

# My Care Plan



**Prepared by:** NavGate Demo

**Care Plan for:** John Smith

**Current Age:** 71

**Care Location:** Madison, WI 53705

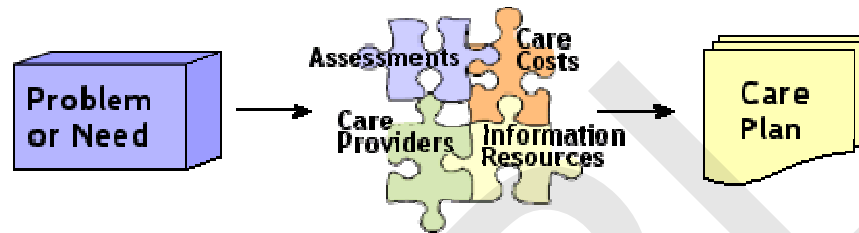
**Timeframe:** This plan anticipates that care will be needed within the next 12 months.



## What is a Care Plan?

A "care plan" is a written plan for a person's care. **One of the most important goals of every care plan is to preserve the person's independence and dignity to the greatest possible extent.**

Care plans created in CareOptions Online can help you evaluate needs, identify the services and providers that can meet those needs, and make decisions about appropriate care. Needs can change over time, so assessment and care planning may be an ongoing process.



This care plan is based upon your responses to CareOptions Online assessments and cost calculators and your selection of care providers, articles and information from the CareOptions Online library to be included. This Care Plan is intended to:

- Give you a basic understanding of the questions, issues, and challenges you will face as a patient, as a caregiver, and as a family member.
- Help you to organize and focus your efforts to choose and obtain the most effective, most appropriate care.
- Help you to focus family discussions on real needs and realistic options.
- Save you time and money if you choose to work with a professional Care Planner.

# Quick Assessment

## A Good Place to Start

If you are wondering what kind of care or assistance may be of benefit to a loved one, this is a good place to start. By answering the four questions of this simple assessment, you will get a quick idea of what types of care to consider.

1. Does the person need daily, or around-the-clock, medical or nursing care?  Yes  No
2. Does the patient have difficulty caring for himself or is he a potential hazard to himself or others due to Alzheimer's, another dementia, or a mental health condition?  Yes  No
3. Does this person need around-the-clock care for supervision for a non-medical reason?  Yes  No
4. Does the person need help with two or more of the following daily activities: eating, bathing, going to the toilet, continence, walking, transferring, dressing, grooming or taking medication?  Yes  No

## Evaluating Your Responses

**Based on your responses to the CareOptions Quick Assessment, here are some things you may wish to consider:**

There are several options available to you. You may want to consider around-the-clock care or supervision in the person's home. This in-home care may be provided by a combination of family members, friends, neighbors, community volunteers, an adult day care service, and/or other paid caregivers, if these resources are available and if in-home care is desired.

If in-home care is unavailable or not desired, you may want to consider an assisted living facility. This type of facility provides individualized personal care and health services for people who require assistance with activities of daily living, meals, housekeeping and transportation. The goal of these facilities is to create and maintain maximum independence of the resident in a home like setting. In both an in-home supervised setting and an assisted living setting, the person would have access to care necessary to provide a safe environment.

If the person's Alzheimer's or other dementia is advancing to the point where constant supervision is needed, it may be necessary to consider a skilled nursing facility placement. Such a placement would provide a maximum level of security for a person whose advancing dementia makes them a potential danger to themselves or others.

# Functional Assessment

The CareOptions Functional Assessment is a simple questionnaire that asks you about a person's ability to accomplish ordinary activities, otherwise known as *Activities of Daily Living (ADLs)* and *Instrumental Activities of Daily Living (IADLs)*. This assessment tool will guide you to think about, and observe many contributing factors determining a person's ability to function independently.

Based upon your answers, you will receive suggestions for the types of care that may best address your needs.

**NOTE: The assessment tools at our website are in no way meant to diagnose, nor are they meant to take the place of a medical assessment conducted by a qualified medical practitioner. CareOptions recommends good communication between doctors and patients and between doctors and caregivers. Effective care planning must begin with the thorough knowledge of a patient's medical/health status. The patient should have a complete medical examination if one has not been completed recently.**

## Activities of Daily Living Skills (ADLs)

### 1. Transferring

(getting from a sitting position to a standing position, from a standing to sitting position, from bed to standing or bed to wheelchair)

- Is able to transfer without assistance or supervision
- Needs supervision
- Needs hands-on assistance

### 2. Eating/preparing meals

Is able to eat and prepare meals without assistance or supervision

- Needs supervision
- Needs hands-on assistance (cutting food, keeping food on place and/or needs to be fed)

### 3. Bathing or Showering

Is able to bathe or shower without assistance or supervision

- Needs supervision
- Needs hands-on assistance (needs to be bathed, needs help washing and drying)

### 4. Dressing

Is able to dress without assistance or supervision

- Needs supervision (e.g. to make sure shirt is buttoned properly, to get clothes from the closet and drawers)
- Needs to be dressed

### 5. Toileting

Is able to use the bathroom without assistance or supervision

- Needs supervision
- Needs hands-on assistance

### 6. Urinary & Bowel Continence

Has bladder and bowel control

- Needs supervision (occasional accidents or must be reminded to go to the bathroom)
- Needs hands-on assistance (does not have bowel or bladder control)

## Instrumental Activities of Daily Living Skills (IADLs)

### 7. Housework

- Is able to do housework including cleaning and chores
- Needs occasional help with some chores and cleaning
- Unable to perform cleaning and chores

