

Business Name: FootPrints Home Care

Address: 4811 Hardware Dr NE d1, Albuquerque, NM 87109

Phone: (505) 828-3918

FootPrints Home Care

FootPrints Home Care offers in-home senior care including assistance with activities of daily living, meal preparation and light housekeeping, companion care and more. We offer a no-charge in-home assessment to design care for the client to age in place. FootPrints offers senior home care in the greater Albuquerque region as well as the Santa Fe/Los Alamos area.

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4811 Hardware Dr NE d1, Albuquerque, NM 87109

Business Hours

- Monday thru Sunday: 24 Hours

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Families do not awaken one early morning and decide between home care and assisted living over coffee. The option usually comes after a fall, a new medical diagnosis, a telephone call from an anxious next-door neighbor, or a sluggish awareness that everyday jobs are getting harder. The stakes are useful and psychological. You want security and dignity, however also regimens and familiar conveniences. Cash matters. Area matters. Personality and pride matter most of all.

A clear, honest care needs evaluation cuts through the fog. It combines health, daily living, home security, social requirements, and financial resources into a single image. Succeeded, it provides you not just a decision, however a roadmap, even if that roadmap results in "let's begin with in-home senior care and reassess in 6 months."

I have actually spent years strolling households through these choices. The best evaluations are not kinds for a file, they are discussions that feel human. Here is how to approach it, step by step, with practical information and the trade-offs I see most often.

Start with a conversation, not a checklist

Before you tally scores or call firms, talk. Ask the older adult what a good day looks like and what a difficult day looks like. Listen for the parts of life they won't give up quickly, like watering plants at sunrise, church on Sundays, or reading on the same couch they bought with their partner. Those are the anchors you attempt to protect.

If the individual lessens their requirements, shift to specifics. Rather than "Are you managing fine?", try "When did you last bathe, and how did it go?", "What stresses you when you climb the stairs?", or "If I wasn't here today, what might get missed out on?" Mild, concrete concerns open doors that yes-or-no concerns slam shut.

When possible, include a minimum of another person who sees them frequently, maybe a neighbor, adult kid, or senior caretaker. Various point of views fill spaces. The goal is not agreement, however a fuller picture.

The 5 domains of an extensive care requires assessment

Every reliable assessment covers five domains. Consider them as layers. You might not need all 5 to decide today, however avoiding a layer typically causes surprises later.

1. Medical status and clinical complexity

Start with medical diagnoses and stability. Two people the same age with "diabetes" can have wildly different care requirements. One checks blood glucose two times a day and walks after dinner. The other has neuropathy, vision modifications, and frequent hypoglycemia. Take a look at:

- Conditions and medications, including who manages refills and whether doses are ever missed. Tablet counts and a quick scan of the kitchen area or night table tell you more than any intake form.
- Recent hospitalizations or emergency check outs and why they happened. A fall with head injury is different from a urinary infection. Patterns matter.
- Mobility and balance. Timed Up and Go is a basic screen: stand, stroll 3 meters, turn, return, sit. Over 12 seconds recommends higher fall danger. You do not require a stopwatch to see unsteadiness, furniture surfing, or hesitation on turns.
- Cognitive status. Short-term memory, judgment, and ability to follow multi-step jobs. The red flags I respect many are repeated medication errors, leaving the range on, and getting lost on familiar routes.

In-home care can manage a lot, including oxygen, catheters, injury care, and hospice. Assisted living varies commonly. Some neighborhoods manage complicated requirements well, others transfer out to knowledgeable nursing at the very first indication of escalation. Ask any potential service provider about scope: insulin injections, sliding-scale protection, mechanical lifts, two-person assists, and memory care transitions.

2. Activities of daily living and important tasks

Clinicians call them ADLs and IADLs, but believe "hands-on basics" and "life logistics." Hands-on fundamentals consist of bathing, dressing, toileting, transferring, consuming, and continence. Life logistics include cooking, cleansing, shopping, handling money, utilizing the phone, handling transportation, and medication management.



What definitely needs cueing or hands-on help, and how often? Bathing two times a week takes less support than everyday showers. If the person just requires someone to set out clothes and advise them, that is different

from helping them action in and out of the tub.

