CHECKLIST FOR CHOOSING A NURSING HOME

A nursing home is any facility or section of any facility that provides nursing and health-related services on a continuing basis, for the treatment and in-patient care of two or more non-related individuals. A nursing home is a medical facility.

You may want to use this checklist when you visit nursing homes to help you to compare one with another. An asterisk (*) indicates that this item is required by licensing regulations.

LICENSING AND CERTIFICATION

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<tr>
<td>*1.</td>
<td>Does the home have a framed, posted license from the State Department of Health?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>*2.</td>
<td>Does the administrator have a current license from the State Board of Examiners or Nursing Home Administrators?</td>
<td>YES</td>
<td>NO</td>
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<td>3.</td>
<td>Is the home certified to participate in Medicare and/or Medicaid?</td>
<td>YES</td>
<td>NO</td>
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PHYSICAL AND OPERATIONAL

4. Location
   a. Convenient for resident’s personal doctor?
   b. Convenient for frequent visits by family and friends?

5. Accident Prevention
   a. Rooms and halls well-lighted, free from glare?
   b. Free of hazards underfoot?
   c. Chairs sturdy and not easily tipped?
   d. Non-slip surface on hall and bathroom floors?
   e. Handrails in hallways and grabbars in bathroom?

6. Fire Safety
   * a. Meets local and state codes?
   * b. Written emergency evacuation plan?
   * c. Firedrills at least quarterly?
   * d. Exit doors clearly marked and not locked or obstructed on the inside?
   * e. Stairways enclosed and doors to stairways kept closed?

7. Bedrooms
   * a. Open into hall?
   * b. Window?
   * c. No more than four beds per room?
   * d. Easy access to bed?
   * e. Drapery for each bed?
   * f. Nurse call bell by each bed?
   g. Fresh drinking water at each bed?
   * h. At least one comfortable chair per patient?
   * i. Reading lights?
   * j. Clothes closet and drawers?
   * k. Room for a wheelchair to maneuver?

8. Toilet Facilities
   * a. Easy for a wheelchair patient to use?
   * b. Sink?
   * c. Nurse call bell?
   * d. Hand grips on or near toilets?
   * e. Bathtubs and showers with non-slip surfaces?
   * f. Well-lighted?

9. Cleanliness
   a. Free of unpleasant odors?
   b. Incontinent patients given prompt attention?

10. Dayroom
    a. Does it appear to be used by patients?
    * b. Lamps, tables and comfortable chairs?
    * c. Books and games available?
11. Dining Room and Food Services
   a. Attractive and pleasant?
   b. Comfortable chairs and tables?
   * c. Meals match posted menu and are attractively served?
   * d. Those needing help with eating receive it?
   e. Meals served on a regular schedule?
   f. Residents encouraged to eat in dining room?
   g. Special diets available?

12. Kitchen
   * a. Food preparation, dishwashing and garbage area separated?
   b. Food needing refrigeration not standing on counters?
   * c. Kitchen help observes sanitation rules?

13. Isolation Room; at least one bed and bedroom available for patients with contagious illnesses?

14. Are grounds attractive, well-kept and accessible to residents?

15. Is the home airconditioned?

16. Does the home seem to be in good repair and condition?

17. Is there an area where residents can sit or walk outside?

SERVICES

18. Medical
   * a. Physician available in emergency?
   * b. Regular medical attention assured?
   * c. Thorough physical immediately before or upon admission?
   * d. Medical records and plan of care kept?
   e. Other medical services (dentist, optometrist, etc.) available regularly?
   f. Freedom to choose pharmacy?
   g. Does the home have an x-ray machine?
   * h. Emergency transportation available?

19. Nursing Services
   * a. RN responsible for nursing staff in a skilled nursing home?
   b. LPN or RN on all shifts seven days per week?
   c. Nursing residents and orderlies receive State approved training?

20. Activities Program
   * a. Individual resident's preferences observed?
   * b. Group and individual activities?
   * c. Residents encouraged but not forced to participate?
   d. Outside trips for those who can go?
   e. Volunteers from the community work with patients?
   * f. Activities director or coordinator on staff?
   g. Activities offered to residents confined to their beds or rooms?

21. Religious Observances
   a. Arrangements made for patients to worship as he/she pleases?
   b. Religious observances a matter of choice?

22. Social Services
   * a. Social worker available to help residents and families?
   b. Family Counsel held on a regular basis?
   c. Home has Resident’s Council that meets on a regular basis?

23. Grooming
   a. Barbers and beauticians available for men and women?

24. Laundry
   a. Personal clothing laundered in the nursing home?
   * b. Special efforts made to prevent loss of clothing?
   c. Laundry cost included in monthly fee?
SPECIAL CONSIDERATIONS

25. Home provides special therapies to meet residents’ needs?
26. Can arrangements be made to meet any special needs or requirements of the residents?
27. Is additional supervision or assistance available for confused residents or those with dementia?
28. Are orientation clues conspicuously displayed?
29. Is there a policy regarding “wandering” behavior?

STAFF

30. Courteous and helpful toward residents and family?
31. Is a staff person(s) trained in CPR available at all times?
32. Is the administrator available to residents and their families during normal business hours?

FINANCIAL CONSIDERATIONS

33. Contract clearly states what services and goods are and are not included in the basic fee (e.g. toiletries, diapers, special diets, therapies, medical supplies, extra supervision, etc.)?
34. Are the monthly charges pro-rated in case the resident has to be discharged, or dies, before the end of the billing period?
35. Is the resident or responsible family member given a monthly itemized accounting of services and fees, and an accounting of the personal funds available?

ATTITUDES AND ATMOSPHERE

* 36. Residents’ Rights
   a. Informed of rights, responsibilities?
   b. Encouraged to exercise rights as a resident and citizen?
   c. May manage own finances if capable and obtain accounting if not?
   d. Have privacy for telephone calls and visits?
   e. May choose own physician, pharmacy and care providers as long as can afford the fees?
   f. May take part in planning own care?
   g. May keep own clothes and possessions (given space limitations)?
   h. Married couples may share a room?
   i. Telephone numbers of the Department of Health, Division of Licensure and Certification, Complaint Coordinator and the State Long-Term Care Ombudsman Program (1-800-552-3402) and any local Ombudsman Program Posted?
37. There is no admission preference even by payments source?
38. Residents appear alert, dressed and well cared for?
39. Visiting hours convenient for family and friends?
40. Overall atmosphere is clean, comfortable and secure?
41. There is a vacancy available?