THESIS
The household model of care combined with diaconal care will provide an environment that will care for both body and soul of individuals who can no longer care for themselves. This model works particularly well in rural communities and on church properties.

TRADITIONAL NURSING HOME CARE
In traditional nursing home care individuals may be place in an assisted living area, and then moved to a skilled nursing wing. They may even be moved again into a special area for dementia patients or into a hospice area. There are often long hallways and sterile environments and traditional activities are often not encouraged.

THE HOUSEHOLD MODEL
The Household Model of Care is prevalent throughout the United States. This Model consists of “small groups of people sharing house and home while directing their own daily lives through a responsive, highly valued and decentralized self-led service team” (Shields, 2006). These living areas are designed like traditional homes, with caregivers shared by multiple residents. Residents have more freedom to live their lives as they have previously done to the extent of their physical and mental capabilities.

MISSING - ACCESS TO FAITH COMMUNITIES
Nursing homes and shared houses often still isolate individuals from the life of the church. Individuals may receive visits from pastors, deaconesses and church members. But they do not participate in Bible Studies and activities with the majority of people in their congregation. They are limited by their own physical abilities or transportation availability.

In addition, the traditional model of nursing care lends itself to discouraging living life to its fullest. The care is more for the convenience of the nursing staff rather than the life of the resident. In Psalm 92:12-14 we read: “The righteous will flourish like a palm tree, they will grow like a cedar of Lebanon; planted in the house of the LORD, they will flourish in the courts of our God. They will still bear fruit in old age, they will stay fresh and green.” NIV. This Bible passage shows that when faith is tied to elder care individuals will flourish as they live out their lives.

SOLUTION – BUILD A LIVING CENTER ON CHURCH GROUNDS
Churches have traditionally cared for those in need and deaconesses are particularly trained to care for others. The household model, combined with spiritual care provided by the church and their deaconesses, can assist the elderly in living out their lives as fully as possible.

Many rural churches, especially those affiliated with the Lutheran Church Missouri Synod, have property that is available and can be used for building a living center. The individual can still remain in the rural community where they have lived and still be active in their church community.

Reference: