

# ■ Opportunities for direct patient care in residential homes for the dying: Learning how to provide care when there is no cure

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## Abstract:

*As the aging population rapidly expands in the U.S., there is a growing need for clinical training aimed at treating seriously ill patients with terminal or life-limiting conditions. However, professional school training remains focused on the treatment and cure of disease states and practicing professionals lack preparation in handling the complexities of providing care when there is no cure. Health professions' students often view medicine as a way to save lives and may not consider work with the terminally ill as a valuable means of gaining clinical experience. Yet, caring for patients at the very end of life offers a special avenue for developing several core competencies in interpersonal communication and symptom management. In this article, we describe ways that students can receive excellent training as caregivers in residential homes for the dying. There are over 80 community-run comfort care homes in 20 U.S. states that provide 24/7 care to terminally ill residents who do not have an adequate caregiver system in place. These homes, which rely on volunteers for most of their resident care, offer a unique, direct patient care experience where students learn holistic, patient-centered care. We provide a directory of these homes and describe ways that advisors can develop partnerships that could be of great benefit to students and the community at large. We describe a Community Action, Research, and Education (CARE) program that has already engaged students and advisors from multiple institutions across the Northeast.*

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As the U.S. population of elderly individuals grows, so does the need for healthcare providers who possess the ability to care for seriously ill individuals with multiple chronic illnesses, especially those nearing the end of life. In their report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, the Institute of Medicine describes a critical need for training and education in end-of-life care by public and health care professionals (IOM, 2015). Atul Gawande champions this message in his book *Being Mortal* (2014) that brings to light one of the greatest challenges physicians face to treat two increasingly prevalent, inevitable, yet incurable conditions: aging and dying. Gawande's tale

as a physician trying to direct the care of his own father at the end of life unfolds into one of the greatest lessons we can offer students entering careers in healthcare- that the lack of a cure does not mean that nothing can be done. In fact, care of the dying and of those at the end of life presents a host of clinically complex specialized care needs (Quill, 1993), and when managed well, death can be a peaceful, meaningful, experience that brings personal growth to those who are present at the bedside (Byock, 1997).

Unfortunately, most health professions students often view medicine as a way to save lives and may not consider work with the terminally ill as a valuable means of

obtaining clinical experience. However, caring for patients who cannot be cured offers a special avenue for developing several core competencies in interpersonal communication and symptom management. Research has shown that there are benefits that come from working with the terminally ill, including reduced anxieties and fears when present around a dying individual and increased comfort talking about end-of-life issues (Gugliucci, Malhotra, & Gaul, 2015; Mott, Gorawara-Bhat, Marschke & Levine, 2014; Shunkwiler et al., 2005). Additionally, students have reported that exposure to dying patients within a hospice setting made them feel more at ease providing comfort care rather than following their instincts to search for a cure (Mott et al., 2014). Exposure to dying patients during clinical electives has also been shown to improve students' abilities to manage their emotional responses to death and become more comfortable with handling the distress of the family members whose loved one is facing the end-of-life (Anderson et al., 2008; Crawford & Zambrano, 2015; Ratanawongsa, Teherani, & Hauer, 2005). These studies suggest that there is great value in placing students in settings where they interact with dying patients.

While there is value to this type of patient exposure, most students in medical training are rarely exposed to patients who are dying, as most hospice care occurs in home settings. In addition, there has been a shift in medical education away from the bedside, with training occurring in simulation laboratories hosting mechanical patients with alarms that signal "death" as a medical error rather than natural process. Even senior physicians who have well developed bedside skills can opt out of being present for their patients' procedures due to the ability to track patients' status through an electronic medical record (Verghese, 2008). With rounds more easily conducted in conference rooms rather than at the bedside (Thibault, 1997), clinicians-in-training avoid challenging questions asked by patients and family members and can escape situations where they may appear unknowledgeable and inefficient. The lack of practice and exposure can result in a vicious cycle of visiting the bedside less and less (LaCombe, 1997), with negative outcomes to patients, family members, as well as healthcare providers.

