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SENIOR LIVING

FREE FAMILY GUIDE · 2026 EDITION

Understanding *Dementia*

Signs, types and stages, everyday communication and safety, and how California regulates memory care — for families caring for someone with memory loss.

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Dementia changes a family's life one small step at a time. Understanding what is happening — and what helps — makes each step easier. This guide covers the signs, the types and stages, everyday communication and safety, and how to judge memory care in California.

Inside this guide

1. Dementia at a glance
2. Normal aging or something more?
3. Types of dementia
4. The stages, and the care each needs
5. Talking with someone who has dementia
6. Safety at home
7. Caring for yourself
8. When memory care makes sense
9. How California regulates memory care
10. Where to get help

About this guide. Written by Velora Senior Living for families in California. It is general information, not legal, medical, tax or financial advice. Rules and dollar amounts change, usually each December and January; every figure here shows the date it applies to. Facts were checked in November 2026.

CHAPTER 1

Dementia at a glance

Dementia is not one disease. It is a general term for a decline in memory, thinking and reasoning serious enough to interfere with daily life. Alzheimer's disease is the most common cause.

	Figure	Source year
Americans 65+ living with Alzheimer's	About 7.4 million (1 in 9)	2026
Californians 65+ living with Alzheimer's	About 720,000	2020 estimate
Californians living with Alzheimer's by 2040 (projection)	Nearly 1.5 million	CDPH, 2021
Unpaid family caregivers in California	About 1.4 million, giving 1.9 billion hours of care a year	2025
Residents of US assisted living with dementia	About 42%	2020

> **You are not alone:** Most people living with dementia are cared for by family. Help exists for caregivers too — see chapter 7.

CHAPTER 2

Normal aging or something more?

Everyone forgets a name or misplaces keys now and then. Dementia is different because the changes keep getting worse and begin to disrupt daily life.

Typical aging	Possible warning sign
Forgetting a name, then remembering it later	Memory loss that disrupts daily life, such as repeating the same question
Occasionally making an error balancing a checkbook	New trouble planning or following a familiar recipe or bills
Needing help with a new gadget	Trouble completing familiar tasks, such as driving a known route
Forgetting the day, then working it out	Losing track of dates, seasons or where they are
Vision changes from cataracts	Trouble judging distance or reading, unrelated to eyesight
Sometimes searching for a word	Stopping mid-sentence or calling things by the wrong name
Misplacing things and retracing steps	Putting things in odd places and being unable to find them
Making an occasional poor choice	Poor judgment with money or personal care
Sometimes feeling weary of obligations	Withdrawing from hobbies and friends
Irritable when a routine is disrupted	Mood or personality changes: confusion, suspicion, fear

Next step: See a doctor. Some causes of memory problems, such as medication side effects, vitamin deficiencies, thyroid problems or infections, are treatable. An early diagnosis also gives your family time to plan.

CHAPTER 3

Types of dementia

Type	What happens	Common early signs
Alzheimer's disease	Proteins called amyloid and tau build up and damage brain cells. Causes 60–80% of cases.	Trouble remembering recent events and conversations; apathy; low mood.
Vascular dementia	Damaged or blocked blood vessels reduce blood flow to the brain, sometimes after strokes.	Slowed thinking, trouble planning and organizing, a slower walk.
Lewy body dementia	Deposits of a protein called alpha-synuclein affect thinking, movement and sleep.	Visual hallucinations, acting out dreams, symptoms that vary day to day, stiffness or tremor.
Frontotemporal dementia	Damage to the front and side lobes of the brain. More common before age 65.	Changes in personality, behavior or language, often before memory loss.
Mixed dementia	More than one cause at once, most often Alzheimer's with vascular changes. Very common in older adults.	A blend of the signs above.

CHAPTER 4

The stages, and the care each needs

Dementia usually progresses over years. People live four to eight years after an Alzheimer's diagnosis on average, and some live 20 years.

Stage	What you may see	Support that helps
Early (mild)	Often still independent; trouble finding words, planning or keeping track of appointments.	Legal and financial planning now; routines, notes and reminders; staying active and social.
Middle (moderate)	Usually the longest stage. More confusion, help needed with daily tasks, poor sleep, wandering, suspicion, incontinence.	Hands-on help with daily care; a predictable routine; adult day programs and respite; often memory care.
Late (severe)	Loss of speech, walking and swallowing; frequent infections.	Round-the-clock care focused on comfort; hospice may be appropriate.

CHAPTER 5

Talking with someone who has dementia

The person's abilities change, but the need to feel respected and connected does not.

- Get their attention first: make eye contact and use their name.
- Turn off the TV or move somewhere quiet.
- Speak calmly, use short sentences and ask one simple question at a time, ideally with yes-or-no answers.
- Give them time to answer, and rephrase rather than repeat louder.
- Respond to the feeling behind the words. If they are looking for a parent who has died, talk about that parent instead of correcting them.
- Avoid arguing, quizzing ("Do you remember…?") and talking about them as if they were not there.