### 8. Money Management/Paying Bills

- Is able to manage money and pay bills
- Needs assistance with managing money and paying bills
- Unable to manage money and pay bills

### 9. Shopping

- Is able to shop and run errands
- Needs occasional assistance with shopping and errands
- Unable to shop or run errands

### 10. Medications

- Takes medications accurately by self
- Needs medication reminder system or help from a person to assist taking medications at appropriate times
- Unable to take medications alone even with reminder system

### 11. Using the Telephone

- Able to use the telephone independently
- Able to use the phone in an emergency, but needs occasional help at other times
- Unable to use the telephone independently

## Evaluating Your Responses

**Based on your responses to the CareOptions' Functional Assessment, here are to consider in providing care for this individual:**

Without a significant amount of in-home assistance from various sources, it appears this individual would find it difficult to continuing to live at home. It might be worth considering an adult day care service. These services provide care during the day for adults that cannot be left alone.

Alternatively, you may want to consider an assisted living facility; a residential facility that provides personal care and health services to the elderly and disabled. Or you may want to consider a continuing care residential community; housing that can provide independent living, assisted living and nursing home services all in one location.

## Your Personalized Cost of Care Information

Planning for long-term care must include estimating the cost of care and finding the resources to pay for care.

This Estimator will give you the current, highest, lowest, and average costs for Home Health Care, Assisted Living, and Nursing Home Care, in your geographic area. It will also estimate future costs based on current rates of inflation.

Care Costs in Madison, WI	High	Low	Avg.	Annual Costs*
Home Health Care - Home Health Aide (Hourly Rates)	\$25.00	\$17.00	\$20.06	\$10,431.20
Home Health Care - LPN (Hourly Rates)	\$120.00	\$29.50	\$54.48	\$28,329.60
Assisted Living (Monthly Rates)	\$3,387.50	\$1,200.00	\$2,273.50	\$27,282.00
Nursing Homes - Semmi-Private Room (Daily Rates)	\$196.50	\$146.00	\$168.30	\$61,429.50
Nursing Homes - Private Room (Daily Rates)	\$212.50	\$154.00	\$184.00	\$67,160.00
<p>*Annual Costs are based on the following scenario:                      - Home Health Care: Average rate, 2 hours/day, 5 days/week                      - Assisted Living: Average rate, 12 months/year                      - Nursing Homes: Average rate, 365 days/year</p>				

Many people need more than one form of long term care. The table below summarizes the costs today or in the future (depending on the choices you've made) for the location you chose, for a blend of home health care, assisted living and nursing home care.

Estimated age when care begins: 71  
 Number of years until care begins: 0

Rate of inflation: 2.5     Compound     Simple  
 Calculate:             High Costs     Low Costs     Average Costs

Care Scenario in Madison, WI	# of Years	Total Costs
<b>Home Health Care - Home Health Aide</b> 4 Hours per visit 5 Visits per week	0	\$0.00
<b>Home Health Care - LPN</b> 4 Hours per visit 5 Visits per week	1	\$56,659.20
<b>Assisted Living</b>	2	\$56,627.20
<b>Nursing Home</b> <input checked="" type="checkbox"/> Private Room <input type="checkbox"/> Semi-Private Room	3	\$222,441.42
<b>Total for 6 Years of Care Services</b>		<b>\$335,727.82</b>

How much would I need to invest today - OR - How much long-term care insurance value should I buy today ?  
 in order to pay for the care shown above?

Estimated rate of return - OR - Long-term care insurance inflation compound rate: 5.0%

Cash Investment needed - OR - Long-term care insurance needed: \$302,743.13

## Loss of Wealth Calculator

### Due to Caregiving: Reduced Work Schedule

The biggest asset we have is our ability to get up every day and earn a living. If we can keep doing it we can earn a substantial sum of money. However, many of us will be prevented from earning an income, or be forced to reduce our income, if we are required to perform caregiving activities for a relative or loved one. Three-quarters of caregivers work full or part-time, with 54% of them having to make work-related adjustments. These adjustments include leaves of absence, taking a demotion to a less demanding job or going to part-time, choosing early retirement and/or giving up work entirely.

The calculator below allows you to look at three components of lost wealth, both separately and in total. First, you can determine lost income. This includes lost wages, lost investment income and lost Social Security benefits as result of lower wages.

Secondly, there are out-of-pocket costs associated with being a caregiver. These include such things as food, transportation to appointments, services and medications. Further, there is the cost of travel required to provide the caregiving. Studies have shown that the further away a caregiver lives from the person they are providing care to, the greater the out-of-pocket expenses.

Finally, there is the value of the lost use of money, also known as opportunity costs, related to lost income and out-of-pocket costs associated with caregiving expenses. Opportunity costs involve not only the cost of something, but also the economic benefits that you did without because you paid for something else. Specific to caregiving, the opportunity costs include the wages you gave up to provide care and the out-of-pocket expenses associated with providing that care.