This decline in bedside teaching means that students training for careers in medicine no longer have meaningful contact with dying patients, and this lack of exposure can promote feelings of unpreparedness with regard to end-of-life care. In one study, newly qualified physicians reported that they did not comprehend the importance of comfort-focused "palliative medicine" because of a lack of exposure to dying patients while in medical school, (Gibbins, McCoubrie, & Forbes, 2011). Although the doctors in

this study felt that they had a general understanding of care principles, they felt a lack of competence in their actual caregiving skills and were unsure of how to deliver proper care to patients at the end of life (Gibbins et al., 2011). In another study, fourth year medical students from 62 accredited U.S. medical schools reported feeling "not very well" or "not at all" prepared to address cultural issues associated with end-of-life care, address patients' thoughts and fears about dying, manage their own feeling about patients' deaths, and aid families after their loved one passed away (Sullivan, Lakoma, & Block, 2003).

It is clear from these studies that training in end-of-life care and exposure to terminally ill patients at the bedside are both vital elements of any healthcare provider's medical education. However, professional schools lack the resources and time to offer ample training in end-of-life care, and opportunities for students to work with terminally ill patients are limited. There is, however, an avenue for students to obtain exceptional training during their undergraduate education *before* entering professional school, and health professions advisors could play a key role in helping students identify these opportunities. One simple step could be a referral to the local hospice agency where students could obtain training in providing psychosocial support to terminally ill patients. Hospice volunteer coordinators are oftentimes willing to recruit on campus, especially if they are reminded that their informational meetings could reach students, staff, as well as faculty. While hospice volunteers are not allowed to offer assistance with activities of daily living (i.e. feeding, bathing, toileting) or administration of medications, the experience could be extremely valuable in helping students to hone their communication skills and reflect on important end-of-life issues.

For students interested in more hands-on, direct-patient care at the bedside, we recommend informing students about the opportunity to volunteer at any one of the more than 80 residential homes for the dying across the U.S. Homes for the dying, also known as "comfort care" homes, are community-run residences established to provide care for individuals who are eligible for hospice but who do not have safe, secure housing or who lack a caregiver system. Hospice services do not typically include a place to live or the routine 24/7 custodial care that includes assistance with activities of daily living such as eating, bathing, dressing, or using the toilet. Instead, hospice relies on family members to provide this care and to administer medications such as anti-emetics for nausea, laxatives for constipation, sedatives for agitation, and analgesics for pain. If these necessary services cannot be provided by family or friends, the services must be paid for out-of-pocket. In residential

homes for the dying, volunteers from the community provide these custodial care services. Therefore, *any* undergraduate student could pursue this opportunity to give hands-on care to terminally ill residents.

Residential homes for the dying exist in 20 different states across the country (see Table 1). They accommodate a limited number of residents. In New York State, where the largest cluster of homes exist, state regulations limit capacity to two bedrooms. Therefore, the environment is small, intimate, and offers a home-setting where volunteers engage in activities such as cooking, laundry, and other household chores that help normalize dying. These homes offer a unique learning environment, capable of engaging students early and directly in a holistic, psychosocially focused, and community-based approach to care that emphasizes the importance of providing comfort and dignity to people when they are most vulnerable. These homes have the potential to provide health professions' students with an opportunity that they would be unable to access otherwise-to provide direct care at the bedside. They offer lessons that will likely never be taught in all of their years of medical training: how to care for someone when there is no cure.

Residential homes for the dying provide an ideal hands-on, direct patient care experience with time to practice and enhance care skills. Volunteers receive instruction by, and observation of, more experienced caregivers. This method of training follows the *Learn, See, Practice, Prove, Do* model, an evidence-based educational framework that helps students gain competence in their procedural skills by transitioning students from the role of an observer to that of a skilled care provider (Sawyer et al., 2015). In addition, volunteering at these homes allows students to experience what it is like to work within an interdisciplinary team. Training with members of the community with diverse professional backgrounds as well as with peers who hold different career aspirations can help students to be more comfortable, trusting, and respectful when working in interdisciplinary teams in the future. The opportunity to volunteer with peers pursuing careers in varied disciplines such as nursing, medicine, pharmacy, social work, and other health professions lays the foundation toward interprofessional collaboration, a practice that is greatly needed for quality healthcare delivery (Frenk et al., 2010).

If a partnership with a comfort care home can be established locally, we encourage advisors to consider ways of enriching the experience through an academic course that offers opportunities for more formal, guided reflection to help foster students' professional identity formation.

