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## Evaluating Nursing Facilities

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Southern Maine Agency on Aging can provide you with information about facilities in York and Cumberland Counties. Contact a Resource Specialist at 1-800-427-7411 or send an email through the SMAA website ([www.smaa.org](http://www.smaa.org)) Information and Resource department "request information" feature.

*If you are considering a nursing facility, you can use this worksheet to compare services. When visiting or interviewing a facility, ask lots of questions and take your time to look around.*

### Facility Information

Name of Facility: \_\_\_\_\_

Administrator/Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence size (number of units) : \_\_\_\_\_ Operator/Management Company: \_\_\_\_\_

### Overall Evaluation

*First impressions are important. As you visit a facility, take a good look around to be sure that:*

- § The buildings and grounds are well cared for and attractive
- § The interior is clean and odor free
- § Members of the staff are friendly and responsive
- § There are attractive areas available for common use
- § You observe residents who socialize with each other and appear happy
- § Residents appear to be dressed appropriately for the time and season
- § The residents you meet will be appropriate neighbors for the older adult
- § The facility has a good reputation in the community

### Location and Transportation

*Choose a facility that:*

- § Is convenient for family and friends to visit
- § Offers adequate parking, or is close to public transportation
- § Is close to the older adult's doctor, hospital and other important services

### Physical Features

*When visiting each facility, look for:*

- § A floor plan that is well marked and easy to follow
- § Doors, hallways and rooms that accommodate walkers, wheelchairs, etc.
- § Elevators for those unable to use stairs
- § Adequate lighting in hallways and common areas
- § Method of personal mail delivery
- § Handrails to aid in walking
- § Outdoor recreation areas that are pleasant and inviting
- § Exits are clearly marked and unobstructed

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**Resident Rooms**

*As you visit each facility, consider the following questions:*

- § Are private rooms available? [ ] Yes [ ] No
- § If rooms are shared:
- Is there a privacy curtain around each bed? [ ] Yes [ ] No
- Are residents involved in choosing roommates? [ ] Yes [ ] No
- Can a married couple share a room? [ ] Yes [ ] No
- § Is each room convenient to a toilet? [ ] Yes [ ] No
- § May residents furnish or decorate their own rooms? [ ] Yes [ ] No
- § Is the call button conveniently located? [ ] Yes [ ] No
- § Is there a thermostat for each room? [ ] Yes [ ] No
- § Does each room have window? [ ] Yes [ ] No
- § If residents call out, does the staff respond promptly? [ ] Yes [ ] No
- § Do you notice a quick response to call lights? [ ] Yes [ ] No

**Residence Amenities****Included in Contract****Available for Extra Cost**

- |  |                          |                                   |
|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> Private full bath   | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Private half bath   | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Local phone service | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Cable TV hookup     | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Television          | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Internet            | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |

**Staffing**

- Registered Nurse on duty at all times
- Number of staff on duty each shift? \_\_\_\_\_ days \_\_\_\_\_ evenings \_\_\_\_\_ nights
- Physician on call at all times
- Certified staff members
- Staff trained in personal care
- Staff trained in CPR
- Staff trained in working with dementia
- Staff permanently assigned to residents

*Additional questions to ask the staff:*

- § Do staff feel they have enough coverage on each shift?
- § What is the turnover rate among the staff?
- § Are residents allowed to have their own physician?
- § Are staff trained to respect privacy and dignity during bathing and toileting? How?
- § Are nursing assistants involved in the care planning process?
- § Are rehabilitation therapies available if needed?
- § What kinds of activities are available and how are residents encouraged to participate?

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## Establishing a Plan of Care

Choose a facility that provides a written plan of care for each resident. In addition, you may wish to ask the following questions about how that care will be administered.

- § Who will be involved in determining the resident's plan of care?
- § How often will the needs of the resident be reassessed?
- § How will changes be communicated to the physician and family members?
- § Will the resident be assisted at mealtimes?
- § How often will the resident be assisted with toileting?
- § How often will disposable briefs be changed?
- § What kind of therapy is available?
- § Will the staff respect the resident's wishes regarding routines and schedules?
- § Will attention be given to the resident at night if he or she is awake?