#### Before reduction due to caregiving responsibilities:

Monthly net (after tax) income	\$4,000.00
Monthly savings Money placed in typically lower interest-bearing bank savings accounts, CDs or money market accounts	\$400.00
Monthly investments Money placed in typically higher interest-bearing investments such as stocks, bonds, mutual funds, etc.	\$100.00
Monthly 401(k)/pension contributions	\$150.00
401(k) employer matching contributions	\$50.00
Estimated annual percentage increase in income	5.0%
Average annual interest rate on your savings	5.0%
Average annual rate of return on your investments	5.0%
Average annual growth on your 401(k)/pension	5.0%
Number of years that you expect to work a reduced schedule	2.5 years
Current age	41 years
Anticipated age at retirement	65 years
Number of one-way travel hours	1.0 hours
Value of the Lost Use of Money	5.0%

#### After reduction due to caregiving responsibilities:

Monthly net (after tax) income	\$2,800.00
Monthly savings Money placed in typically lower interest-bearing bank savings accounts, CDs or money market accounts	\$280.00
Monthly investments Money placed in typically higher interest-bearing investments such as stocks, bonds, mutual funds, etc.	\$70.00
Monthly 401(k)/pension contributions	\$105.00
401(k) employer matching contributions	\$35.00
Estimated annual percentage increase in income	5.0%
Average annual interest rate on your savings	5.0%
Average annual rate of return on your investments	5.0%
Average annual growth on your 401(k)/pension	5.0%
Number of years that you expect to work a reduced schedule	2.5 years
Current age	41 years
Anticipated age at retirement	65 years
Number of one-way travel hours	1.0 hours
Value of the Lost Use of Money	5.0%

#### RESULTS:

Lost Wages	\$37,080
Lost Savings Income	\$242
Lost Investment Income	\$61
Lost 401(k)/Pension Income	\$91
Lost Employer 401(k) Matching Funds	\$464
Lost Social Security Benefits (see note 1)	\$1,502
<b>Total Lost Income</b>	<b>\$39,440</b>
<b>Total Out-of-Pocket Caregiving Costs</b> (see note 2)	<b>\$12,500</b>
<b>Total Value of Lost Use of Money</b> (see note 3)	<b>\$279,722</b>
<b>Total Lifetime Lost Wealth</b>	<b>\$331,662</b>

#### Notes:

1) Estimate Only.

2) If travel hours are supplied, this is an estimate only based on Miles Away: The MetLife Study of Long-Distance Caregiving, MetLife (2004).

3) The value of the lost use of money is computed up until the anticipated age of your death, based on government mortality tables.

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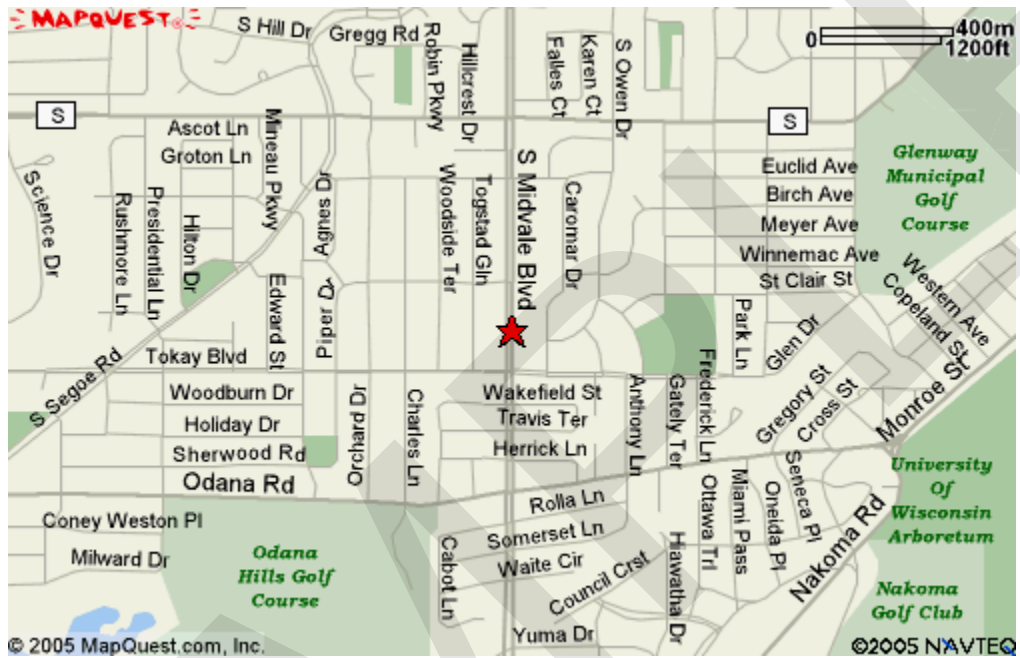
## Adult Day Care Centers