Professional identity formation is the process by which an individual incorporates the "knowledge, skills, values, and behaviors of a competent, humanistic physician with one's own unique identity and core values" (utmb Health, 2013). Providing students with formal opportunities to reflect and write down their memories, thoughts, and feelings of past clinical experiences is a key aspect to the development of students' professional identities. Using self-reflection to assess one's reactions, feelings, and attitudes toward experiences allows students to understand how they may behave in difficult situations in the future when they are presented with issues that compromise their core values and beliefs (Bryan & Babelay, 2009). At our institution, a local care home has been added as placement site for our healthcare practicum course, a community-based service learning course. The course offers an important framework that enhances the learning occurring at the bedside (Beaton & Weisse, 2016). One of the authors of this article served as a caregiver through this healthcare practicum course and after 100 hours of bedside care, reflective journaling, and the chance to share with peers the rewards that come from being with patients and their families at the end of life, the decision to enter into nursing was confirmed.

We have since developed a full immersion experiential learning program at residential homes for the dying called the Community Action, Research, and Education (CARE) program, an 8-week summer immersion course with 3 key components-bedside care, agency-driven research, and a learning curriculum in end-of-life care (Weisse, Martin, and Aitken, 2015). The curriculum consists of 10 on-line learning modules designed to structure, enhance, and expand lessons learned at the bedside when volunteering at a comfort care home. Each course module in the CARE curriculum is focused on a specific dimension of end-of-life care, including the ability to give psychosocial support to dying patients; communicating with terminally ill patients and their loved ones; preserving patients' dignity at the end of life; managing pain; and working as a member of an interdisciplinary health care team. The learning modules include self-assessments, case studies, skill-development prompts, and links to online videos and resources to supplement and complement lessons learned at the bedside. The self-assessments are designed to allow students to evaluate their communication skills, confidence working as a member of a team, comfort relating to people from different backgrounds, and understanding of other perspectives. Lessons include narratives from former students who have volunteered at a comfort home as a way of offering insight from peers and of reinforcing the psychosocial skills needed when working with the dying,

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The CARE program was piloted in 2015 with 8 students from Union College, all of whom trained as caregivers at one comfort care home in Scotia, NY- the Joan Nicole Prince Home. In 2016, 2 additional homes for the dying agreed to host CARE fellows (Gateway House of Peace in Ballston Spa, NY and Mary's Haven in Saratoga, NY) and 10 students from 4 different institutions of higher education (Colgate University, Hobart, William and Smith Colleges, Skidmore College, and Union College) enrolled. In 2017, the program hosted 5 students from 3 different institutions, and this upcoming summer 2018, we have 6 students enrolled (3 from Union College, 1 from Connecticut College, 1 from St. Lawrence University, and 1 from Skidmore College). Faculty from each of these institutions, most of whom teach courses about death and dying, serve as mentors and share their knowledge and insight. Therefore, the program is continuing to expand to other residential homes for the dying as well as different institutions of higher education. Our hope is that this opportunity will be available at any institution that can establish a close partnership with their local care home, or that it could be a possibility for students whose faculty advisors are open to mentoring from afar through learning technology.

Nearly all of the students who have completed the CARE program have done so during their summer break, although one college (Wells College) is piloting the program during the academic year under the supervision of a health professions' advisor who holds a faculty position in the Psychology Department. To date, all of the summer CARE fellows have received stipends for the agency-driven research that they conducted. Student research projects have addressed topics spanning various academic disciplines (nutrition at end of life, managing existential angst, factors that lead to resident falls, cultural practices in end of life care, and the mathematical challenges in prognosticating death), and they have engaged faculty from multiple institutions. Therefore, it is possible for students to receive financial support for their work if their home institution offers summer-funded initiatives and the student can secure faculty oversight for the research component. Most of the previous CARE fellows received funding through their home institutions' summer research program or through an external grant obtained from the Andrew W. Mellon Foundations' New York Six Upstate Global Collective (DiCicco-Bloom and Weisse, 2015).

### Program Evaluation

Analyses of assessment data reveal that CARE fellows exhibited significant increases in empathy as well as in their perceived self-efficacy to provide end-of-life care following the program. Thematic analyses of journal entries illustrate 4 main themes about the experience: caregiver empathy, communication challenges, process of self-reflection, and the value of teamwork (Melekis, Weisse, Moore, and Lee, 2018). Students completing the CARE program express surprise over how meaningful they find the work. For example, one CARE fellow summarized her experience as follows: *I have changed a lidocaine patch, given my first shower then bed bath, ...and coordinated as needed medication for constipation, agitation, and pain. I have learned the emotional tax when working with a patient with dementia, a family in denial, and a man not quite ready to die... Often people search for their meaning in life or their true self. This summer I found mine within the doors of that home.* Another student acknowledged: *I was scared that the home would make me sad, and although there have been emotional shifts, I have found it's the polar opposite. Being at the home recharges me. I find myself full of energy and genuinely happy after every shift. I never knew that I was compassionate enough to take care of individuals and their families during the final stage of life because I thought I was not strong enough. I am now completely certain that a career in medicine is right for me.* These reports are consistent with studies illustrating that after completing a course in end of life care, students

feel as though they have rediscovered medicine with a new, holistic, humanitarian way of caring for patients and dealing with their families (Centeno, Ballesteros, Carrasco & Arantzamendi, 2014).

### Call to action

Residential homes for the dying offer an excellent avenue for serving the community in a capacity that offers direct patient care at a time when it has become increasingly difficult for students to find shadowing opportunities in healthcare (White, 2018). As we enter into our tenth year partnering with our local home and the fourth year offering our more formal, structured CARE program, our hope is that the word will spread with advisors promoting this type of work with their students and those interested in end-of-life care might consider collaborative research. Health professions student volunteers bring to these homes energy, strengths, and unique skills and interests that traditional volunteers who are often older retirees may not possess. Students also tend to be available during times when older volunteers may not be willing or able to work (i.e. late at night and on weekends). Furthermore, it has been shown that patients with a terminal illness are generally positive about being involved in undergraduate medical teaching (Harris, Coles, & Willoughby, 2014), and we have found that residents enjoy the opportunity to interact with young volunteers who are trying to learn lessons in care from them.

We are in the process of developing a mechanism to offer the CARE curriculum as a massive, open, on-line course (MOOC) free of charge. Until then, we encourage advisors to consider engaging students in this type of work and recommend exploring partnerships with homes for the dying in three possible successive stages. Stage 1- Make a list of the residential homes for the dying available to students, encouraging them to consider volunteering at any homes that might be near their school or their hometown where they could volunteer over school breaks. If no homes for the dying are easily accessible, remind students that nearly all communities have a regional hospice agency that can offer training on being with the dying. Stage 2- Identify ways that caregiving experiences at homes for the dying might be incorporated into community based service learning courses. Stage 3- Contemplate ways that your students might enroll in the CARE program with its more formal curricular and research components, if there is faculty support and funding for an internship of this type. The benefit of the latter two models is that students receive an additional layer of support and opportunities to process what can be very challenging, emotional issues.

In conclusion, residential homes for the dying are non-profit, community-run residences that provide 24-hour bedside care to hospice patients who do not have the resources (i.e. stable housing, caregivers, finances etc...) to remain at home. These homes not only provide a place for individuals at the end of life to die in a comfortable, caring setting, but they also teach members of the community, including health professions students, how to care for someone at a very special and important time in life. These homes offer students a unique, direct patient care experience where they can serve members of the community and develop confidence providing end-of-life care. Students serving in comfort care homes are exposed to issues that terminally ill patients and their families face, enabling them to practice how to provide care empathetically, communicate effectively, work as a member of an interdisciplinary team, and know how to care for patients even when there is no cure. These skills will be invaluable not only as future healthcare providers, but as humane members of society. The list of residential homes for the dying (see Table 1) that we have compiled is one that is constantly in flux. If you know of a new home that is not on the list, or of a home that is on the list that is no longer open, we hope that you will let us know. With approximately 80 homes across the U.S. and health professions students seeking meaningful ways of working in direct patient care settings, advisors are in a perfect position to refer students and consider volunteering themselves as well. We hope that you will join us in our initiative to cultivate communities of compassionate caregivers.

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**Table 1. Residential Homes for the Dying in the United States**

House Name	Address	Phone	Website
<b>Alaska</b>			
A Gentle Presence*	Anchorage AK	907-306-8008	
<b>California</b>			
Camarillo Hospice	400 Rosewood Ave Camarillo CA 93010	805- 389-6870	<a href="http://www.camarillohospice.org">http://www.camarillohospice.org</a>
Caring House	2842 El Dorado St.Torrance CA 90503	310-796-6625	<a href="https://yourcaringhouse.org">https://yourcaringhouse.org</a>
Cherish Garden*	San Fernando Valley CA	818-352-0186	<a href="https://cherishgarden.org/">https://cherishgarden.org/</a>
Full Circle: End of Life Services*	San Diego CA		
George Mark Children's House	2121 George Mark Lane San Leandro CA 94578	510-346-4624	<a href="http://georgemark.org">http://georgemark.org</a>
Karen Jan, Step Ahead Senior Care	1337 Howe Ave. Suite 250 Sacramento CA 95825	916-813-9202	<a href="https://stepaheadseniorcare.com/">https://stepaheadseniorcare.com/</a>
Peace and All Good House	255 N El Cielo Road Palm Springs CA 92262		
Project in Development*	Tujunga CA		
Sarah House	2612 Modoc Road Santa Barbara CA 9310	805-563-9990	<a href="http://www.sarahhousesb.org/">http://www.sarahhousesb.org/</a>
The Open Arms House	3234 W. Iris Ct Visalia CA 93277	559-713-6542	<a href="https://openarms.house/">https://openarms.house/</a>
Zen Hospice Project	273 Page Street San Francisco CA 94102	415-913-7682	<a href="https://www.zenhospice.org/">https://www.zenhospice.org/</a>
<b>Colorado</b>			
Christ's House Hospice*	PO Box 461375 Aurora CO 80046	720-271-6870	<a href="https://christshousehospice.org/">https://christshousehospice.org/</a>
Lazarus Gate*	Lafayette CO		
<b>Connecticut</b>			
Fairfield County Hospice House (FCHH)	One Den Road Stamford CT 6902	203-921-5111	<a href="https://www.fchospicehouse.org/">https://www.fchospicehouse.org/</a>
<b>Florida</b>			
A Gentle Presence	Naples FL	586-201-5681	<a href="https://eoldoulagentlepresence.com">https://eoldoulagentlepresence.com</a>
<b>Georgia</b>			
Compassion House for Living & Dying	Decatur GA	404-375-0264	<a href="http://compassionhouseforlivinganddying.org">http://compassionhouseforlivinganddying.org</a>
<b>Iowa</b>			
The Bird House, Hospice Home of Johnson County	8 Lime Kilm Ln NE Iowa City IA 52240	319-499-1882	<a href="http://www.hospicehomejc.org">http://www.hospicehomejc.org</a>
<b>Kansas</b>			
Grace Lodge	Wichita KS 67052		<a href="http://gracelodgekansas.com">http://gracelodgekansas.com</a>
<b>Kentucky</b>			