In practice, the turning points I see are bathing and medication management. When those consistently falter, risk climbs. In-home senior care can cover both with targeted hours. Assisted living constructs routine into the day, which can be a relief for persistent strugglers.

3. Home environment and safety

Some homes make home care simple. Others battle you at every turn. Walk the space as if you are the one with aching knees and a fuzzy left eye.

Look for tripping dangers, loose rugs, narrow doorways, high stairs without railings, dim lighting, and restrooms without grab bars. Keep in mind the bed height and whether the individual can rise from their preferred chair without a hand pull.

Small changes extend self-reliance. I have seen a \$40 motion light and a \$90 shower chair make more difference than a month of physical treatment. Conversely, I have seen a beautiful, separated farmhouse with a 200-foot snow-covered driveway turn manageable needs into emergency situations every January. Be sincere about your home, the climate, and the neighborhood.

4. Social material and daily rhythm

Loneliness is not a soft problem. It drives hospitalizations and cognitive decrease. Ask who visits, what brings delight, and how days are structured. If social life has shrunk to TV and takeout, you will either construct a new routine with senior home care, day programs, faith communities, and neighbors, or you will take a look at assisted living where neighborhood is built-in.

Personality counts. Some people recharge in peaceful. Others flower with activity. Neither is wrong, but the choice between home care and assisted living must respect character. A social butterfly in an empty house suffers. A private soul in a busy dining room may feel trapped.

5. Money and stamina

Families choose to speak about anything other than money and endurance, however both drive results. Lay out the budget. Include income, cost savings, long-lasting care insurance coverage if any, and practical household capacity. Calculate costs over a year, not a month. It smooths over the appeal of a short-term offer and shows what you can sustain through holidays, diseases, and travel.

A typical hourly rate for a home care service ranges by region, typically from the low twenties into the forties per hour. Assisted living can vary from a couple of thousand per month to over 10 thousand depending on place and level of care. Those varieties matter less than how the mathematics behaves in time. Someone requiring 8 hours of aid daily will pay more for in-home care than for a basic assisted living apartment. Someone who needs only 12 hours a week does better in your home. Consider lease or mortgage, energies, food, transport, and medications for an apples-to-apples comparison.

Family endurance matters too. A daughter living 5 minutes away who enjoys caregiving is different from a kid throughout the country on a requiring work schedule. Be candid about burnout. I have seen outstanding caregivers end up being impatient and ill themselves after months of damaged sleep. A sustainable plan is a kinder plan.

When home care makes sense

Home care fits finest when the home can be ensured, needs are periodic or predictable, and the person worths regular and familiar spaces. It likewise fits people who decline gradually. You can add check outs, adjust schedules, or layer services like visiting nurses, physical treatment, and meal delivery.

Many households start with a modest schedule. A senior caretaker may come three early mornings a week for bathing, light housekeeping, and medication pointers, while household handles errands and consultations. If evenings become harder, add a dinner visit. If wandering appears, think about over night care or a door alarm. The flexibility is genuine. So is the responsibility to coordinate.

The strongest home care plans I see consist of one part expert support, one part environmental tweaks, and one part social structure. A fall alert pendant is only practical if the individual uses it. A tablet organizer is only handy if somebody checks it weekly. Senior care prospers at home when the details stick.

When assisted living is the much safer choice

Assisted living shines when requirements are daily and constant, when seclusion is already an issue, or when the home can not be made safe without major changes. The integrated safety net minimizes friction: meals appear on time, medications are administered, showers happen on schedule, and someone is always close-by if a transfer goes wrong.

Do not think of a medical facility. Excellent communities seem like apartment buildings with assistance tucked into the joints. You will trade some privacy for dependability. For some, that trade unlocks freedom: no more regret about asking a neighbor for assistance, no more awaiting a ride to the drug store, no more skipped showers since the tub is scary.

Still, assisted living is not one-size-fits-all. Tour at various times, particularly evenings and weekends. Watch how personnel greet citizens. Inquire about personnel turnover and response times at 2 a.m. Taste the food. Sit in the common area for twenty minutes and notice whether anyone welcomes you to join a video game or remains glued to a screen. Culture is not on the pamphlet, however it makes or breaks the move.