### ELDER CARE WEST ADULT DAY CENTER

555 SOUTH MIDVALE BLVD STE C  
MADISON, WI, 53711

Phone: (608) 218-1690

County Located: DANE





## Assisted Living Facilities

### ALTERRA CLARE BRIDGE OF MIDDLETON

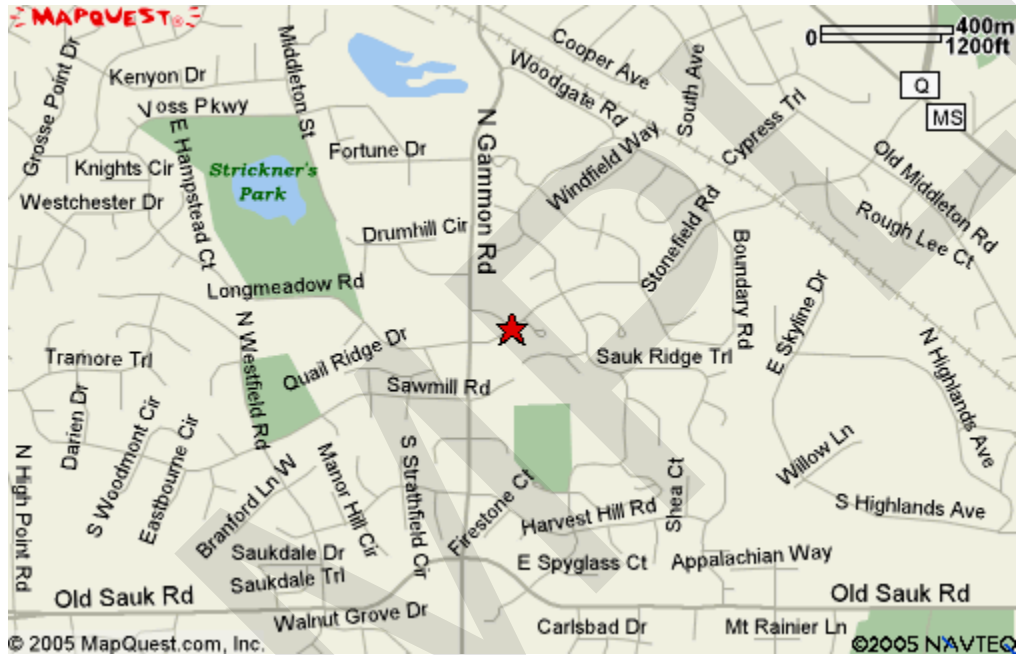
6701 STONEFIELD ROAD  
MIDDLETON, WI, 53562

Phone: (608) 831-2707

County Located: DANE

Number of Beds: 28

Notes: CLASS CNA (NONAMBULATORY)



## Home Health Agencies

### HOME HLTH UNITED VNS

4801 HAYES RD  
MADISON, WI, 53704

Phone: (608) 242-1516

Facility/Agency #: 527184

County Located: DANE

Counties Served: Columbia, Dane, Dodge, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Monroe, Richland, Rock, Sauk, Vernon, Walworth, Wapello, Waukesha, Waushara

Date Certified: 06/04/86

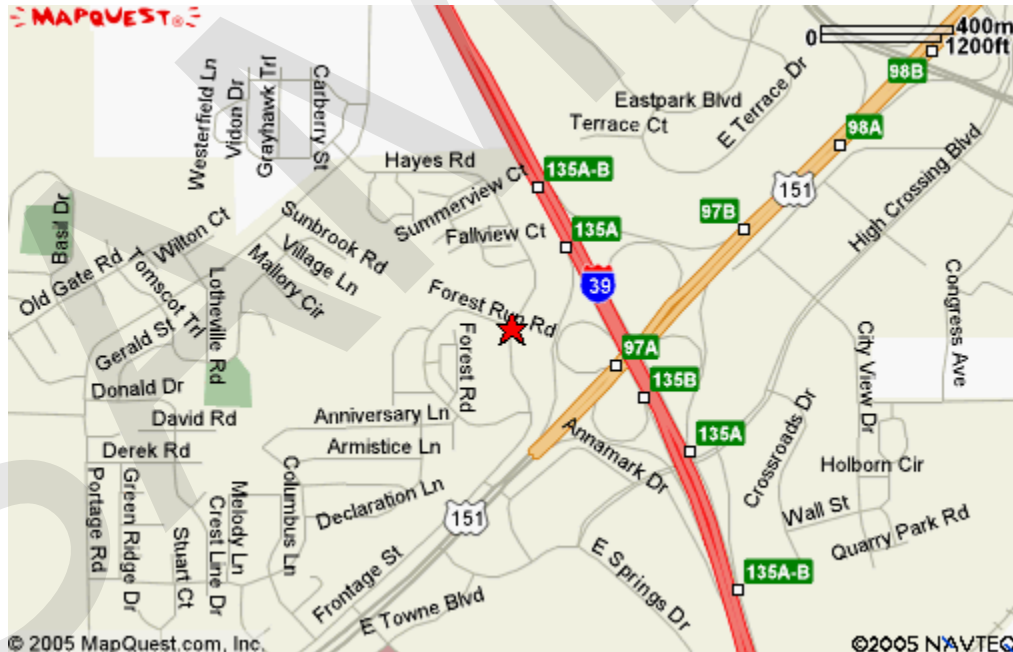
Type of Ownership: Voluntary Non Profit - Private

Services Provided: Nursing Care, Physical Therapy, Occupational Therapy, Speech Pathology, Medical Social Services, Home Health Aide

Medicare Eligible: Yes

Medicaid Eligible: Yes

Notes: THE EXTRA CARE COMPANION SERVICES COST \$19.00/HOUR WITH A 2 HOUR MINIMUM. THEY CANNOT ADMINISTER MEDICATIONS, BUT THEY CAN REMIND THE CLIENT TO TAKE THEM IF THEY ARE SET UP IN PILL BOXES. THEY ARE ABLE TO PROVIDE SERVICE MONDAY-FRIDAY, BUT THEY DO NOT CURRENTLY HAVE ANY WEEKEND WORKERS. THE WORKER CAN MAKE MEALS FOR THE WEEKEND ON FRIDAY.---jrs(6/26/02)



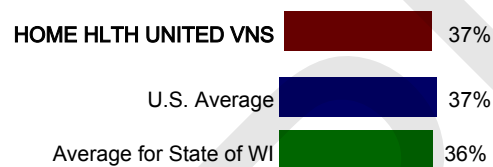
## Home Health Agency Patient Info

The following information about patients who receive skilled care is collected by Medicare and certified home health agencies. It includes information about the patients' health, functioning, skilled care, living conditions and support services. You can use this information to help you evaluate home health agencies. It is also helpful to talk with doctors and other professionals and get referrals from friends before selecting an agency. Keep in mind that your choices may be limited by insurance coverage or availability.