## Residential Homes for the Dying in the United States

Hildegard House	114 Adams Street Louisville KY 40206	502-797-7411	<a href="http://www.hildegardhouse.org">http://www.hildegardhouse.org</a>
<b>Massachusetts</b>			
Harmony House of Western MA	663 Pendleton Ave Chicopee MA 01020	413-331-5252	<a href="https://www.harmonyhousewma.org">https://www.harmonyhousewma.org</a>
<b>Michigan</b>			
Eaton Community Palliative Care	2675 S Cochran Road Charlotte MI 48813	517-543-5310	<a href="http://www.echospice.org/">http://www.echospice.org/</a>
Emmanuel House, Home for the Elderly	Ann Arbor MI	734-528-9031	<a href="http://www.emmanuel-house.org/">http://www.emmanuel-house.org/</a>
Emmanuel House, Home for the Elderly	3341 Hillside Drive Ypsilanti MI 48197	734-528-9031	<a href="http://www.emmanuel-house.org/">http://www.emmanuel-house.org/</a>
Hospice House of Shiawassee	2005 Copas Road Owosso MI 48867	989-743-9000	<a href="http://www.hospicehouseshia.org/">http://www.hospicehouseshia.org/</a>
Mother Teresa House	308 N Walnut Street Lansing MI 48933	517-484-5494	<a href="https://motherteresahouse.org">https://motherteresahouse.org</a>
Newaygo County Compassion Home for the Terminally Ill	4012 Sherman Blvd Fremont MI 49412	231-519-3771	<a href="http://newaygocountycompassionhome.com">http://newaygocountycompassionhome.com</a>
Omega House	2211 Maureen Ln. Houghton MI 49931	906-482-4438	<a href="https://www.omega-house.org">https://www.omega-house.org</a>
Project in Development*	Lansing MI		
Project in Development*	Ypsilanti MI 48813		
Rich and Helen House	445 S. St. John's St. Ithaca MI 48847	989-463-2497	<a href="https://www.richandhelenhouse.com">https://www.richandhelenhouse.com</a>
Todd Regester*	Flint MI		
Toni and Trish House	4699 11 Mile Road Auburn MI 48611	989-662-6400	<a href="https://toniandtrishhouse.org/">https://toniandtrishhouse.org/</a>
Trillium House*	1144 Northland Drive Marquette MI 49855	906-264-5026	<a href="https://trilliumhospicehouse.org">https://trilliumhospicehouse.org</a>
Wings Home	330 Linn Street Allegan MI 49010	269-686-9232	<a href="https://www.wingshome.org/">https://www.wingshome.org/</a>
<b>Missouri</b>			
Dorreen Rardin*	Columbia MO		
Hospice Foundation of the Ozarks	PO Box 9226 Springfield MO 65801	417-861-9543	<a href="http://www.hospiceozarks.org/">http://www.hospiceozarks.org/</a>
Solace House of the Ozarks*	Joplin MO	417-827-3555	
St. Anthony's at de Greeff Hospice House	10024 Kennerly Road St.Louis MO 63128	417-827-3555	<a href="http://www.stanthonysmedcenter.com">http://www.stanthonysmedcenter.com</a>
<b>New Mexico</b>			
Scott's House*	Santa Fe NM		
Thrive505*	Rio Rancho NM		
The River Home*	Rio Rancho NM		
<b>New York</b>			
Abraham House	1203 Kemble Street Utica NY 13501	315-733-8210	<a href="http://www.theabrahamhouse.org/">http://www.theabrahamhouse.org/</a>
Advent House	1010 Moseley Rd. Fairport NY 14450	585-223-6112	<a href="http://www.theadventhouse.org">http://www.theadventhouse.org</a>

