
Evaluating Nursing Facilities

Southern Maine Agency on Aging can provide you with information about facilities in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.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: _____
Residence size (number of units) : _____ Parent Company: _____

Admission to the Facility

- Does the facility accept MaineCare / Medicaid? _____
- Is there a requirement that a resident pay privately for a period of time prior to going on MaineCare? _____
- Is there a waiting list for admission? _____ How long is it? _____
- If a person comes to the top of the waiting list and isn't ready to move, what happens? _____

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 your person
- 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 your person'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 that are clearly marked and unobstructed

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 a 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
- Are residents allowed to have pets? [] 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
- Staff trained in personal care
- Staff trained in CPR
- Staff trained in working with people with dementia
- Staff permanently assigned to residents

Additional questions to ask the staff:

- Does the staff feel that 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 members 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?

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 developing the resident's plan of care?
- How does staff get to know the resident in order to develop a person-centered care plan?
- 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 if needed?
- How often will the resident be assisted with toileting?
- How often will disposable briefs be changed?
- What kinds of therapy are 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?

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

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 a resident may be discharged: _____
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Dining Services

Check those that apply:

- Snacks
- Special dietary needs accommodated
- Choice of entrée 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. Daily rate: \$ _____
- Description and cost of services covered by the monthly rate
- Description and cost for optional services *not* covered by the monthly rate
- How are optional services billed (by the hour, by the trip, by the meal, etc.)?
- Circumstances under which costs may change, and how residents and their families are informed of the changes.
- Circumstances for termination of the contract and any refund policies

- Statement of resident rights and responsibilities
- 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 initially pays for care privately, 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 residents who are dissatisfied? [] 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? _____
- Is the most recent state survey of the facility available? [] Yes [] No
- Is there a separate wing or unit for people with dementia? [] Yes [] No
- Do staff members receive special training in dementia care? [] Yes [] No
- Are there activities designed specifically for people with dementia? [] Yes [] No

The Nursing Home Compare tool, at www.medicare.gov, offers detailed information about specific facilities, quality measures, and performance.

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