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: __________________________________________  Phone Number: __________________
Administrator/Director: ___________________________  City: __________________
Address: ___________________________  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**

<table>
<thead>
<tr>
<th>Amenity</th>
<th>Included in Contract</th>
<th>Available for Extra Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private full bath</td>
<td></td>
<td>$____________________</td>
</tr>
<tr>
<td>Private half bath</td>
<td></td>
<td>$____________________</td>
</tr>
<tr>
<td>Local phone service</td>
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<td>$____________________</td>
</tr>
<tr>
<td>Cable TV hookup</td>
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<td>Television</td>
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<tr>
<td>Internet</td>
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<td>$____________________</td>
</tr>
<tr>
<td>Other___________________</td>
<td></td>
<td>$____________________</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Included in contract</th>
<th>Available for a fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help arranging medical appointments</td>
<td>![ ]</td>
</tr>
<tr>
<td>Assistance and supervision for people with dementia</td>
<td>![ ]</td>
</tr>
<tr>
<td>Beauty shop and barber services</td>
<td>![ ]</td>
</tr>
<tr>
<td>Personal laundry</td>
<td>![ ]</td>
</tr>
<tr>
<td>Housekeeping / room service</td>
<td>![ ]</td>
</tr>
<tr>
<td>Shopping assistance</td>
<td>![ ]</td>
</tr>
<tr>
<td>Scheduled transportation</td>
<td>![ ]</td>
</tr>
<tr>
<td>Unscheduled transportation</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

### 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: __________________
• 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:

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
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?
- Is there an active family council?
- Does the facility have an appeals process for residents who are dissatisfied?
- Do residents have the right to come and go as they please?
- May guests visit at any time?
- May guests stay overnight with the resident?
- How are resident's valuables safeguarded?
- Is renter's insurance needed for personal property in individual units?
- What happens if personal items are lost or stolen?
- Does the facility have, and follow, a resident's bill of rights?
- 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?
- Is there a separate wing or unit for people with dementia?
- Do staff members receive special training in dementia care?
- Are there activities designed specifically for people with dementia?

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

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