## Residential Homes for the Dying in the United States

Anthony House By Wellhouse Ministries*	PO Box 862 Oswego NY 13126	315-992-4218	<a href="http://whministries.org">http://whministries.org</a>
Aurora House	2495 S. Union Street Spencerport NY 14559	585-617-4863	
Bampa's House*	Corning NY	607-742-8562	<a href="https://bampashouse.org/">https://bampashouse.org/</a>
Benincasa	3880 Rush-Mendon Road Mendon NY 14506	585-624-8070	<a href="http://www.benincasainc.org/">http://www.benincasainc.org/</a>
Charlotte House*	PO Box 123 North Java NY 14113		<a href="http://www.charlottehouse.org">http://www.charlottehouse.org</a>
Circle of Friends for the Dying*	PO Box 4334 Kingston NY 12402	845-802-0970	<a href="http://www.cfdhv.org/">http://www.cfdhv.org/</a>
Crossroads House*	11 Liberty Street, PO Box 403 Batavia NY 14021	585-343-3892	<a href="http://www.crossroadshouse.com/">http://www.crossroadshouse.com/</a>
Darah House*	Seaford NY	516-316-1201	
Developing Project, Stacy Nelson*	Maryland NY	607-434-5067	
Francis House	108 Michael's Ave. Syracuse NY 13208	315-475-5422	<a href="http://www.francishouseny.org/index.html">http://www.francishouseny.org/index.html</a>
Gateway Home Attica*	91 Main Street Attica NY 14011	585-591-0258	<a href="http://gatewayhomeofattica.org">http://gatewayhomeofattica.org</a>
Gateway House of Peace	479 Rowland St. Ballston Spa NY 12020	518-450-1273	<a href="http://www.gatewayhouseofpeace.org/">http://www.gatewayhouseofpeace.org/</a>
Hart Comfort House	141 East State Street Wellsville NY 14895	585-596-1045	
Haynes House of Hope	7187 State Route 149 Granville NY 12837	518-642-8155	<a href="http://www.thehayneshouseofhope.org">www.thehayneshouseofhope.org</a>
Hospeace House	7824 County Road 33, Naples NY 14512	585-374-2090	<a href="http://www.hospeacehouse.org/">http://www.hospeacehouse.org/</a>
House of John	14 Spring Street Clifton Springs NY 14432	315-462-5646	<a href="http://www.houseofjohn.org/">http://www.houseofjohn.org/</a>
Isaiah House	71 Prince Street Rochester NY 14605	585-232-5221	
Joan Nicole Prince Home	22 Glenview Dr. PO Box 2122 Scotia NY 12302	518-346-5471	
Journey Home	994 Long Pond Road Rochester NY 14626	585-225-1240	<a href="http://www.journeyhomegreece.org">http://www.journeyhomegreece.org</a>
Keuka Comfort Care Home	35 Rt. 54 East Lake Rd. Penn Yan NY 14527	315-536-1690	<a href="http://keukacomfortcarehome.org/">http://keukacomfortcarehome.org/</a>
Laurel House*	22 Fair Street Newark NY 14513		<a href="https://laurelhouseofcomfortcare.org">https://laurelhouseofcomfortcare.org</a>
Light Hill	5160 Parrish St. Ext. Canandaigua NY 14424	585-393-1311	<a href="http://lighthillhome.org/">http://lighthillhome.org/</a>
Mary's Haven	35 New Street Saratoga Springs NY 12866	518-584-9397	<a href="http://www.maryshaven.org/">http://www.maryshaven.org/</a>
Matthew House	43 Metcalf Drive Auburn NY 13021	315-252-2052	<a href="http://www.matthewhouse.org">http://www.matthewhouse.org</a>
Mercy House of the Southern Tier	212 North McKinley Ave Endicott NY 13760	607- 321-1857	<a href="http://www.mercyhousesoutherntier.com">http://www.mercyhousesoutherntier.com</a>
Mt. Carmel House, Inc.	288 Frisbee Hill Rd. Hilton NY 14468	585-366-4949	<a href="http://www.mtcarmelhouse.com/">http://www.mtcarmelhouse.com/</a>
Pathway Home of the Fingerlakes	1529 State Route 414 Seneca Falls NY 13148	315-651-1240	<a href="http://pathwayhome.org/">http://pathwayhome.org/</a>
Patrick Place*	99 Main St., PO Box 73 Scottsville NY 14564	585-538-4799	
Pines of Peace, Inc.	2378 Ridge Road Ontario NY 14519	315-524-2388	
Serenity House	1278 Brace Road Victor NY 14564	585-924-5840	<a href="http://www.serenity-house.org/">http://www.serenity-house.org/</a>
Shepherd Home	1959 Five Mile Line Rd. Penfield NY 14526	585-381-0890	<a href="http://www.shepherdhome.org/">http://www.shepherdhome.org/</a>
Story of Hope Comfort Care Home*	6 Majestic Way Rochester NY 14624	585-594-4183	<a href="http://www.storyofhoperochester.com/">http://www.storyofhoperochester.com/</a>

