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BY RHODA GOLDMAN PLAZA

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RGP and JFCS Staff Visit The Hogeweyk, a Dementia Village in the Netherlands



RGP and JFCS staff at Hogeweyk

The Hogeweyk ®

The Hogeweyk is the outcome of an innovative and disruptive vision on living, care and wellbeing for people living with severe dementia. It means a paradigm shift in nursing home care. The traditional nursing home has been deinstitutionalized, transformed and normalized.... The concept supports unique needs, lifestyles and personal preferences. Living in The Hogeweyk puts boredom, loneliness and hopelessness in another perspective. It focuses on possibilities, not on disabilities. And it goes without saying that this is all supported by trained professionals.

<https://hogeweyk.dementiavillage.com/#NaN>



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It Takes a Village...

How can we make life better for people who have dementia and their families? That is one of the questions that RGP staff asked while visiting the Hogeweyk, a dementia village in the Netherlands—a place well-known for its innovative vision for care for people living with severe dementia.

Consciously rejecting the institutionalization of dementia care, Hogeweyk founders' created an environment that provided opportunities for people with dementia to live as normally as they had always lived. "The first ideas for the village came about in 1992, from the management team (including Yvonne van Amerongen, Jannette Spiering, e.o) at the traditional nursing home Hogeweyk after discussing how if their parents became affected by Alzheimer's in the future, they would not want them to endure hospital-like care."¹ " We strongly believe in the deinstitutionalization of care and the need to emancipate people living with dementia and include them in society. "²

The idea of creating an environment which fosters a normal life is an exciting and enlivening endeavor. Planning this kind of institution involves rejecting the premises of institutionalization switching from a mindset based on uniformity and control to one that encourages and facilitates people's abilities (rather than disabilities). This approach reflects the theories of person-centered care.

Through environmental design, programming, and social activities, organizations like Hogeweyk create a place where people with severe dementia can live as fully and normally as possible.

But I believe the most important aspect of deinstitutionalization is that everyone benefits—the person with dementia, caregivers, organizations, staff, and family members. Research on Hogeweyk and institutions like it indicate that person-centered care brings out the best in everyone.

Does it take a village to care for people with dementia? Yes. In the life-affirming-broadest-sense of community and well-being Gee, we hope so.

Katheryn Allen Katz

1 n.wikipedia.org/wiki/Hogeweyk

2 https://hogeweyk.dementiavillage.com/

Spouses of Residents in Memory Care

The vision of dementia care which Hoegweyk proposed many years ago—the idea of facilitating and providing normal daily life for people who have dementia—was revolutionary. Creating this environment through the promotion of clubs, activities, family visits, and the conscious creation of lifestyle groups were pieces of the vision. Another piece was architectural design which provided a space where people with dementia could safely thrive.

RGP is not the Hogeweyk, but it has a feel of a community where people from assisted living and memory care socialize. RGP was designed to feel like a community; architects planned community areas where residents could meet and share activities. The design of the lobby and café area created a “mini town plaza” where residents could meet and talk. A family member commented, “Conversations in the café develop much like they do in Northern California small town breakfast places—people join conversations and share their thoughts... no need for introductions.”

Assisted Living and Memory Care residents often see each other in the cafe. Emma Davis, Director of Programming explained, “At RGP, we consciously want to destigmatize people who have dementia while providing confidentiality and security. We try to create a community where dementia and people with dementia are accepted and welcomed. Many Assisted Living residents recognize that memory loss and dementia are part of life; some residents have acquaintances who previously lived in Assisted Living, but who now live in Memory Care. This inclusiveness and sense of community encourages family members of residents who live in Memory Care to visit, feel at home, and join assisted living activities and meals.”

Ron Kaufman who frequently visits his wife who lives in Memory Care, mentioned that their daughter who had done research on the best place for Memory Care recommended RGP. He said that RGP’s size appealed to them; it seemed like a more personal kind of place and was more conveniently located than



other Jewish communities which also have Memory Care. “The location is excellent,” he said, “there are many eating places within walking distance. Barbara and I and the caregiver walk three blocks to have a meal at Sweet Maple once or twice a week. He said that it was fortunate to be able to furnish Barbara’s apartment with a décor which reflected Barbara’s taste. “I think these aspects of RGP reflect a non-institutional approach to Memory Care.” He explained “We trying to center our activities around this location, and I try to come at least three days a week, and other family members sometimes fill in on other days to go walking, listen to music, or go to the gym. Keeping the continuity of our relationship is mutually beneficial, after all, we have been married sixty-nine years.

