Studies that focused on various health conditions (e.g., spinal cord injury, stroke) and supporting home modification along with technological interventions. The review shows that the home environment has a significant impact on older adults’ overall health, and recovery, including functional capacities, cognition, and emotional states providing autonomy, safety, and accessibility. Several safe design features were found, and we performed a narrative review to understand the importance of incorporating architectural, interior design, and technological interventions to support the reactivation design, and technological interventions to support the reactivation of care. The Iowa Coding Scheme for Elderspeak (ICodE) contains 11 elderspeak attributes: diminutives, childish terms, collectives, short words, directives, reflectives, minimizers, exaggerated praise, laughter, tag questions, and exaggerated prosody. Thirty-one older adults (aged 74.5±7.8 years) responded to short form PROMIS instruments measuring self-efficacy, physical function, isolation, cognitive function, depression, anxiety, and pain interference. Participants listened to 41 audio recordings of nursing staff providing care to hospitalized patients with dementia and were asked to rate each audio recording using a 5-point Emotional Tone Rating Scale for patronizing and respectful (5=very, 1=not at all). Using the ICodE, each audio recording was classified as neutral (no elderspeak), containing a single attribute, or containing an attribute combined with exaggerated prosody. Ratings for elderspeak attributes ranged from 2.1 to 2.9 for patronizing and 2.8 to 3.8 for respectful. Using the SPSS statistical package, a Spearman’s rho correlation was calculated for each elderspeak rating and health status domain identified above. Among this small, homogenous sample, no statistically significant correlation was found between participants’ self-efficacy, isolation, physical or cognitive function, depression, anxiety, or pain interference, as measured by PROMIS tools, and their rating of elderspeak attributes as respectful or patronizing. Future research should continue to explore what factors influence older adults’ perceptions of elderspeak as being respectful or patronizing.