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Sunset House	3746 St. Paul Blvd. Rochester NY 14617	585-467-3524	<a href="http://www.sunsethouse.info/">http://www.sunsethouse.info/</a>
Suzanne's Comfort Care Home	167 North Main Street Perry NY 14530	585-237-5881	<a href="http://suzannescch.com">http://suzannescch.com</a>
Teresa House	21 Highland Avenue Geneseo NY 14454	585-243-1978	<a href="http://www.teresahouse.org/">http://www.teresahouse.org/</a>
Vincent House	310 2nd Avenue Wayland NY 14572	585-728-2427	<a href="http://www.thevincenthouse.org/">http://www.thevincenthouse.org/</a>
Webster Comfort Care Home	700 Holt Rd. Webster NY 14580	585-872-5290	<a href="http://www.webstercomfortcare.org/">http://www.webstercomfortcare.org/</a>
<b>Ohio</b>			
Abi Katz*	Yellow Springs OH	510-502-0873	
Grace House Akron*	Akron OH	330-612-0334	
<b>Oklahoma</b>			
Agape House*	Oklahoma City OK		
Clarehouse	7617 S Mingo Road Tulsa OK 74133	918-893-6150	<a href="https://www.clarehouse.org">https://www.clarehouse.org</a>
Kristy Kier*	Bartlesville OK	918-914-1662	
Porta Caeli House/Catholic Charities	2440 N. Harvard Ave. Tulsa OK 74115	918-935-2600	<a href="https://portacaeli.org/">https://portacaeli.org/</a>
St. James Dwelling	1145 SW 42nd Street Oklahoma City OK 73109	405-778-1107	<a href="http://www.gospeloflifedisciples.org">http://www.gospeloflifedisciples.org</a>
St. John Paul II Dwelling	4113 S. Eastern Moore OK	405-778-1107	<a href="http://www.gospeloflifedisciples.org">http://www.gospeloflifedisciples.org</a>
The Heavenly Angels House*	PO 450547 Grove OK		
The Journey Home	3406 SE Kentucky St. Bartlesville OK 74006	918-876-4184	<a href="http://thejourneyhomeok.com">http://thejourneyhomeok.com</a>
<b>Pennsylvania</b>			
Friends for a York County Hospice Home *	York PA 17402		
Developing Project, Sr. Amy Williams*	Pittsburgh PA		
Pappus House	253 Cherry Street York PA 17402	717-893-5310	<a href="http://www.pappushouse.org">http://www.pappushouse.org</a>
<b>Tennessee</b>			
Welcome Home of Chattanooga	400 S Germantown Road Chattanooga TN 37411	423-355-5842	<a href="https://www.welcomehomeofchattanooga.org">https://www.welcomehomeofchattanooga.org</a>
<b>Texas</b>			
ABODE Contemplative Care for the Dying	P.O Box 47640 San Antonio TX 78265	210-967-9891	<a href="https://www.abodehome.org/contact/">https://www.abodehome.org/contact/</a>
Avenue 360 Omega House	602 Branard St. Houston TX 77006	713-426-0027	<a href="https://avenue360.org/about/">https://avenue360.org/about/</a>
Aurora House Foundation	2646 West 18th Street Weslaco TX 78596	956-973-9690	<a href="http://aurorahouse.org/">http://aurorahouse.org/</a>
Endwell	Austin TX	512-809-7310	<a href="https://endwellaustin.org/">https://endwellaustin.org/</a>
St. Adelaide Dwelling	218 NE 17th Street Grand Prairie TX 75050	405-778-1107	<a href="http://www.gospeloflifedisciples.org">http://www.gospeloflifedisciples.org</a>
Sunset at Home	3607 Palm Drive Mesquite TX 75150		<a href="http://www.sunsetathome.org">http://www.sunsetathome.org</a>

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Villa Teresa*	Rockwall TX	972-948-2574	
<b>Utah</b>			
The INN Between	340 Goshen St. Salt Lake City UT 84104	801-410-8314	<a href="https://tibhospice.org">https://tibhospice.org</a>
<b>Virginia</b>			
Hospice House & Support Care of Williamsburg	4445 Powhatan Parkway Williamsburg VA 23188	757-253-1220	<a href="https://williamsburghospice.org">https://williamsburghospice.org</a>
<b>Washington</b>			
Enso House	6339 Wahl Rd Freeland WA 98249	360-331-4699	<a href="https://www.ensohouse.org">https://www.ensohouse.org</a>
Serenity House*	Pullman WA	509-332-4414	<a href="http://friendsofhospice.net/">http://friendsofhospice.net/</a>
<b>Washington D.C.</b>			
Joseph's House	1730 Lanier Place NW Washington D.C.	202-328-9161	<a href="http://josephshouse.org">http://josephshouse.org</a>
<b>Wisconsin</b>			
A Welcome Home*	601 Bay View Madison WI 53715	608-616-9486	
Solace: Comfort, Community and Care at Life's End*	Madison WI	608-620-4266	<a href="http://www.community-stewardship.org">http://www.community-stewardship.org</a>
Table Compiled by Sophia Foster and Dr.Carol Weisse (Union College Schenectady NY 12308)			

\*Home in Development