	3	3	3=	Decreased job functioning evident to co-workers. Difficulty traveling to new locations.
4	4	4	4	4=	Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances, marketing, etc).
5	5	5	5	5=	Requires assistance in choosing proper clothing.
6	6	6	6	6=	Requires assistance in feeding, and/or toileting, and/or bathing, and/or ambulating.
7	7	7	7	7=	Requires constant assistance in all activities of daily life.
	30			=	**Total Score**
/5=	/5= 6	/5=	/5=	/5=	Divide "Total Score" by 5 to obtain Stage on Global Deterioration Scale (GDS)

*Use with Global Deterioration Scale (GDS)

Brief Cognitive Rating Scale (BCRS)*

The BCRS is an assessment tool to be used with the Global Deterioration Scale (GDS) to help stage a person suffering from a primary degenerative dementia such as Alzheimer's disease. Developed by Dr. Barry Reisberg, this assessment tool tests 5 different areas known as Axis (4 cognitive and 1 functional). For the first 4 axis, the tester will ask a variety of questions to determine the level of impairment (see Guidelines for Scoring BCRS on the next page). The results of the 5th axis (Functioning) are determined primarily by observation. The tester can use the Functional Assessment Staging Test (FAST) for a more accurate assessment. After a score is determined for each Axis, total the results and divide by 5. This answer will result in a stage corresponding on the GDS.

Assessment					Brief Cognitive Rating Scale (BCRS)*
Date	Date 3/2/05	Date 3/3/06	Date	Date	
Rating	Rating	Rating	Rating	Rating	
(Circle the Highest Rating Attained)					**Axis I: Concentration**
1	1	1	1	1=	No objective or subjective evidence of deficit in concentration.
2	2	2	2	2=	Subjective decrement in concentration ability.
3	3	3	3	3=	Minor objective signs of poor concentration (e.g., subtraction of serial 7's from 100).
4	(4)	(4)	4	4=	Definite concentration deficit for persons of their backgrounds (e.g., marked deficit on serial 7's; frequent deficit in subtraction of serials 4's from 40).
5	5	5	5	5=	Marked concentration deficit (e.g., giving months backwards or serials 2's from 20).
6	6	6	6	6=	Forgets the concentration task. Frequently begins to count forward when asked to count backwards from 10 by 1's.
7	7	7	7	7=	Marked difficulty counting forward to 10 by 1's.
					Axis II: Recent Memory
1	1	1	1	1=	No objective or subjective evidence of deficit in recent memory.
2	2	2	2	2=	Subjective impairment only (e.g., forgetting names more than formally)
3	3	3	3	3=	Deficit in recall of specific events evident upon detailed questioning. No deficit in recall of major recent events.
4	4	4	4	4=	Cannot recall major events of previous weekend or week. Scanty knowledge (not detailed) of current events, favorite TV shows, etc.
5	5	5	5	5=	Unsure of weather; may not know current President or current address.
6	(6)	(6)	6	6=	Occasional knowledge of some events. Little or no idea of current address, weather, etc.
7	7	7	7	7=	No knowledge of any recent events.
					Axis III: Past Memory
1	1	1	1	1=	No subjective or objective impairment in past memory.
2	2	2	2	2=	Subjective impairment only. Can recall two or more primary school teachers.
3	3	3	3	3=	Some gaps in past memory upon detailed questioning. Able to recall at least one childhood teacher and/or childhood friend.
4	4	4	4	4=	Clear-cut deficit. The spouse recalls more of the patients past than the patient. Cannot recall childhood friends and/or teachers but know the names of most schools attended. Confuses chronology in reciting personal history.
5	5	5	5	5=	Major past events sometimes not recalled. (e.g., names of schools attended).
6	(6)	(6)	6	6=	Some residual memory of past (e.g., may recall country of birth or former occupation).
7	7	7	7	7=	No memory of past.
					Axis IV: Orientation
1	1	1	1	1=	No deficit in memory for time, place, identity of self or others.
2	2	2	2	2=	Subjective impairment only. Knows some time to nearest hour, location.
3	3	3	3	3=	Any mistakes in time >2 hours; day of the week > 1 day; date > 3 days.
4	4	4	4	4=	Mistakes in month >10 days or year > 1 month.
5	5	5	5	5=	Unsure of month and/or year and/or season; unsure of locale.
6	(6)	(6)	6	6=	No idea of date. Identifies spouse but may not recall name. Knows own name.
7	7	7	7	7=	Cannot identify spouse. May be unsure of personal identity.
					Axis V: Functioning and Self-Care
1	1	1	1	1=	No difficulty, either subjectively or objectively.
2	2	2	2	2=	Complains of forgetting location of objects. Subjective work difficulties.
3	3	3	3	3=	Decreased job functioning evident to co-workers. Difficulty traveling to new locations.
4	(4)	4	4	4=	Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances, marketing, etc).
5	5	(5)	5	5=	Requires assistance in choosing proper clothing.
6	6	6	6	6=	Requires assistance in feeding, and/or toileting, and/or bathing, and/or ambulating.
7	7	7		7=	Requires constant assistance in all activities of daily life.
		27		=	**Total Score**
/5=	/5=	/5= 5.4	/5=	/5=	**Divide "Total Score" by 5 to obtain Stage on Global Deterioration Scale (GDS)**

