

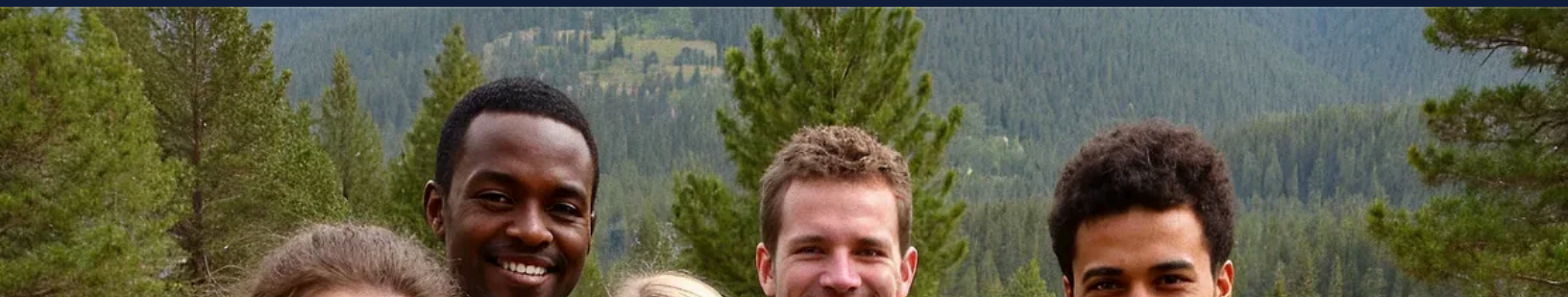


Colorado CareAssist

A GUIDE FOR JEWISH FAMILIES

Keeping Mom or Dad Safe at Home

A practical guide to keeping a parent safe, comfortable, independent, and connected to the life they recognize.



Almost every family we meet hears the same wish: I want to stay in my own home. For many Jewish older adults, home carries layers of identity — family history, food, neighborhood, ritual, memory, and sometimes experiences of displacement or persecution. Helping someone remain there safely is about more than convenience. It is about protecting independence without separating the person from the life they recognize.

This guide is about how to honor that wish safely. It highlights details that are easy to overlook when caregivers have not been trained in Jewish home practices — the kitchen, Shabbat, holidays, family communication, memory loss, and end-of-life planning. Use what is useful. Every family observes differently, and that is the first thing anyone caring for your parent needs to understand.

There is no single Jewish home

Some families are traditionally observant. Some keep selected practices. Some are culturally Jewish but not religious. Some households are interfaith, and sometimes parents and adult children observe differently.

Good care begins with the older adult's actual preferences. Caregivers should follow the household's written instructions, ask rather than assume, and never impose a level of observance the client did not choose.

01 The Kitchen

This is where trust is won or lost in the first week. A caregiver who mixes up the dishes has not made a small mistake — in the eyes of an observant family, the kitchen may no longer be usable without corrective steps.

Start by asking, never assuming

Jewish homes run the full range, and no one can tell from the outside:

- **Fully kosher.** Separate dishes, utensils, sponges, dish racks, and often separate sinks and counters for meat and dairy. Certified products only.
- **Kosher-style.** No pork or shellfish, meat and dairy not served together — but not a certified kitchen.
- **No dietary practice at all,** but a strong cultural connection to the food itself.

All three are legitimate. The failure is a caregiver who guesses.

What a competent caregiver actually needs to know

- **The two sets are not interchangeable** — dishes, silverware, pots, cutting boards, sponges, and dish towels. Many kitchens color-code them. Learn the system before you cook anything.
- **How to follow the household standard.** Kosher certification appears through recognized symbols, and families differ in which certifications they accept. Learn the family's rules before shopping or substituting products.

- **Where to shop.** Denver has kosher markets and kosher sections. A caregiver who does the shopping needs to know which store and which aisle.
- **When in doubt, ask.** A caregiver who calls to ask is doing the job correctly. A caregiver who guesses creates risk.

The offer nobody makes: Passover kitchen turnover. Changing a kitchen over for Pesach is a genuinely large physical job — and it lands every April on the exact families least able to do it anymore. If your parent has always done it herself and can't now, that loss is felt deeply. It is help worth asking for.

02 Shabbat

From sundown Friday to nightfall Saturday, an observant home runs differently — and a caregiver who does not understand why will be constantly, invisibly, doing the wrong thing.