CHAPTER 6

Safety at home

Wandering

Six in ten people living with dementia will wander at least once, and many do so repeatedly. If someone goes missing, search the immediate area right away (many people are found within a mile and a half) and call 911 if they are not found within 15 minutes. Consider an ID bracelet and a recent photo kept on your phone.

Falls

People with dementia fall about twice as often as other older adults and are more likely to be seriously hurt. Remove trip hazards, add night-lights and grab bars, and keep walking paths clear.

Medications

Keep one up-to-date list of every medication, use a pill organizer, and don't stop, start or crush pills without asking the doctor or pharmacist. Ask about sleep aids and sedatives, which can increase confusion and falls.

Late-day confusion ("sundowning")

Confusion and agitation often get worse from late afternoon into the night. Plenty of daylight and activity earlier in the day, a calm and well-lit evening, and a consistent bedtime routine help. Never use restraints.

CHAPTER 7

Caring for yourself

Caring for someone with dementia is demanding, and caregivers' own health often suffers. Getting help is part of good care, not a failure.

- **Take breaks.** Adult day programs and short respite stays give you time to rest.
- **Find your people.** Support groups, in person or online, connect you with families who understand.
- **Use free help.** The Valley Caregiver Resource Center serves Merced County families with counseling, education and respite assistance: (800) 541-8614.
- **Call any time.** The Alzheimer's Association 24/7 Helpline is (800) 272-3900.

CHAPTER 8

When memory care makes sense

Memory care is often worth considering when:

- ☐ Safety at home depends on someone being awake and watching around the clock
- ☐ Wandering or exit-seeking has started
- ☐ Needs have outgrown what family and in-home help can provide
- ☐ Agitation, sleeplessness or suspicion are hard to manage at home
- ☐ The caregiver is exhausted or their own health is at risk

A good memory care setting offers a calm environment, a predictable routine, staff trained in dementia care, activities matched to each stage, and secure indoor and outdoor space to walk freely.

CHAPTER 9

How California regulates memory care

California updated its dementia-care rules for assisted living on January 1, 2025. “Memory care” is not a separate license; an RCFE that cares for residents with dementia must meet these requirements:

- **Training.** Direct care staff complete 40 hours of training, including 12 on dementia care, and 20 hours every year, including 8 on dementia care. Dementia training covers communication, behavior, hydration, nutrition and skin care, and recognizing triggers such as infections or swallowing problems.
- **A written program.** A community that advertises dementia care must describe its philosophy, admission rules, training, activities, environment and how it handles changes in condition, and give that description to families **before admission**.
- **Safe exits.** Delayed-egress doors and secured perimeters need fire-safety approval and notice to CDSS, and never replace adequate staff. Locked doors require a court order or signed consent, and residents must have a safe space to walk.
- **Tracking devices** require written consent.
- **If a resident leaves unsupervised,** the family must be told at once and CDSS by the next working day.

Ask any memory care community

- ☐ May I read your written dementia program description?
- ☐ How many staff are on the memory care floor on each shift, including nights?
- ☐ What dementia training do staff receive beyond the state minimum?
- ☐ How do you prevent and respond to wandering?
- ☐ How do you handle agitation without restraints or unnecessary medication?
- ☐ What happens if my loved one’s needs increase?

CHAPTER 10

Where to get help

Who	Phone	Online
Merced County Area Agency on Aging	(209) 385-7550	countyofmerced.com/1475/Area-Agency-on-Aging
HICAP — Medicare Counseling	(800) 434-0222	countyofmerced.com/1485/Health-Insurance-Counseling-Advocacy-Pro
Merced County Long-Term Care Ombudsman	(209) 385-7402	countyofmerced.com/1493/Ombudsman
Statewide Ombudsman Hotline (24/7)	(800) 231-4024	aging.ca.gov/Programs_and_Services/Long-Term_Care_Ombudsman
Merced County Veterans Service Office	(209) 385-7588	countyofmerced.com/2242/Merced-County-Veterans-Service-Office
Valley Caregiver Resource Center	(800) 541-8614	valleycrc.org
Alzheimer's Association 24/7 Helpline	(800) 272-3900	alz.org/norcal
CDSS Community Care Licensing	(844) 538-8766	ccld.dss.ca.gov/carefacilitysearch
California Department of Aging	(800) 510-2020	aging.ca.gov

Sources

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2. National Institute on Aging: types of dementia; communicating; managing medicines — nia.nih.gov
3. California Department of Public Health, Alzheimer's Disease Facts and Figures in California (2021)
4. CDC, Older Adult Falls; Drexel University (2023) on falls among older adults with dementia
5. 22 CCR §§87705–87706 (effective Jan 1, 2025); Health & Safety Code §§1569.625–.628, 1569.698–.699