We understand that because of the safety protocols on the fourth floor, it is not easy for residents to leave the floor unassisted. We are fortunate to have a wonderful caregiver for Barbara; the two of them can go out for a walk or join in activities in assisted living.

I have thought about ways to increase social connections for Terrace residents. One idea is to encourage non-family members, former friends and acquaintances to visit and to continue those

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Not a Typical Skilled Nursing Facility

Assisted Living Facilities, like RGP, are often confused with Skilled Nursing Facilities (SNFs)—and in some ways we provide a similar service. You may have spent time at a SNF for rehabilitation after a surgery or a fracture – focusing on daily Physical and Occupational Therapy. In a traditional SNF, you will usually see two or three patients in each room, spending most of the day lying in hospital beds. The ambiance is very much like a hospital, and not at all a homelike environment. People sometimes spend years in a SNF due to high ADL (activities of daily living) needs.

I was impressed to learn that The Hogeweyk is a SNF. The Netherlands provides universal social health insurance, including assistance for older adults with things like bathing, dressing, and hygiene.¹ Assistance in the home is the first choice for senior care in the Netherlands, and over 85% of people with a dementia diagnosis stay in their homes. To qualify to move to a SNF (like the Hogeweyk), a person must have a high medical need in addition to the dementia diagnosis, or a severe behavioral need that cannot be met in the home.

The Hogeweyk was created to promote autonomy and “normal life” by Eloy Van Hal and Jeanette Spiering, along with a team of architects (completed in 2008). They wanted residents to be able to follow familiar routines and enjoy “life’s pleasures”². Although there are nurses, social workers, dementia specialists and physical therapists on staff, they stay behind the scenes. The Hogeweyk is indeed a community, with lots of outdoor space, and it does not feel medicalized like a typical SNF.

You can see in the photos that there are ground level courtyards in addition to an upper walkway. There is a real emphasis on residents walking outdoors—including up and down stairs and on uneven pavement. Eloy explained to us that seniors in the Netherlands tend to really enjoy basking in the sun as often as possible – even on a chilly day. It was quite rainy during our trip and we saw many Hogeweyk residents sitting in the sun as soon as there was a break in the rain. Incidentally, some residents were smoking cigarettes as well.

The ability to walk freely during the day helps residents to sleep quite well at night. And despite having free rein to walk during the day, the residents do not

experience frequent falls. Per Eloy, the Hogeweyk has approximately the same fall rate as any other SNF in the Netherlands—and they employ fewer Physical Therapists than a typical facility of their size. Eloy posited that this was due to all the outdoor autonomous movement—and the opportunities for informal socialization in lovely outdoor communal areas. Some residents do use walkers and wheelchairs—and they are assisted by care staff who are amazingly inconspicuous.

The Hogeweyk has a great deal of public space: courtyards, a fountain, activities rooms, a restaurant, a pub, a supermarket, and an indoor atrium area. Administrative and other offices are located in storefronts on a little pedestrian “street”. Notably, the maintenance staff works out of an office that looks like a hardware store, with a fun model train in the window.

In addition to the public common areas, there are twenty-seven separate households, each with semi-private shared spaces: the kitchen, dining room, and living room. We could see these areas on our tour, but could not go inside—residents waved out their windows to us. Each resident has a private bedroom – and there are two bathrooms per home. Seven residents live in each household, staffed by one caregiver (CNA) and one housekeeper/cook.

Each household of seven residents has a budget for their meals for the week—to use at the Hogeweyk supermarket. The supermarket is a REAL store where residents and their caregivers purchase food together. Outside visitors and families can also purchase items as well. Residents are involved as much as possible in food preparation with their caregivers. Cooking together is one of life’s pleasures, and boosts social inclusion, resident autonomy, and good health – not to mention boosting appetite. The “lifestyles” concept also comes into play in food preparation i.e. a traditional home may prefer meat and potatoes whereas a cosmopolitan home may prefer dining options from various cuisines of the world.