Home health agencies provide a multitude of services for patients with a wide variety of needs. The following measures were selected because they relate directly to the ability to live independently at home. Home health agencies can only provide quality care that improves or maintains a patient's health if the patient and their family follow the treatment plan even when the home health staff are not there. Therefore, the following measures reflect both the agency's quality of service and the patients' and families' cooperation with treatment plans prescribed.

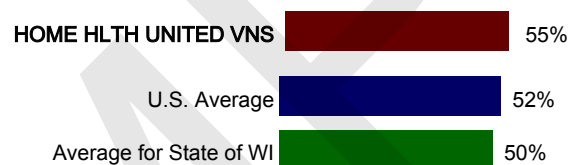
### Patients who get better at walking or moving around:

Higher percentages are better.



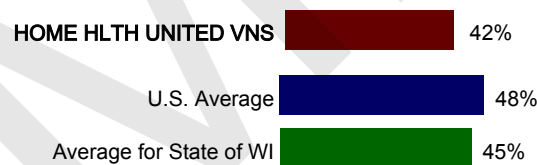
### Patients who get better at getting in and out of bed:

Higher percentages are better.



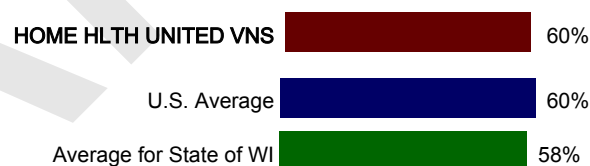
### Patients who get better at getting to and from the toilet:

Higher percentages are better.



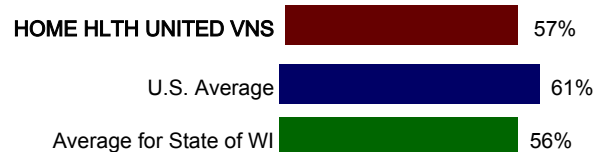
### Patients who have less pain when moving around:

Higher percentages are better.



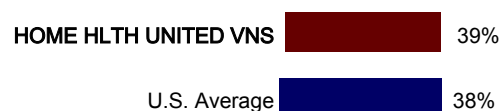
### Patients who get better at bathing:

Higher percentages are better.



### Patients who get better at taking their medicines correctly (by mouth):

Higher percentages are better.



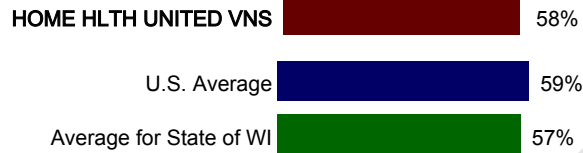
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Average for State of WI 34%

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**Patients who get better at getting dressed:**

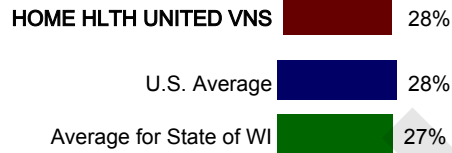
Higher percentages are better.



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**Patients who stay at same (don't get worse) at bathing:**

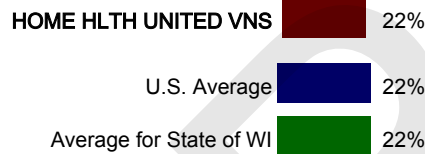
Higher percentages are better.



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**Patients who had to be admitted to the hospital:**

Lower percentages are better.



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**Patients who need urgent, unplanned medical care:**

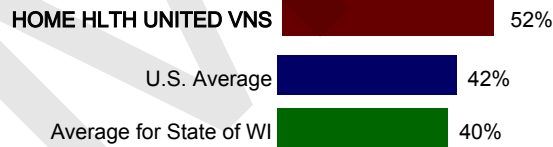
Lower percentages are better.



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**Patients who are confused less often:**

Higher percentages are better.



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## Home Health Agency Definitions

### Patients who get better at walking or moving around

Patients who get better at safely walking or moving around in a wheelchair. Many home health patients are recovering from an injury or illness and need help to walk or move around in a wheelchair. Getting better at these skills indicates that progress is being made and care plan goals are being met.

It may take longer to walk or move around without assistance but home health staff should encourage the patient to do as much as possible for themselves. Patients who can walk with little help feel better about themselves and improve their chances of living as independently as possible in their own homes. Some patients may lose their abilities for daily activities even if the agency provides good care.

### Patients who get better at getting in and out of bed

Patients who improve their ability to get in and out of bed with little or no help. This ability is necessary before other activities like getting dressed or going to the toilet are achieved. Certain motor skills are needed to get in and out of bed. It is especially important that these skills are present if no informal caregivers are available or if home health care ends. Getting better at these skills indicates that progress is being made and care plan goals are being met.

If it is difficult for a patient to get out of bed, it may indicate continued weakness or the presence of a new medical problem. This could require changes to the patient's care plan and the need for extra services or assistance. Home health staff will evaluate the need for any special devices or equipment, and teach the patient how to use them. They will also evaluate the need for physical or occupational therapy. Staff should encourage the patient to do as much as possible for themselves. Some patients may lose their abilities for daily activities even if the agency provides good care.