A basic method to structure your evaluation notes

You do not need an official kind, however structure helps. Write one page with five headings: Medical, Daily Living, Home, Social, Financial resource. Under each, 2 or three sentences record the present reality and any notable risks. Include a final area identified Red Flags and Next Actions. If you need to share with siblings or a doctor, you will be grateful for the clarity.

Here is an example, adapted from a household I worked with last winter. The father, 84, wanted to stay in his cottage. He had moderate cognitive impairment, Type 2 diabetes, and unsteady gait after a little stroke. His child lived twenty minutes away.

Medical: Two hospital gos to in the previous year for falls. A1c steady, however he forgets breakfast insulin one or two mornings a week. Utilizes a cane, hesitant with the walker.

Daily Living: Handles dressing and toileting. Showers less than once a week due to the fact that the tub frightens him. Misses out on medication doses unless reminded.

Home: One-story home, two steps at the entry without a hand rails. Loose carpets in the hallway. No grab bars.

Social: Widowed. Watches baseball, talks with neighbor on Thursdays, no regular outings.

Finances: Cost savings cover approximately three years at moderate assisted living. Home is paid off. Daughter can visit two times weekly, limited nights.

Red Flags: Falls, missed insulin, shower avoidance. Next Steps: Set up grab bars and a handrail, remove rugs, order a shower chair, begin a home care service three mornings a week for bathing and meds, add a weekly social trip, reassess in six weeks. If falls continue or insulin stays inconsistent, tour assisted coping with memory care.

They followed the strategy, and it purchased nine solid months at home. When he eventually moved, it was on their timetable, without a crisis.

Comparing expenses and control without spinning spreadsheets

Families typically request a cool expense contrast, however the right comparison is not just dollars. It is dollars plus control. In the house, you pay per hour and keep full control over routines, meals, and visitors. In assisted living, you pay a bundle price and accept the building's rhythm.

If you choose control and can afford customized hours, senior [elder care](#) home care feels right. If you prefer predictability and less moving parts, assisted living brings relief. Consider who likes to handle vendors, schedules, and backups when a caretaker employs sick. Some families love collaborating. Others desire one require anything that goes wrong.

One practical pointer: ask home care companies for a sample schedule aligned with your objectives. Ask assisted living communities for a sample service plan with level-of-care charges spelled out. Hidden expenses tend to hide in the "care level" add-ons. A base rate of 4,500 a month may reach 6,500 with medication management, incontinence care, and transfer assistance.

Dealing with disagreement in the family

Not all siblings see the same moms and dad. The one who gets the midnight calls has a various point of view from the one who goes to on holidays. Start by agreeing on the truths you can determine: weight loss or gain, medication errors, falls, home threats, costs paid late. Then talk values. Would your moms and dad focus on staying at home with some threat, or security with less autonomy? Lots of older adults pick risk. Your job is to make that risk as smart as possible.

If conflict stalls development, use a neutral third party. A geriatric care supervisor, often called an aging life care expert, can examine and suggest without household history clouding the photo. A one-time consultation typically spends for itself by preventing a poor fit.

How to test-drive the options

Permanent decisions feel lighter when you attempt them on. Numerous home care agencies permit short-term or trial schedules. Start with 2 weeks focused on the highest-risk tasks, like bathing and medications. See how your loved one responds to a senior caretaker. Adjust.

Assisted living communities frequently provide respite remains varying from a weekend to a month. This is not just a bed. It is a chance to see if the social rhythms relieve or agitate, whether meals are satisfying, and how staff respond when your loved one moves gradually or asks the exact same question twice. Request a room near the dining-room to minimize long walks throughout the trial. Bring favorite blankets, photos, and the very same toiletries they use in your home to lower friction.

Red flags that demand a faster timeline

Some moments close the window for sluggish consideration. If any of these appear, accelerate your strategy and raise guidance quickly:



- A 2nd fall within a month, especially with head impact or brand-new fear of walking.
- Medication mismanagement that causes hypoglycemia, unchecked high blood pressure, or confusion.
- Wandering outside, getting lost in a familiar community, or leaving doors open at night.
- Significant weight loss over a few months or signs of dehydration.
- Caregiver fatigue, such as dropping off to sleep while offering care or missing out on work repeatedly.