*Use with Global Deterioration Scale (GDS)

5 5/23

Brief Cognitive Rating Scale (BCRS)*

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Assessment					Brief Cognitive Rating Scale (BCRS)*
Date	Date 9/2007	Date 12-8-07	Date 2/11/08	Date	
Rating	Rating	Rating	Rating	Rating	
(Circle the Highest Rating Attained)					
					Axis I: Concentration
1	1	1	1	1=	No objective or subjective evidence of deficit in concentration.
2	2	2	2	2=	Subjective decrement in concentration ability.
3	3	3	3	3=	Minor objective signs of poor concentration (e.g., subtraction of serial 7's from 100).
4	4	4	4	4=	Definite concentration deficit for persons of their backgrounds (e.g., marked deficit on serial 7's; frequent deficit in subtraction of serials 4's from 40).
5	5	5	5	5=	Marked concentration deficit (e.g., giving months backwards or serials 2's from 20).
6	6	(6)	(6)	6=	Forgets the concentration task. Frequently begins to count forward when asked to count backwards from 10 by 1's.
7	7	7	7	7=	Marked difficulty counting forward to 10 by 1's.
					Axis II: Recent Memory
1	1	1	1	1=	No objective or subjective evidence of deficit in recent memory.
2	2	2	2	2=	Subjective impairment only (e.g., forgetting names more than formally)
3	3	3	3	3=	Deficit in recall of specific events evident upon detailed questioning. No deficit in recall of major recent events.
4	4	4	4	4=	Cannot recall major events of previous weekend or week. Scanty knowledge (not detailed) of current events, favorite TV shows, etc.
5	5	5	5	5=	Unsure of weather; may not know current President or current address.
6	6	(6)	(6)	6=	Occasional knowledge of some events. Little or no idea of current address, weather, etc.
7	7	7	(7)	7=	No knowledge of any recent events.
					Axis III: Past Memory
1	1	1	1	1=	No subjective or objective impairment in past memory.
2	2	2	2	2=	Subjective impairment only. Can recall two or more primary school teachers.
3	3	3	(3)	3=	Some gaps in past memory upon detailed questioning. Able to recall at least one childhood teacher and/or childhood friend.
4	4	4	4	4=	Clear-cut deficit. The spouse recalls more of the patients past than the patient. Cannot recall childhood friends and/or teachers but know the names of most schools attended. Confuses chronology in reciting personal history.
5	5	5	5	5=	Major past events sometimes not recalled. (e.g., names of schools attended).
6	6	(6)	6	6=	Some residual memory of past (e.g., may recall country of birth or former occupation).
7	7	7	7	7=	No memory of past.
					Axis IV: Orientation
1	1	1	1	1=	No deficit in memory for time, place, identity of self or others.
2	2	2	2	2=	Subjective impairment only. Knows some time to nearest hour, location.
3	3	3	3	3=	Any mistakes in time >2 hours; day of the week > 1 day; date > 3 days.
4	4	4	4	4=	Mistakes in month >10 days or year > 1 month.
5	5	(5)	5	5=	Unsure of month and/or year and/or season; unsure of locale.
6	6	6	(6)	6=	No idea of date. Identifies spouse but may not recall name. Knows own name.
7	7	7	7	7=	Cannot identify spouse. May be unsure of personal identity.
					Axis V: Functioning and Self-Care
1	1	1	1	1=	No difficulty, either subjectively or objectively.
2	2	2	2	2=	Complains of forgetting location of objects. Subjective work difficulties.
3	3	3	3	3=	Decreased job functioning evident to co-workers. Difficulty traveling to new locations.
4	4	4	4	4=	Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances, marketing, etc).
5	5	(5)	5	5=	Requires assistance in choosing proper clothing.
6	6	6	(6)	6=	Requires assistance in feeding, and/or toileting, and/or bathing, and/or ambulating.
7	7	7	7	7=	Requires constant assistance in all activities of daily life.
/5=	/5=	28 /5= 5.6	25 /5= 5	=	**Total Score**
				/5=	**Divide "Total Score" by 5 to obtain Stage on Global Deterioration Scale (GDS)**