### Patients who get better at getting to and from the toilet

Patients who improve their ability to go to and from the toilet with little or no help. This ability is important so the patient can stay clean and comfortable and feel better about themselves. Certain motor skills are needed to get to and from the toilet. It is especially important that these skills are present if no informal caregivers are available or if home health care ends. Getting better at these skills indicates that progress is being made and care plan goals are being met.

It may take longer to go to and from the toilet without assistance but home health staff should encourage the patient to do as much as possible for themselves. Continued difficulty with going to and from the toilet may indicate continued weakness or the presence of a new medical problem. Home health staff will evaluate the need for any special devices or equipment, and teach the patient how to use them. If a patient can get to and from the toilet with little help, it will improve their chances of living as independently as possible in their own home. Some patients may lose their abilities for daily activities even if the agency provides good care.

### Patients who have less pain when moving around

Patients who have less pain when performing daily activities like walking, bathing or dressing. Having less pain has a positive effect on the ability to perform these activities. If pain is not treated, the patient may lose this ability, become depressed and have a lower quality of life. Pain may also be a sign of additional health problems. Checking for pain and pain management involve many different factors. Pain can be caused by a number of medical conditions.

Home health staff should inquire about pain at each visit. The percentages reported may mean different things - a lower percentage is usually better, however, home health agencies may be better at checking their patients for pain or the patients may refuse pain medication for a variety of reasons (e.g. cultural, the desire to remain alert). These situations may increase percentages and not be an indication of poor care.

### Patients who get better at bathing

Patients who improve their ability to take a bath or shower with less assistance or equipment. This ability is important so the patient can stay clean and comfortable and feel better about themselves. Certain motor skills are needed to take a bath or a shower. It is especially important that these skills are present if no informal caregivers are available or if home health care ends. Getting better at these skills indicates that progress is being made and care plan goals are being met.

It may take longer to bathe or shower without assistance but home health staff should encourage the patient to do as much as possible for themselves. Home health staff will evaluate the need for any special devices or equipment or physical or occupational therapy. If patients can bathe or shower by themselves, it will improve their chances of living as independently as possible in their own home. Some patients may lose their abilities for daily activities even if the agency provides good care.

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## Patients who get better at taking their medicines correctly (by mouth)

Patients who get better at taking the right medicines, either prescribed or over-the-counter, by mouth at the right times and in the right amounts. Over-the-counter medications include pain relievers, vitamins, antacids and laxatives. Medicines must be taken correctly to work properly. If taken incorrectly, medicines can make a patient sicker or confused (affecting safety) or even cause death. Getting better at taking medicines correctly means the home health agency is doing a good job at monitoring and teaching patients about how to take their medicines.

Home health staff can help patients organize their medicines and teach them how to take them properly. Doctors and staff should be informed about all medicines the patient is taking and any allergic or bad reactions that may have occurred because of medicine taken in the past. Taking medicines correctly will improve a patient's chance of living as independently as possible in their own home. Some patients may lose their abilities for daily activities even if the agency provides good care.

## Patients who get better at getting dressed

Patients who get better at dressing themselves. Patients who dress themselves have better self esteem and stay more active. Certain motor skills are needed to get dressed. Getting better at these skills indicates that progress is being made and care plan goals are being met.

It may take longer for a patients to dress themselves, but home health staff should encourage patients to do as much as possible for themselves. Home health staff will evaluate the need for any special devices or equipment, or physical or occupational therapy. Patients who can dress themselves improve their chances of living as independently as possible in their own homes. Some patients may lose their abilities for daily activities even if the agency provides good care.

## Patients who stay the same (don't get worse) at bathing

Patients whose ability to bathe or shower with or without some level of assistance gets no worse. Certain motor skills are needed to take a bath or a shower. Some patients will always need assistance from a person or special equipment to bathe and assure their safety. A goal for this type of patient would be to stay at their present ability level and not increase their need for assistance.

It may take longer to bathe or shower without assistance but home health staff should encourage the patient to do as much as possible for themselves. Home health staff will evaluate the need for any special devices or equipment or physical or occupational therapy. If patients can bathe or shower by themselves, it will improve their chances of living as independently as possible in their own home. Some patients may lose their abilities for daily activities even if the agency provides good care.

## Patients who had to be admitted to the hospital

Home health patients who had to be admitted to the hospital. If home health staff does a good job at evaluating patients' health conditions at each visit, some admissions to the hospital may be avoided by detecting problems early.

Home health staff needs to check on how well the patient is taking medications and eating and drinking as well as checking on the safety of the home. They are responsible for coordinating care with other caregivers. Lower percentages are better, however, some illnesses are not curable and will require hospitalization as health worsens. Some admissions to the hospital may be planned as part of continuing treatment for a medical condition.

## Patients who need urgent, unplanned medical care

Patients who need to be seen by a doctor or to visit the emergency room because of a change in health or because of an injury. Sometimes home health staff may refer a patient to emergency care if the patient's current condition warrants it.

Some emergency care can be avoided if the home health staff regularly checks health conditions to treat problems early. A home health care provider may refer a patient to emergency care when this is the best way to treat the patient's current condition. However, some emergency care may be avoided by detecting problems early. Staff needs to check on how well the patient is taking medications and eating and drinking as well as checking on the safety of the home. They are responsible for coordinating care with other caregivers. In some instances, emergency may not be avoidable even if the agency is providing good care.

## Patients who are confused less often

Patients who are reported to have a loss of understanding of time, place or person less often. Some other signs of confusion can be problems with memory, anxiety or difficulty sleeping. Confusion can be caused by depression, unhealthy diet, a lack of sleep, infection or reaction to medicines. It can also be a preliminary symptom of a stroke or other diseases that affect the

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brain such as dementia or Alzheimer's disease. If patients are less confused, they are better able to take care of themselves and it's easier for caregivers to provide care.