You can still pick home care or assisted living, but you reduce the trial phases and add short-term protection while you choose. A week of 24-hour home care can stabilize a rough spot and prevent hospitalization while you organize long-lasting support.

Finding and vetting providers without spinning your wheels

Most households begin online and feel overloaded within an hour. Narrow quick. Ask your medical care office, regional healthcare facility social employees, and buddies for two or 3 reputable home care firms and 2 or three assisted living communities. Then call them with a brief script focused on your specific requirements. The very best firms and communities can address plain concerns plainly.

Visit your home or neighborhood a minimum of twice at various times. For home care, demand the exact same caregiver for the trial duration, and ask about backup coverage. For assisted living, ask to observe a medication pass and a meal, and demand a copy of the resident rights file. Read it. It tells you how the neighborhood sees its obligations.

Check state examination reports where offered. They are imperfect pictures, but serious patterns show up. For home care, ask if the company utilizes or contracts caretakers, whether they bring workers' settlement, and who supervises quality. For both, trust your gut. If personnel seem hurried, if calls take days to return, if answers feel slippery, they most likely are.

Planning for change from the start

The only constant in elder care is change. Build that into your strategy. If you select home care, set a reassessment date, possibly in six or eight weeks, and define thresholds that would activate more hours or a

move. If you choose assisted living, ask about shifts to higher care levels and whether you would need to change buildings if memory care becomes necessary.



Document the plan in composing, even if it is simply an email to household: existing requirements, who does what, when to reassess, what would prompt modification. Revisit it. What felt right in spring might strain by winter when stairs feel steeper and daytime shrinks.

Small details that make huge differences

The quality of senior care typically resides in details outsiders miss. Establish medication boxes by time of day with big print labels. Put a contrasting strip of tape on the edge of each stair. Move the coffee machine beside the sink to reduce bring hot liquids. Place a motion light in the corridor in between bed room and restroom. Set basic goals with the caregiver: shower by 10 a.m., walk after lunch, call the grandson on Wednesday afternoons. Each small success develops confidence.

For assisted living, bring individual products that signify home, not just designs. The same bedspread, the favorite lamp that tosses a warm pool of light at sunset, the image wall at eye level. Visit at diverse times during the first month and attend a minimum of one activity together. Introduce your loved one by name and a little bit of story to staff, not just as "new resident." These touches smooth the edges of change.

A realistic choice path you can follow this month

Here is a straightforward path numerous families can follow over 3 to four weeks without drowning in research study or indecision:

- Week 1: Compose your one-page evaluation. Get rid of apparent home threats. Set up medical care and, if needed, a physical therapy balance assessment. Call 2 home care companies and 2 assisted living communities to talk about fit.
- Week 2: Start a trial of in-home care focused on highest-risk tasks. Set up grab bars and any suggested equipment. Observe and keep in mind. On the other hand, tour two communities at various times and request a respite stay option.
- Week 3: Review what is working. If home care stabilizes things and your loved one appears content, extend and set a reassessment date. If problems continue or isolation worsens, schedule a short respite in the best-fit assisted living to check the waters.
- Week 4: Choose based upon lived experience, not fear or sales pitches. Put the chosen strategy in composing with particular next steps and who owns them.

This is the only list in the post and it stays brief by style. The genuine work takes place in the conversations and the observations in between these steps.

Final idea: match the strategy to the person, not the label

The labels are neat, the lives are not. Home care and assisted living are tools, not identities. A happy veteran who desires his deck, a retired teacher who illuminate at book club, a garden enthusiast who needs to see her azaleas bloom this spring, each needs a customized plan. Sometimes the right answer is senior home care that keeps somebody safe in familiar rooms. Often it is a relocation that trades a driveway filled with ice for a dining room loaded with next-door neighbors. In some cases it is a hybrid, with in-home care today and a date to reassess after the holidays, when everyone has a clearer head.