*Use with Global Deterioration Scale (GDS) 5 5.05

Brief Cognitive Rating Scale (BCRS)*

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Assessment					Brief Cognitive Rating Scale (BCRS)*
Date	Date 6-9-05	Date 3/17/06	Date	Date	
Rating	Rating	Rating	Rating	Rating	
(Circle the Highest Rating Attained)					**Axis I: Concentration**
1	1	1	1	1=	No objective or subjective evidence of deficit in concentration.
2	2	2	2	2=	Subjective decrement in concentration ability.
3	3	3	3	3=	Minor objective signs of poor concentration (e.g., subtraction of serial 7's from 100).
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5	5	5	5	5=	Unsure of weather; may not know current President or current address.
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4	4	4	4	4=	Clear-cut deficit. The spouse recalls more of the patients past than the patient. Cannot recall childhood friends and/or teachers but know the names of most schools attended. Confuses chronology in reciting personal history.
5	5	5	5	5=	Major past events sometimes not recalled. (e.g., names of schools attended).
6	(6)	(6)	6	6=	Some residual memory of past (e.g., may recall country of birth or former occupation).
7	7	7	7	7=	No memory of past.
					Axis IV: Orientation
1	1	1	1	1=	No deficit in memory for time, place, identity of self or others.
2	2	2	2	2=	Subjective impairment only. Knows some time to nearest hour, location.
3	3	3	3	3=	Any mistakes in time >2 hours; day of the week > 1 day; date > 3 days.
4	4	4	4	4=	Mistakes in month > 10 days or year > 1 month.
5	5	5	5	5=	Unsure of month and/or year and/or season; unsure of locale.
6	(6)	(6)	6	6=	No idea of date. Identifies spouse but may not recall name. Knows own name.
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1	1	1	1	1=	No difficulty, either subjectively or objectively.
2	2	2	2	2=	Complains of forgetting location of objects. Subjective work difficulties.
3	3	3	3	3=	Decreased job functioning evident to co-workers. Difficulty traveling to new locations.
4	4	4	4	4=	Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances, marketing, etc).
5	5	5	5	5=	Requires assistance in choosing proper clothing.
6	(6)	(6)	6	6=	Requires assistance in feeding, and/or toileting, and/or bathing, and/or ambulating.
7	7	7	7	7=	Requires constant assistance in all activities of daily life.
MM Daniel/RN	M. Donnelly			=	**Total Score**
/5=	/5=	/5=	/5=	/5=	**Divide "Total Score" by 5 to obtain Stage on Global Deterioration Scale (GDS)**

*Use with Global Deterioration Scale (GDS)

← 5.8

Validation Rooms

Brief Cognitive Rating Scale (BCRS)*

The BCRS is an assessment tool to be used with the Global Deterioration Scale (GDS) to help stage a person suffering from a primary degenerative dementia such as Alzheimer's disease. Developed by Dr. Barry Reisberg, this assessment tool tests 5 different areas known as Axis (4 cognitive and 1 functional). For the first 4 axis, the tester will ask a variety of questions to determine the level of impairment (see Guidelines for Scoring BCRS on the next page). The results of the 5th axis (Functioning) are determined primarily by observation. The tester can use the Functional Assessment Staging Test (FAST) for a more accurate assessment. After a score is determined for each Axis, total the results and divide by 5. This answer will result in a stage corresponding on the GDS.