Memory Care residents cooking food together with their caregivers is a revolutionary concept compared to Assisted Livings and SNFs in the US. Facilities

in the US are highly regulated and set up to prepare food in a commercial-type kitchen. Eloy noted that the supermarket concept was key to involving residents in normal daily life. The Hogeweyk does have a food preparation system in place for safety and hygiene, following Dutch health codes. Residents at the Hogeweyk even use knives for food preparation. Eloy asked us: “Have you ever cut yourself with a knife?” (Of course we all had done so at some point.) Then he added: “Well, we allow residents to use knives for food preparation. People with dementia are not stupid”.

Eloy also explained that: “our policy is normalcy”. Hogeweyk staff strive to humanize care and maintain a normal day-to-day routine. This is great for residents’ cognitive and functional capacity, dignity, social involvement, and physical and mental health. Residents of the Hogeweyk also take a fewer number of medications than a typical SNF in the Netherlands. The Hogeweyk has a high satisfaction score with families. Humanistic, “normalized” care is also great for staff who report feeling less stress, less physical strain, and more autonomy.

I see many elements of dignity and a humanistic approach to care on the Terrace at RGP each day. Our caregivers and activity staff in particular, have such a kind, close rapport with residents who they get to know as unique individuals. That said, Emma, Sam, and I were certainly inspired by the Hogeweyk to push for more innovation, new approaches to care, and more emphasis on autonomy and getting outdoors. Through ongoing staff training and our walking buddy program, we are bringing the “Village Way” into our daily life on the Terrace at RGP.

¹ Government of the Netherlands. <https://www.government.nl/topics/care-and-support-at-home/living-independently-for-longer>

² Dementia Village Associates. <https://hogeweyk.dementiavillage.com/>

What is your lifestyle?

Residents at the Hogeweyk are grouped together into four different “lifestyles”. Household groups are able to live together more harmoniously when they have similar interests and daily routines.

- Cosmopolitan: Art, culture, nature, wine, travel, international cuisine, world focus
- Urban: Open, outgoing, talkative, popular music, beer, family & friends
- Traditional: Traditions, handicrafts, meat and potatoes, housework, family, local news
- Formal: Introverted, upscale, classical music, an emphasis etiquette, high tea, wine.

The Hogeweyk’s Seven Pillars for Optimizing Quality of Life:

1. Favorable Surroundings: this is evident in the layout of the village – public and private space, outdoor areas.
2. Lifestyle: honoring the way of life of each resident (4 lifestyle groups) – details matter.
3. Health: providing comfort care with an emphasis on quality of life, providing hospice care at end of life.
4. Life’s Pleasures: activity clubs, freedom to make choices throughout the day, conversations and social interactions, the little moments of daily life.
5. Formal and Informal Network: of family, friends, volunteers, care workers.
6. Organization: dedicated, transformational leadership in service of the residents
7. Social Inclusion and Emancipation: outreach to the community, and intergenerational efforts.



Adrienne Fair, MSN, RN,
Assistant Executive Director

Hogeweyk and Programming

It is impossible to cover everything I learned from visiting Hogeweyk in one article so I will focus on the social aspects of the Hogeweyk which are my particular interest.

I found that activities look quite different at Hogeweyk. The Dutch government budgets for thirty minutes of a social activity per week, which is not enough for someone with memory loss. Thus, Hogeweyk developed their club system. Residents (or their family members) sign up for clubs they are interested in. Each resident gets one free club and each additional club costs between 35-55€ per month. Interestingly enough, clubs are the only thing that residents pay out of pocket. Each club meets approximately once per week and there are approximately thirty-five different clubs including baking, sewing, painting, classical music, and yes even bingo (which is quite popular!). Approximately eighty-five percent of residents belong to one club or more.

Comparing the club system to the activities available on the Terrace at RGP, we see there are some major differences. On the Terrace, we offer group activities from 10-11:30 am and 2-4:45 pm or approximately four and a quarter hours per day, seven days a week. Approximately 75% of our residents attend three or more hours of activities a day or essentially twenty hours or more of activities per week. Using Hogeweyk's club system residents would need to belong to fifteen to twenty clubs to attend an equivalent number of activities to those offered at RGP but according to Eloy, one of Hogeweyk's founders, most residents belong to two to three clubs. Why are the activity/club offerings so different? Many of the 'activities' provided at Hogeweyk are not organized social clubs. Instead, a major focus is on being outdoors and engaging in the 'normal' pleasures of life in the home. We have always known that the Terrace's biggest disadvantage is our lack of accessible outdoor space. We hope that our large number of activities compensate for the lack of outdoor space, but it was clear to me that we need to make a concerted effort to provide our residents with the opportunity to utilize the outdoor spaces at RGP! In the coming weeks, you will see more residents out and about on the third floor patio!