What changes

- **Preparation happens before sundown.** Cooking, warming arrangements, lights and timers set, anything needed for the next 25 hours made ready in advance. A caregiver's Friday afternoon may look very different from an ordinary weekday.
- **Candle lighting** is a fixed moment before sunset — and with a frail parent, open flame is a real safety matter. Never leave lit candles unattended with someone who is unsteady or confused.
- **The phone may go unanswered** Friday night and Saturday. That is not neglect and it is not an emergency. Know it in advance so nobody panics.

The rule that overrides everything: pikuach nefesh. Saving a life supersedes Shabbat. If your parent falls, has chest pain, cannot breathe, or shows signs of a stroke — **you call 911. You drive. You turn on every light in the house.** Jewish law does not merely permit this; it requires it. Any caregiver in a Jewish home must know this without hesitating. A caregiver who pauses "out of respect" for Shabbat during an emergency is a danger, not a friend.

03 The Jewish Year, and What It Means for Care

Yom Kippur — the fasting question

Jewish law *exempts* the sick and frail from fasting. Many elderly people fast anyway. If your parent is diabetic, on medication that requires food, frail, or has kidney or heart disease, fasting can be genuinely dangerous.

Have this conversation before the day, not during it. Involve the rabbi if it helps — a rabbi explaining that eating may be a religious obligation can carry more weight than the same message from an adult child. Then make sure whoever is in the home that day knows the plan.

Passover — the part people miss

Beyond the kitchen turnover and eight days of different food, there is a detail that catches families off guard every year: **some medications contain chametz or are not kosher for Passover.** An observant parent may quietly stop taking something rather than ask.

Ask the prescribing clinician or pharmacist and, when helpful, the rabbi *weeks ahead*. Never stop, delay, crush, substitute, or change medication because of a fast or holiday without clinical instructions. Nobody should be choosing between their medication and the holiday. And be realistic about the seder itself: it runs late, and a long evening is exhausting for someone frail. Plan a way for your parent to rest and still be present.

The rest of the year

- **Sukkot** — eating in the sukkah is often the highlight of the year and often the least accessible place in the house. Getting a walker or wheelchair in there is a solvable problem worth solving.
- **Hanukkah** — eight nights of open flame near someone who may be unsteady. Supervise. Never leave the menorah burning unattended.
- **Yahrzeit** — the anniversary of a death, marked with a candle and kaddish. A caregiver who quietly knows the date is coming, and helps your parent light the candle, has understood the job.

04 Memory Loss in a Jewish Home

Dementia takes recent memory first and leaves the oldest, deepest things longest. A person who cannot name a close family member may still remember a blessing, melody, or prayer learned decades earlier. Those deeply practiced memories can remain accessible after recent memory becomes unreliable.

Use that. The Shabbat blessings, the Shema, melodies from childhood, familiar foods, family photographs, and the rhythm of a holiday can remain meaningful when ordinary conversation becomes difficult. A caregiver who knows what matters to the person can use those familiar anchors to create comfort and connection.

When the person is a Holocaust survivor

For some Holocaust survivors living with dementia, earlier traumatic memories may become more immediate while recent memories fade. Personal care, unfamiliar uniforms, closed doors, loud commands, food removal, or separation from family can trigger intense fear.

Care that would be routine in another home can be unbearable here:

- **Bathing and showers.** Being told to undress, being led to a shower — for some survivors this is the most terrifying thing that can happen. It must be approached slowly, with explanation, with choice, and sometimes abandoned in favor of another method entirely.
- **Uniforms, badges, and clipboards.** A caregiver in scrubs may not be neutral.
- **Locked doors, being restrained, or being separated from family.**
- **Food.** Hoarding food, hiding bread, or distress when a plate is removed may be connected to trauma, dementia, hunger, anxiety, or another unmet need.
- **Dogs, whistles, sirens, shouted commands, German-sounding speech.**

None of this means care is impossible. It means care must be individualized and trauma-informed. Caregivers should respond with reassurance, choice, patience, and information from the family; they should never force a personal-care interaction except when immediate safety requires emergency action.

Ask any agency directly how it trains and supervises caregivers in trauma-informed dementia care.

05 The Conversation Nobody Wants to Have

"I don't want a stranger in my house." "I'm not an invalid." "I'll go when I'm ready."

Some of that is ordinary pride. But in this community it often runs deeper — a person who once lost a home, or whose parents did, does not experience the loss of independence as an inconvenience. They experience it as a threat.