Home health staff should check patients for signs of confusion at each visit. Safety may be at risk due to falls or mistakes in taking medication. It's important to find the cause for confusion early and treat it correctly. In some cases, confusion can be avoided or cured. Staff can teach the patient and the caregivers how to deal with the confusion to limit its effects on the quality of life. Some conditions, such as Alzheimer's, make it difficult for the home health agency to reduce the patient's confusion.

SAMPLE

## Nursing Homes

### MERITER HLTH CTR

334 W DOTY ST  
MADISON, WI, 53703

Phone: (608) 283-2100

Facility/Agency #: 525305

County Located: DANE

Date of Last Inspection: 09/01/2004

Type of Ownership: For Profit - Corporation

Located in a Hospital: No

Resident Council: Yes

Family Council: No

Number of Beds: 120

Number of Residents: 115

Percent Occupied: 96

Medicare Eligible: Yes

Medicaid Eligible: Yes





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## About the Nursing Home Inspection Results

The following information has been compiled from state nursing home survey data and investigations regarding complaints about nursing homes. Use this information to help you evaluate nursing homes and compare results. The information is from the most recent surveys and investigations about complaints that resulted in the nursing home receiving a citation. Please note -- state survey agencies may have other nursing home problems under investigation that are not included in this information.

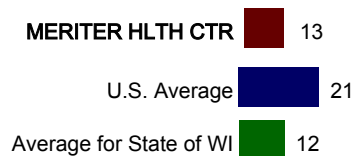
### State Survey Agencies

It is recommended that you contact your state survey agency for the most recent and complete information such as information about other facilities not listed here and complete inspection reports that include specific findings and corrective actions taken. Remember that administrative and financial changes can occur between surveys that impact nursing home conditions -- contact your local agency or your Long-Term Care Ombudsman for the most up to date information.

### Important Considerations

The inspection results listed here reflect whether or not the nursing home meets a minimum standard of requirements set forth by the federal government. If no problems are listed, it means that the nursing home met all of the standards at its last inspection. You will need more complete information to determine if the nursing home you are evaluating can provide quality care for you or your loved one. **The information contained in this report should not be considered as an endorsement for the nursing home.**

**Total Number of Health Deficiencies: 13**



## Inspection Results Descriptions

### Residents Affected (Scope of Deficiency)

- Few** (Isolated)  
This deficiency affects one or the fewest number of residents, staff, or occurrences.
- Some** (Pattern)  
This deficiency affects more than a limited number of residents, staff, or occurrences.
- Many** (Widespread)  
This deficiency is found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents.

### Level of Harm (Severity of Deficiency)

- Potential for minimal harm**  
This deficiency has the potential for causing no more than a minor negative impact on the resident.
  - Minimal harm or potential for actual harm**  
This deficiency results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the resident's ability to achieve his/her highest functional status.
  - Actual harm**  
This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status.
  - Immediate jeopardy**  
This deficiency places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the nursing home. Immediate corrective action is necessary when this deficiency is identified.
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## Mistreatment Deficiencies

### Inspectors determined that the nursing home failed to:

- \* 1) Hire only people who have no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.  
(08/21/2003)  
Date Corrected: 09/19/2003  
Residents Affected: Few  
Level of Harm: Minimal harm or potential for actual harm
- \* 1) Hire only people who have no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents.  
(09/01/2004)  
Date Corrected: 10/01/2004  
Residents Affected: Few  
Level of Harm: Minimal harm or potential for actual harm

## Quality Care Deficiencies

### Inspectors determined that the nursing home failed to:

- \* Make sure each resident is being watched and has assistance devices when needed, to prevent accidents.  
(08/21/2003)  
Date Corrected: 10/01/2003  
Residents Affected: Some  
Level of Harm: Minimal harm or potential for actual harm
- \* Make sure each resident is being watched and has assistance devices when needed, to prevent accidents.  
(11/22/2002)  
Date Corrected: 12/22/2002  
Residents Affected: Few  
Level of Harm: Minimal harm or potential for actual harm
- \* Make sure that each resident who enters the nursing home without a catheter is not given a catheter, unless it is necessary.  
(09/01/2004)  
Date Corrected: 10/01/2004  
Residents Affected: Few  
Level of Harm: Minimal harm or potential for actual harm
- \* Give each resident care and services to get or keep the highest quality of life possible.  
(06/05/2003)  
Date Corrected: 06/23/2003  
Residents Affected: Few  
Level of Harm: Immediate jeopardy to resident health or safety

## Resident Rights Deficiencies

### Inspectors determined that the nursing home failed to:

- \* Tell each resident who can get Medicaid benefits about 1) which items and services Medicaid covers and which the resident must pay for; or 2) how to apply for Medicaid, along with the names and addresses of State groups that can help.  
(06/05/2003)  
Date Corrected: 06/23/2003  
Residents Affected: Few
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Level of Harm: Minimal harm or potential for actual harm

- \* Let residents give themselves their drugs if they are able.  
(11/22/2002)

Date Corrected: 12/22/2002

Residents Affected: Few

Level of Harm: Minimal harm or potential for actual harm

- \* Provide care in a way that keeps or builds each resident's dignity and self respect.  
(09/01/2004)