I hope to implement useful a Hogeweyk practice for Assisted Living residents to assist them to attend activities regularly. At Hogeweyk, clubs are run by club leaders and volunteers. It is the responsibility of the club leaders to retrieve residents who are signed up for a particular club. I think this idea could be particularly valuable on among our assisted living residents, many of whom have memory challenges of their own. I want to develop a system that gives residents (or family members on their behalf) the opportunity to sign up for activities and have activities staff to prompt and escort them. It would also allow us to better assess residents' interest in various activities.

While I learned so much from our visit to Hogeweyk, I would say my biggest takeaway was the desire to facilitate normalcy for our residents. And while this might seem intuitive in dementia care, it is actually one of the hardest principles to implement in the United States. So, the challenge for me is to not necessarily to revolutionize the system overnight but to identify incremental changes that can better the care we provide for our residents.

How can we make the Terrace even more of a home? To me, a home means having personal touches. There are changes we can do to create a more inviting personalized environment in our common spaces. Many of us keep framed photos throughout our homes so why not photos of residents outside their apartments? And why not let the resident choose what photo is displayed!

I am still reflecting on all that I learned and I hope to continue to implement innovations at RGP. The dream would be to open a Hogeweyk-like village in the United States. But sometimes we need to focus on what we have and what we can do with it.

Let's focus on the possibilities!



Emma Davis
*Director of Programming and
Counseling*



NETWORK
of Jewish Human
Service Agencies



**The Sephardic
Foundation on Aging**



**European Council
of Jewish Communities**

Rhoda Goldman Plaza staff joined Seniors At Home Dementia Specialists on the Second Mission to the Dementia Village “The Hogeweyk”. Jewish senior care professionals from around the world came to share ideas and visit the Hogeweyk including professionals from across the US, the UK, Kazakhstan, Georgia, Uzbekistan, the Ukraine, and Kyrgyzstan. Each provider brought their own unique experiences to the group. Two days were spent on site at the Hogeweyk and two days were spent in development workshops on care topics specific to Jewish seniors, particularly Shoah survivors.



Thank you for your readership, comments, and suggestions for the Olive Press. Many heartfelt thanks to the writers and idea people who have contributed their time and effort to making this newsletter worth reading. This is the last edition of the Olive Press in its present form. I'm retiring.
Katheryn Allen Katz

Resident Services—Advance Directives

An Advance Directive is a legal document that outlines your wishes for medical treatment should you be unable to advocate for yourself in the future. If completed thoughtfully, they ensure that your wishes are clear to loved ones, maintaining your agency. These documents can be made official by signing in the presence of two witnesses (unfortunately, RGP staff cannot serve as witnesses) or by signing with a notary.

The act of completing an Advance Directive forces a person to state their wishes and articulate their priorities. This should be honed by actually talking through scenarios, ideally with the person who you want to honor your wishes if you are not able to. Talking through scenarios gives room for the nuance that is present in real situations. Would I consent to a pacemaker? Would I want pneumonia treated?

It is important to note that your answers may change over time- your priorities at sixty are often vastly different from those at ninety , so such conversations and the Advance Directives themselves should be revisited. This should happen annually (perhaps at the start of each new year), or more frequently if your health situation is changing in a way that may cause a shift in your priorities.

While an Advance Directive is clearly meant to honor your wishes, it is also a tremendous gift to your loved ones. You are giving them the tools to act on your behalf with confidence. This holds true in case of a sudden health event, but also in the context of memory loss. Here is the link: <https://static1.squarespace.com/static/5a0128cf8fd4d22ca11a405d/t/5c6bb507f9619a97a6e488b0/1550562567403/Overview+Dementia+Directive.pdf>

Dementia Directive

This directive is free for use and looks at stages of dementia and desired treatment with more nuance than a standard Advance Directive. Memory loss is frequently the reason that a loved one may need to step in and act on a person’s behalf, and should be considered when articulating your wishes for care.