Assessment					RESIDENT II — Brief Cognitive Rating Scale (BCRS)*	
Date	Date	Date	Date	Date		
	6/27/05	3-17-06				
Rating	Rating	Rating	Rating	Rating		
(Circle the Highest Rating Attained)						
					Axis I: Concentration	
1	1	1	1	1=	No objective or subjective evidence of deficit in concentration.	
2	2	2	2	2=	Subjective decrement in concentration ability.	
3	3	3	3	3=	Minor objective signs of poor concentration (e.g., subtraction of serial 7's from 100).	
4	4	4	4	4=	Definite concentration deficit for persons of their backgrounds (e.g., marked deficit on serial 7's; frequent deficit in subtraction of serials 4's from 40).	
5	(5)	(5)	5	5=	Marked concentration deficit (e.g., giving months backwards or serials 2's from 20).	
6	6	6	6	6=	Forgets the concentration task. Frequently begins to count forward when asked to count backwards from 10 by 1's.	
7	7	7	7	7=	Marked difficulty counting forward to 10 by 1's.	
					Axis II: Recent Memory	
1	1	1	1	1=	No objective or subjective evidence of deficit in recent memory.	
2	2	2	2	2=	Subjective impairment only (e.g., forgetting names more than formally)	
3	3	3	3	3=	Deficit in recall of specific events evident upon detailed questioning. No deficit in recall of major recent events.	
4	4	4	4	4=	Cannot recall major events of previous weekend or week. Scanty knowledge (not detailed) of current events, favorite TV shows, etc.	
5	5	5	5	5=	Unsure of weather; may not know current President or current address.	
6	(6)	(6)	6	6=	Occasional knowledge of some events. Little or no idea of current address, weather, etc.	
7	7	7	7	7=	No knowledge of any recent events.	
					Axis III: Past Memory	
1	1	1	1	1=	No subjective or objective impairment in past memory.	
2	2	2	2	2=	Subjective impairment only. Can recall two or more primary school teachers.	
3	3	3	3	3=	Some gaps in past memory upon detailed questioning. Able to recall at least one childhood teacher and/or childhood friend.	
4	4	4	4	4=	Clear-cut deficit. The spouse recalls more of the patients past than the patient. Cannot recall childhood friends and/or teachers but know the names of most schools attended. Confuses chronology in reciting personal history.	
5	5	5	5	5=	Major past events sometimes not recalled. (e.g., names of schools attended).	
6	(6)	(6)	6	6=	Some residual memory of past (e.g., may recall country of birth or former occupation).	
7	7	7	7	7=	No memory of past.	
					Axis IV: Orientation	
1	1	1	1	1=	No deficit in memory for time, place, identity of self or others.	
2	2	2	2	2=	Subjective impairment only. Knows some time to nearest hour, location.	
3	3	3	3	3=	Any mistakes in time >2 hours; day of the week > 1 day; date > 3 days.	
4	4	4	4	4=	Mistakes in month >10 days or year > 1 month.	
5	5	5	5	5=	Unsure of month and/or year and/or season; unsure of locale.	
6	(6)	(6)	6	6=	No idea of date. Identifies spouse but may not recall name. Knows own name.	
7	7	7	7	7=	Cannot identify spouse. May be unsure of personal identity.	
					Axis V: Functioning and Self-Care	
1	1	1	1	1=	No difficulty, either subjectively or objectively.	
2	2	2	2	2=	Complains of forgetting location of objects. Subjective work difficulties.	
3	3	3	3	3=	Decreased job functioning evident to co-workers. Difficulty traveling to new locations.	
4	4	4	4	4=	Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances, marketing, etc).	
5	5	5	5	5=	Requires assistance in choosing proper clothing.	
6	6	(6)	6	6=	Requires assistance in feeding, and/or toileting, and/or bathing, and/or ambulating.	
7	(7)	7	7	7=	Requires constant assistance in all activities of daily life.	
	6.6			=	**Total Score**	
/5=	/5=	/5=	/5=	/5=	**Divide "Total Score" by 5 to obtain Stage on Global Deterioration Scale (GDS)**	

*Use with Glc ...sterioration Scale (GDS)

VALIDATION AREA USEAGE

The various areas developed in our Validation Therapy as a Lifestyle project have been very beneficial not only to our targeted resident but to most of the residents on the unit. New admissions to the unit that have been agitated and restless in their homes, other facilities or on our long term care unit have had a positive reaction to one or more of the newly created areas. They appear calmer and often engage in using the equipment in the areas or spend quiet time "lost in their thoughts and memories". One gentleman, who was constantly breaking or taking apart things at home, has enjoyed the garage area and will spend hours opening all the latches, turning the knobs and moving washers on the puzzle boards. Other female residents will sit quietly to get a hand massage or manicure rather than roam in and out of others rooms becoming agitated.

The project has been most beneficial to our residents. The enhanced areas of the unit have provided an outlet for the residents to expend energy and comfort because the surroundings bring up pleasant memories from their past. Families have commented that the enhanced areas promote conversation with their loved ones and make visiting more pleasant.

CREATION OF VALIDATION THERAPY ROOMS

Validation therapy areas in a long term care facility or a memory care unit can be most beneficial. The areas tend to be calming to resident and tend to direct their energy towards engaging in pleasant task from their past. A female resident may spend hours folding small towels or cloth napkins if the area looks like her old laundry room with pictures or murals of wringer type washers and ironing boards. Pictures or shadow boxes of old brands of detergent or advertisements for laundry products help complete the scene.

In creating Validation areas look at the past careers of the resident of the unit, consider separate areas for males and females and the availability of "props". Sometimes appropriate murals can be purchased and hung very inexpensively, or you may enlist local artist or an art class from the local schools to paint an original mural depicting items from the scene you wish to create. Keep the murals simple with items of near life size proportion. Use furniture that is appropriate for the area and remember it can be used or donated. The props for each area help complete the ambience; these items can also be solicited from volunteers, staff members or local merchants. Each area should include things the residents can do within the area. Examples: for a school room include chalk boards, maps, globes and books; for a nursery include life like dolls, doll clothes, baby swings, rockers or gliders and soft music. Remember the goal is to transform the area into a past memory that will enable the resident to validate and enjoy that period of their past.

Schoolhouse