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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 or Family Caregiver 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: \_\_\_\_\_  
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?

<b>Staff Services</b>	<b>Included in contract</b>	<b>Available for a fee</b>
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](http://www.medicare.gov), offers detailed information about specific facilities, quality measures, and performance.

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