Any Advance Directive form should serve as a catalyst for important conversations. Filling out a boilerplate form and putting it in a drawer won’t yield the same benefits as having regular conversations about how you want and maybe more importantly, what you don’t want.



Elizabeth Wyma-Hughes
Director of Resident Services

An Amazing Experience

I was so excited to visit the Netherlands and the Hogeweyk Village. I love working in senior care and wanted to discover all the ways to help our RGP residents and to make life better for them. This visit was a life-changing opportunity and experience; I'm so grateful to have been part of it.

The idea of this village called Hogeweyk came from Eloy Van Hal and Janette Spiering who worked at a traditional nursing home. They feared having to put their own parents in a traditional nursing home. Hogeweyk was created to look like a normal town with a town square, a grocery store, a restaurant and pub, hair salon and even a theatre. It is home to 188 people with severe dementia and is staffed by doctors, nurses and caregivers dressed in casual clothes. The housing is made up of twenty-seven group homes where six to seven residents live together grouped by their interests and lifestyles prior to dementia. Residents can lead a seemingly normal life; they are free to roam around, visit the shops, or participate in any of the twenty-five clubs available. In addition to the psychological benefits of not being in a traditional nursing home, there has been a noticeable improvement in residents' physical health.

On our first day, we arrived at 8:15am and began with a tour of the Hogeweyk Village. We met one of the founders, Eloy Van Hal, who was with us the entire time and laid out the overview of the program. I was eager to experience the four days of educational lectures and brainstorming discussion groups.

I was expecting the Village to be bustling that morning, but the morning routine seemed very serene and laid back. Eloy noted that the residents are free to sleep late and get up when they choose to do so. Some residents were sitting outside and walking around; we were soon greeted by two residents who approached us and spoke to us in English. They were friendly and interested in what we were doing there, and invited us to come with them on a walk.

Later on the tour, another resident came to join our group. She was wearing jeans and a T-shirt. It was around 52° F degrees outside. I kept thinking, "She needs a jacket. Where is her caregiver?" (RGP Memory Care residents would never be without a jacket in the winter.) After about fifteen minutes, a caregiver walked up to her, holding a jacket. After handing her the jacket, the caregiver promptly walked away. I watched the

resident struggle to get her jacket on. A kind senior care professional from our tour group helped her to put on the jacket and zip it up.

Later that day during lunch, I shared my observations about the coat and caregiver. Eloy talked about autonomy and the idea "what you do for me, you take from me". Eloy stated, "The resident would have eventually put the jacket on herself." This really stuck with me. Are we doing too much for our Memory Care residents? Especially the residents who are still capable of doing things on their own? I began to think of alternative methods to let our residents help themselves as much as possible.

On the last day, Eloy asked the group, "What are you going to do on Monday"? Most people talked about wanting to start a day care center and someday secure funding to build a dementia village. While those are big dreams that I would love to be a part of, our RGP team focused more on the present. Since a big part of my job is caregiver training, when we returned, Adrienne and I met with the Memory Care staff, to share our experience and to brainstorm how to introduce some of our learning into RGP care. We decided to focus on dining and to get residents outdoors more often.

Emma, Adrienne and I are also developing a buddy system. Each Memory Care (Terrace) resident is paired with a manager/director. The goal is to build familiarity and rapport. The manager will accompany the Terrace resident out to the patio, down to the café for frozen yogurt, or elsewhere around the community at least once a week. We feel this will engage our community and allow residents to get more sunshine and fresh air. The buddy system will be a rewarding experience for the managers too. Our goal is to bring the RGP community together and to really have fun spending time together.



Samantha Curro
Health Services Manager

When It Comes to Couples and Memory Caring

It is gratifying to learn that Rhoda Goldman Plaza's philosophy and practices in Memory Care (MC) are very similar to those of the highly regarded dementia village of Hogeweyk. We concur that keeping a resident's life routines the same, as much as possible, is imperative to the adjustment and successful assimilation into our Memory Caring community. Spouses and friends play a large part of maintaining the normal routine including relationships and social contacts of memory care residents. While it is unusual for a couple to move to memory caring, every individual and couple is viewed uniquely and we make an effort to accommodate couples in Memory Caring.

As I reflect on what we have done in the past, it seems that there are usually three scenarios. Keeping in mind that the decline in memory is usually slow and that RGP has limited openings (34), the first two of these scenarios are more common.

