

Table 1: Factors Causing Dementia Behavioral Symptoms

Person-Based	Caregiver-Based	Environmental
Lack of daily routines	Communications too complex	Room arrangements (clutter)
Sensory deficits (eg, hearing, vision)	Harsh emotional tone	Lack of appropriate visual cues
Physical needs (eg, hydration, constipation, body temperature)	Caregiving styles conflict with dementia patient	Physical and/or social stimulation (too much or too little)
Interests/preferences not met	Family care responsibilities	Too hot or too cold
Level of stimulation not appropriate	Financial situation	Safety risk
Health issues (eg, infection, constipation)	Caregiver distress/health issues	Needed items are out of sight or not where the person can see them
Impact of other illnesses or conditions	Poor relationship with dementia patient	Lack of needed adaptive equipment (eg, grab bars in bathroom)
Ambulation and/or difficulty finding one's way (getting lost)	Lack of availability (staffing issues)	Poor lighting
Medication changes	Communication too complex	
Pain	Insufficient training	
Challenges performing activities of daily living (eg, bathing, dressing, using toilet, grooming, eating)	Lack of supportive network or system within facility for dementia care	
Sleep cycle disruptions	Limited opportunities for respite	
Emotional status (eg, insecurity, sadness, anxiety, loneliness)		

— SOURCE: DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICAID AND MEDICARE SERVICES. REVISIONS TO STATE OPERATIONS MANUAL (SOM), APPENDIX PP - "GUIDANCE TO SURVEYORS FOR LONG TERM CARE FACILITIES." [HTTP://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/TRANSMITTALS/DOWNLOADS/R127SOMA.PDF](http://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/R127SOMA.PDF). REVISED NOVEMBER 26, 2014. ACCESSED DECEMBER 4, 2014.

Table 2: Dementia Initiative Consensus Core Values and Philosophy for Person-Centered Dementia Care

1. Every person has his/her own meaning of life, authenticity (personality, spirit, and character), history, interests, personal preferences, and needs to continue to experience life at all stages of dementia. The person is not his or her dementia illness; rather the condition is only one aspect of current status.
2. Focus on the strengths of the person living with dementia rather than on what abilities and capabilities have been diminished or lost.
3. "Enter the world" of the person living with dementia to best understand and communicate with him or her and interpret the meaning of his or her behavioral expressions from his or her perspective.

— SOURCE: DEMENTIA CARE: THE QUALITY CHASM. CCAL — ADVANCING PERSON-CENTERED LIVING WEBSITE. WWW.CCAL.ORG/WP-CONTENT/UPLOADS/DEMENTIACARETHEQUALITYCHASM_020413.PDF. ACCESSED DECEMBER 2, 2014.