Conduct your care needs assessment with interest and regard. Write what you see, not what you want. Use numbers where they help, and stories where they matter. Then select the choice that supports the individual you love, not simply the problem you fear. If you do that, you will sleep much better, and they will live much better, wherever they lay their head.

FootPrints Home Care is a Home Care Agency

FootPrints Home Care provides In-Home Care Services

FootPrints Home Care serves Seniors and Adults Requiring Assistance

FootPrints Home Care offers Companionship Care

FootPrints Home Care offers Personal Care Support

FootPrints Home Care provides In-Home Alzheimer's and Dementia Care

FootPrints Home Care focuses on Maintaining Client Independence at Home

FootPrints Home Care employs Professional Caregivers

FootPrints Home Care operates in Albuquerque, NM

FootPrints Home Care prioritizes Customized Care Plans for Each Client

FootPrints Home Care provides 24-Hour In-Home Support

FootPrints Home Care assists with Activities of Daily Living (ADLs)

FootPrints Home Care supports Medication Reminders and Monitoring

FootPrints Home Care delivers Respite Care for Family Caregivers

FootPrints Home Care ensures Safety and Comfort Within the Home

FootPrints Home Care coordinates with Family Members and Healthcare Providers

FootPrints Home Care offers Housekeeping and Homemaker Services

FootPrints Home Care specializes in Non-Medical Care for Aging Adults

FootPrints Home Care maintains Flexible Scheduling and Care Plan Options

FootPrints Home Care is guided by Faith-Based Principles of Compassion and Service

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FootPrints Home Care has Google Maps listing <https://maps.app.goo.gl/QobiEduAt9WFiA4e6>

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FootPrints Home Care won Top Work Places 2023-2024

FootPrints Home Care earned Best of Home Care 2025

FootPrints Home Care won Best Places to Work 2019

People Also Ask about FootPrints Home Care

What services does FootPrints Home Care provide?

FootPrints Home Care offers non-medical, in-home support for seniors and adults who wish to remain independent at home. Services include companionship, personal care, mobility assistance, housekeeping, meal preparation, respite care, dementia care, and help with activities of daily living (ADLs). Care plans are personalized to match each client's needs, preferences, and daily routines.

How does FootPrints Home Care create personalized care plans?

Each care plan begins with a free in-home assessment, where FootPrints Home Care evaluates the client's physical needs, home environment, routines, and family goals. From there, a customized plan is created covering daily tasks, safety considerations, caregiver scheduling, and long-term wellness needs. Plans are reviewed regularly and adjusted as care needs change.

Are your caregivers trained and background-checked?

Yes. All FootPrints Home Care caregivers undergo extensive background checks, reference verification, and professional screening before being hired. Caregivers are trained in senior support, dementia care techniques, communication, safety practices, and hands-on care. Ongoing training ensures that clients receive safe, compassionate, and professional support.

Can FootPrints Home Care provide care for clients with Alzheimer's or dementia?

Absolutely. FootPrints Home Care offers specialized Alzheimer's and dementia care designed to support cognitive changes, reduce anxiety, maintain routines, and create a safe home environment. Caregivers are trained in memory-care best practices, redirection techniques, communication strategies, and behavior support.

What areas does FootPrints Home Care serve?

FootPrints Home Care proudly serves Albuquerque New Mexico and surrounding communities, offering dependable, local in-home care to seniors and adults in need of extra daily support. If you're unsure whether your home is within the service area, FootPrints Home Care can confirm coverage and help arrange the right care solution.

Where is FootPrints Home Care located?

FootPrints Home Care is conveniently located at 4811 Hardware Dr NE d1, Albuquerque, NM 87109. You can easily find directions on [Google Maps](#) or call at [\(505\) 828-3918](#) 24-hours a day, Monday through Sunday

How can I contact FootPrints Home Care?

You can contact FootPrints Home Care by phone at: [\(505\) 828-3918](#), visit their website at <https://footprintshomecare.com>, or connect on social media via [Facebook](#), [Instagram](#) & [LinkedIn](#)

A visit to the [ABQ BioPark Botanic Garden](#) offers a peaceful, gentle outing full of nature and fresh air — ideal for older adults and seniors under home care.