Scenario One: The most common—one of a couple needs memory care. In this instance, the well partner may have been caregiving at home for many years. As needs increase, the demands for care may have become overwhelming, forcing them to finally accept (usually with great reluctance) the help offered in a community designed specifically for people with dementia/Alzheimer's. Because we recognize the importance of maintaining family connections, we give great latitude in visiting and sharing meals. Non-resident spouses can eat with the resident, and can take their loved one off the premises (alerting us, of course, when they leave and return). We have spouses who visit daily while others may visit several times a week. We frequently find couples in the café enjoying a snack together. Family pets are welcome to visit and those who live far away, sometimes stay overnight in their spouse's apartment or in one of RGP guest rooms.



Scenario Two: Both move to RGP: one to Assisted Living and one to Memory Care. In this instance, a couple wants to move to RGP but one does not need Memory Care and wants to live in the larger community. In this case, each would have their own apartment (and yes, each would pay a one-time community fee for each apartment) and they pay the single rate for each apartment. The one in the larger community can join their spouse in activities and eat together in the Memory Care dining room. However, should the resident in Memory Care be able to feed themselves, the two of them can dine together in the main dining room or café on the second floor. We often see these couples going for walks in the neighborhood, enjoying an art class, and even attend exercise classes together.

Scenario Three: Both want to move to Memory Care together even though only one needs that type of care. We have many couples who have been married decades and simply can't imagine living separately from their spouse. Some communities will not accommodate this request, but we will, when it is appropriate to each other's quality of life. Although this is a highly unusual scenario, as long as the relationship is a supportive one, we see no reason to deny such a deeply loving commitment to each other. And, in fact, it can help the cognitively declined spouse adjust better to their new home.

In sum, we opt for Audrey Hepburn's statement that "the best thing to hold onto in life is each other" and we will do whatever we can to ensure that a couple's desire to remain together will be honored.



Candiece Milford,
Managing Director of Marketing

Spouses of Residents in Memory Care

continued from page 3

friendships. The Terrace resident and friends could easily meet in the café for an afternoon snack. It might be beneficial if contemporaries and friends could come together..."



Dennis Hudson, husband of Terrace resident Jane Ayres comes often to visit. "Intentionally, I see my wife as much as I can. We go for walks in the area, eat at local restaurants. Jane likes to walk. When the weather is bad, we walk around the building, visiting our favorite places on each floor and looking at the art work. The building has nice architecture and it's good that people can travel throughout the building. When we 'travel the building' it doesn't matter if we go to the same places, they are always new to Jane."

Jane and I like to go to the café. I love the café. It reminds me of when we lived in Mendocino County; sitting in the café is like going to visit another town; it provides a sense of normalcy. And RGP's café menu represents what is actually served and healthy. Jane eats well there."

Dennis added, "I feel like a member of RGP, like a resident in some ways, I don't feel like a visitor. There are people I knew from my job at the opera so it's nice that I have friends here too. I feel welcomed, Being here is like a trip around a small town, a visit to the local library.... I almost feel I live here. Having Jane here makes a big difference—I don't have to worry. I feel supported while I am here.

I have a good relationship with Terrace staff. I am very impressed and gratified that RGP staff listens. I get answers and positive feedback when we discuss Jane's care. I appreciate an organization where staff does not give excuses; they take responsibility for what they do and do not blame management or make promises they can't fulfill.

Compared to Hogeweyk, at RGP there are not a lot of visuals—signs directing people as to where they are and what places they are in. But then, RGP is not a dementia village.

I like that within RGP residents exhibit a continuum of memory loss and there is little separation between those who have memory loss and those who don't. It's a welcoming and accepting kind of place...."

Dennis listed the things he like best about RGP:

- Neighborhood
- Medical facilities nearby, access to doctors
- Good parking
- Engaging and intellectual activities on the Terrace and music appreciation
- Layers of cultures which I enjoy. There are many languages spoken here among caregivers and staff.
- Assisted Living and Memory Care activity calendars help me feel more connected; we can choose which activities to participate in.

Save the Date!

Thursday, December 28th, 10:30am

Hogeweyk Presentation

with Adrienne, Samantha, and Emma
in the Activity Room.