What tends to work: do not frame help as a step toward leaving. Frame it as the thing that lets the person *stay*. "This is how you keep the house, Mom" is a fundamentally different sentence from "you need help now." One of them is true and useful. The other one ends the conversation.

Start small — a few hours a week, one specific task, someone to drive to the doctor. Let the relationship earn its way in. Nearly every family that ends up with round-the-clock care started with four hours on a Tuesday.

06 The End, and the Week After

This is the section nobody wants to read and every family is grateful to have read.

Jewish burial often moves quickly — traditionally within a day when possible. Practices vary by family and denomination. Traditional practice may include avoiding embalming and cremation, arranging for the body not to be left alone, and involving a *chevra kadisha*, or burial society.

Plan before the moment comes. Ask the family, hospice team, synagogue, and chosen funeral provider to document exactly whom to call and in what order after an expected death. For an unexpected death, caregivers must follow emergency-services and agency procedures.

Once required medical steps are underway, prompt contact with the family's synagogue and Jewish funeral provider helps preserve the family's wishes. Keep those instructions and phone numbers in the home.

Shiva

Then, for seven days, the house fills. Mirrors covered, low chairs, the meal of consolation, and a stream of visitors from morning to night — while the surviving spouse, often frail and now alone, sits in the middle of it, exhausted and grieving.

This is a moment when practical help is worth more than words. Someone to manage the house, the food, the door, and — most of all — to look after the surviving parent, who is being cared for by no one because everyone is busy comforting. If you take one thing from this guide: *arrange for someone to look after the widow or widower during shiva.* Almost nobody thinks of it.

07 Knowing When Help Is Needed

Families often wait for a crisis because no single change seems serious enough on its own. Look for patterns:

- Falls, missed medications, weight loss, spoiled food, unpaid bills, or increasing confusion
- A spouse or adult child becoming exhausted, resentful, or unable to leave the house
- Driving problems, missed appointments, isolation, or loss of interest in familiar routines
- A caregiver arrangement that depends entirely on one person with no reliable backup
- Repeated hospital visits or a discharge plan that assumes more help than the family can provide

Start with the smallest amount of help that solves a real problem. Transportation, meals, bathing, medication reminders, companionship, or a few hours of respite can be enough to establish trust. Care can grow later if needs change.

Know the difference

- **Non-medical home care** helps with personal care, meals, transportation, housekeeping, companionship, mobility, and supervision.
- **Home health** provides intermittent skilled nursing or therapy ordered by a clinician.
- **Hospice** supports comfort and quality of life when a person is approaching the end of life.
- **Geriatric care management** helps families assess needs, coordinate providers, and oversee a complicated care plan.

08 What to Ask a Home Care Agency

Whether you hire us or someone else, ask these. The answers will tell you very quickly who has actually done this before.

- Do your caregivers understand a kosher kitchen?** Not "are they willing to learn" — do they know, before day one, that the dishes do not mix?
- What happens on Shabbat and the holidays?** Do they know what to prepare, and do they know that in an emergency they call 911 without hesitating?
- Are any of your caregivers trained to care for Holocaust survivors?** Do they know what to do when someone with dementia begins reliving it?
- What happens when my caregiver is sick or quits?** This is the question that separates an agency from a private arrangement. Who arrives at 6 a.m. instead?
- Who carries the insurance and the workers' compensation?** If a caregiver is hurt in my parent's home, who is liable — you, or us?
- Who supervises the care?** Is anyone watching for decline, or am I the only one paying attention?
- Can you scale up?** When four hours becomes twelve, and twelve becomes around the clock — can you do it with people we already trust?

A word about hiring privately. Many families hire a caregiver directly — a wonderful person someone recommended. Often that caregiver truly is wonderful. But when the caregiver is sick, quits, or is injured lifting your parent and you discover you were her employer, or when one person can no longer cover the hours your parent now needs — the arrangement fails all at once, usually at the worst possible moment. It is worth knowing that before you build a plan on it.



Colorado CareAssist

Family-owned. Serving Denver, Boulder, Colorado Springs and the Front Range since 2012.

We are a Jewish family. We built this because our own community deserved caregivers who understand that every home is different. We are also veterans' advocates. Eligible veterans may receive authorized in-home care through the VA; coverage and any applicable cost-sharing are determined by the VA.

Our name is Hesed — **חסד** — the Hebrew word for loving-kindness. Hesed Home Care LLC, dba Colorado CareAssist.

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