	<b>Included in contract</b>	<b>Available for a fee</b>
<b>Staff Services</b>		
Help arranging medical appointments	q	q \$ _____
Assistance and supervision for people with dementia	q	q \$ _____
Beauty shop and barber services	q	q \$ _____
Personal laundry	q	q \$ _____
Housekeeping / room service	q	q \$ _____
Shopping assistance	q	q \$ _____
Scheduled transportation	q	q \$ _____
Unscheduled transportation	q	q \$ _____

## Safety and Security

Make sure the facility provides the following:

- § A security checkpoint at the front entrance
- § Outer doors that are securely locked at night
- § Smoke detectors in residents' rooms, stairways, hallways, and common areas
- § Regular fire drills
- § Fire extinguishers, alarms and sprinkler systems on each floor
- § Emergency evacuation plans posted in hallways
- § Perimeter alarms on all exits to prevent confused residents from wandering
- § A room or procedures to isolate residents with a contagious illness

## Policies and Procedures

- § Storage of medication: \_\_\_\_\_
- § Dispensing medication: \_\_\_\_\_
- § Medication record keeping: \_\_\_\_\_
- § Circumstances calling for use of physical restraints: \_\_\_\_\_
- § \_\_\_\_\_
- § Circumstances calling for use of sedatives or relaxants: \_\_\_\_\_
- § \_\_\_\_\_

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- § Procedure for responding to a resident's medical emergency: \_\_\_\_\_
  - § Circumstances under which a resident will be transferred to another room: \_\_\_\_\_
  - § Circumstances under which the resident may be discharged: \_\_\_\_\_
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**Dining Services**

*Check those that apply:*

- Breakfast
- Lunch
- Dinner
- Snacks
- Special dietary needs accommodated
- Entrée selections at each meal
- Room service, when needed
- Guest meals

*Other questions to ask:*

- § Is there a registered dietician on staff?
- § May foods be provided at a time the resident would like, or are there set times for meals?
- § Can meals be delivered to a resident's room?  
If yes, under what conditions \_\_\_\_\_
- § Is there an extra charge for room service? \_\_\_\_\_
- § Can residents choose their own seating in the dining room, or is seating assigned?
- § Is private dining available for special occasions?

**Social and Recreational Activities**

*Find out whether the facility provides:*

- § A schedule of weekly/daily activities that are relevant and stimulating
- § Tours, field trips and other outside events
- § Volunteer staff, including family members, conducting special programs
- § Opportunity for residents to participate in planning programs
- § Access to worship services of their choice
- § Therapeutic recreation, including exercise, yoga, tai chi, etc.
- Restrictions, if any: \_\_\_\_\_

**Contracts and Costs**

*The following information should be included in the residency agreement or contract, check all that apply and make notes where necessary.*

- Description of services covered by the contract, as well as healthcare and supportive services, admission and discharge provisions, and all fees.
- Monthly rate \$ \_\_\_\_\_

- q Description and cost of services covered by the monthly rate
- q Description and cost for optional services *not* covered by the monthly rate
- q How are optional services billed (by the hour, by the trip, by the meal, etc.)?
- q Circumstances under which costs may change, and how residents and their families are informed of the changes.
- q Circumstances for termination of the contract, and any refund policies
- q Statement of resident rights and responsibilities
- q Description of complaint or grievance procedure

*Before signing a contract, make sure you understand the following:*

- § What the monthly rate covers, and what it does *not* cover
- § All eviction and contract termination conditions
- § How additional services will be added, if the resident's needs change
- § Whether additional services may be added on an as-needed (temporary) basis
- § Is there any public financing available (i.e. Medicaid, state funding)
- § Is the facility certified for Medicare and/or Medicaid?
- § If a person pays for care privately initially, what happens if they later need funding assistance?
- § If any of the facility rules make you uncomfortable, would the facility be willing to amend the contractual agreement to accommodate your concerns?

**Other Considerations**

- § Is there an active resident's council? [ ] Yes [ ] No
- § Is there an active family council? [ ] Yes [ ] No
- § Does the facility have an appeals process for dissatisfied residents? [ ] Yes [ ] No
- § Do residents have the right to come and go as they please? [ ] Yes [ ] No
- § May guests visit at any time? [ ] Yes [ ] No  
If not, what are the limitations? \_\_\_\_\_
- § May guests stay overnight with the resident? [ ] Yes [ ] No  
If so, what are the limitations? \_\_\_\_\_
- § How are resident's valuables safeguarded? \_\_\_\_\_
- § Is renter's insurance needed for personal property in individual units? [ ] Yes [ ] No
- § What happens if personal items are lost or stolen? \_\_\_\_\_
- § Does the facility have, and follow, a resident's bill of rights? [ ] Yes [ ] No
- § Under what conditions can the facility discharge or transfer a resident? \_\_\_\_\_
- § If a resident is hospitalized, how long will the facility hold their bed? \_\_\_\_\_

The Nursing Home Compare tool, at [www.medicare.gov](http://www.medicare.gov), offers detailed information about specific facilities, quality measures, and performance.

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