Employee of the Month

Fong Meng Chan, Housekeeping



Fong is a RGP pioneer –she has worked at RGP since 2002, almost exclusively on the fourth floor. "When RGP opened there were only thirty or forty residents in the entire building and only a few on the Terrace," Fong said. "I

worked part-time there and part-time in assisted living. But over the next few years, memory care began filling up and I began working there full-time.

I worked in hotels as a housekeeper but when an acquaintance in dining recommended RGP, I applied and began working here.

"Since then, not much has changed, my job has remained the same, but of course, since the Terrace is full, there is much more to do. My father taught me the importance of work. He taught me that whatever job I have to do it well and wholeheartedly. He said that if I am in a position to help someone, then I should do so because you never know when you might be needing help one day. I remember that and try to help residents. I have been on the Terrace for such a long time and have gotten to know the residents, –we are almost like family.

"The worst time for me was during the early Covid outbreak when many fourth floor residents got sick. The problem was that since everyone ate together, Covid spread quickly. We used personal protective equipment (PPEs), wore four pair of gloves, plastic face guards, and helmets and had to change our gear every time we entered/left the room. Access to the fourth floor was restricted, so I didn't get the help I usually got from other staff. Of course, like everyone else, I was very afraid. But I knew, that if I did not come to work, the residents would not have their rooms cleaned. Luckily I have never gotten Covid..."

Samson Legesse, Director of Facilities writes, "Fong goes above and beyond whatever is asked, to help us with the best presentation of our

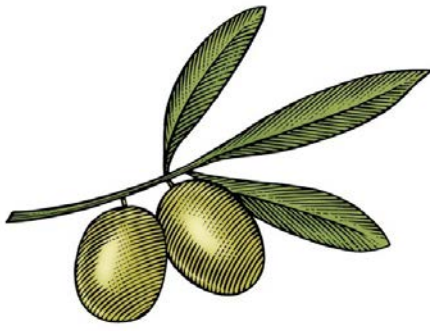
community on the memory care floor. Our residents, family members, and staff love and trust Fong. She delivers what is important rather than what is only necessary in her daily tasks to make everyday a better day for our residents." Paulo Malbas, Manager of Housekeeping also praises Fong for her helpfulness, "Fong is always helping our nurses when they ask for assistance or if the residents on the fourth floor needs directional guidance. Fong is always smiling and talking with our residents, keeping them happy. Fourth floor memory care is hard to clean and maintain, but Fong gets it done. Her twenty long years of commitment in RGP is making sure that her floor is always safe, clean, and presentable for family and friends that visits. Fong rises to challenges when she is needed the most."

JANUARY BIRTHDAYS

Manfred Wolf	1
Young Ho Kim	2
Bob Harris	4
Marsha Greenwood	6
Jeanne Halpern	14
Milton Pickman	16
Maureen Ahern	16
Maxene Kotin	22
Ruth Jacobson	22
Steve Schmidt	27

We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence and ability to function in the face of changes in themselves and their relationships with their environment. -Aaron Antonovsky.

Aaron Antonovsky



RHODA GOLDMAN PLAZA
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RCFE #385600125

*Founded by Jewish Family and Children's
Services and Mount Zion Health Fund*

RHODA GOLDMAN PLAZA

The appeal of Rhoda Goldman Plaza is undeniable. Older adults and their families prefer our unsurpassed assisted living and memory care community enriched by culture and tradition.

Residents enjoy superb, “made-from-scratch” cuisine that is always well reviewed by our most vocal critics; our residents! While our dining selections please the appetite, accommodations showcase spacious, private apartments designed to maximize space and comfort. In fact, we’re re-defining your life as Living Well With Assistance—we believe our community is every bit as good as a five-star hotel. And, professionally trained, courteous staff promotes your health and well-being with choices of activity programs both on and off-site.

Our Terrace Memory program provides specialized memory care to residents through therapeutic activities that enhance physical, mental, and emotional health. Both privacy and companionship are afforded on our self-contained Terrace.

Living Well With Assistance is more than a promise, but a way of life for our like-minded residents and staff who share the vision of our upscale community.

Visit Rhoda Goldman Plaza today by calling 415.345.5072.

Founded by Jewish Family and Children's Services and Mt. Zion Health Fund in 2000, Rhoda Goldman Plaza (RGP) was established as a non-profit assisted living facility to provide a better and more secure life for older adults.