Date Corrected: / /

Residents Affected: Some

Level of Harm: Potential for minimal harm

## Nutrition and Dietary Deficiencies

### Inspectors determined that the nursing home failed to:

- \* Prepare food that is nutritional, appetizing, tasty, attractive, well-cooked, and at the right temperature.  
(11/22/2002)

Date Corrected: 12/22/2002

Residents Affected: Few

Level of Harm: Minimal harm or potential for actual harm

## Environmental Deficiencies

### Inspectors determined that the nursing home failed to:

- \* Make sure that staff members wash their hands when needed.  
(09/01/2004)

Date Corrected: 10/01/2004

Residents Affected: Some

Level of Harm: Minimal harm or potential for actual harm

## Administration Deficiencies

### Inspectors determined that the nursing home failed to:

- \* 1) Review the work of each nurse aide every year; or 2) give regular training for the nurse aides.  
(11/22/2002)

Date Corrected: / /

Residents Affected: Some

Level of Harm: Potential for minimal harm

- \* Keep accurate and appropriate medical records.  
(08/21/2003)

Date Corrected: 09/11/2003

Residents Affected: Few

Level of Harm: Minimal harm or potential for actual harm

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## Nursing Home Staff Info

The federal government requires nursing homes to have enough professional staff to provide adequate care to all their residents. Nursing homes must report their nursing staff hours to their state survey agency. The staff hours listed below are derived from the average amount of hours worked by nursing staff divided by the number of residents of the nursing home. The hours have then been converted into the number of nursing staff hours per resident per day by nursing staff category.

**Registered Nurses (RN) and Licensed Practical and Vocational Nurses (LPN/LVN)** - RNs have had 2-6 years of education; LPNs/LVNs usually have had one year of training. Nurses must be licensed by the state. Nursing homes must have nurses on site 24 hours per day, seven days per week. RNs assess the residents' needs and work with LPNs and LVNs on planning and performing care and treatment and evaluating results.

**Certified Nursing Assistants (CNAs)** - Full time CNAs must complete a competency evaluation program or nurse assistant training within four months of starting their employment and continue their education each year. A licensed nurse supervises them. CNAs provide day-to-day care and help residents with activities of daily living.

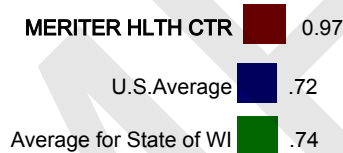
### Important Considerations

The numbers below do not reflect the number of staff on duty at any given time or the level of care each resident receives. Nursing home staffing level needs change depending on the conditions of the residents and the special services provided. Levels may have changed since the last inspection of the nursing home. It is important to look at the Nursing Home Inspection Results and perform a thorough evaluation of any nursing home you are considering.

**Total Number of Residents:** 115

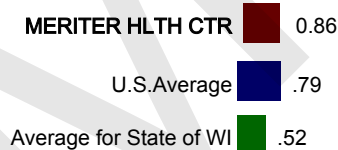
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#### RN Hours per Resident per Day:



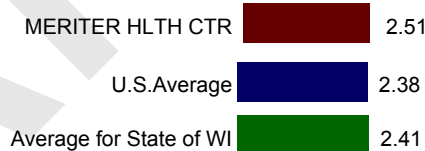
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#### LPN/LVN Hours per Resident per Day:



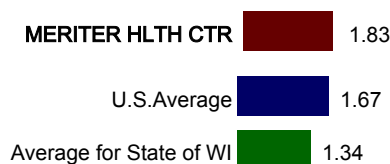
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#### CNA Hours per Resident per Day:



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#### Total Number of Nursing Staff Hours per Resident per Day:



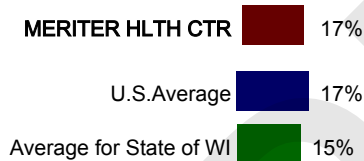
## Nursing Home Resident Info

The nursing home inspection process includes gathering information about the conditions of residents. Nursing homes also must routinely collect data about their residents' physical and clinical conditions and abilities. This information can help you develop questions and compare nursing homes you are evaluating. Look at the resident information related to your needs for a nursing home for a long-term or short-term stay.

Resident information is collected by the categories that can be measured. They should not be taken as standards or benchmarks for the quality of care. It's important to note that high or low percentages may be the result of nursing home areas of expertise and specialization rather than quality of care. You should always visit the nursing home and ask the appropriate questions and check its Nursing Home Inspection Results and contact your Long-Term Care Ombudsman as part of your evaluation process.

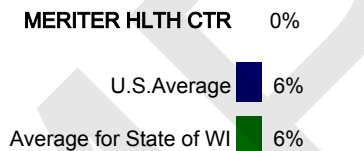
### Residents Whose Need for Help With Daily Activities Has Increased:

Lower percentages are better.



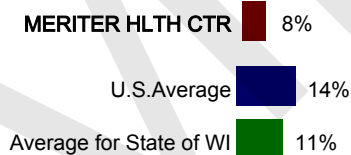
### Residents Who Have Moderate to Severe Pain:

Lower percentages are better.



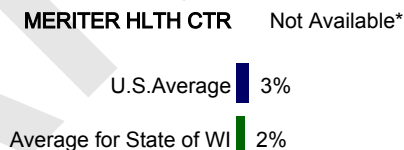
### High-Risk Residents Who Have Pressure Sores:

Lower percentages are better.



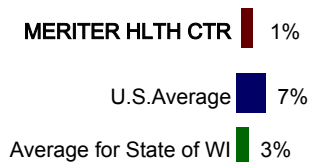
### Low-Risk Residents Who Have Pressure Sores:

Lower percentages are better.



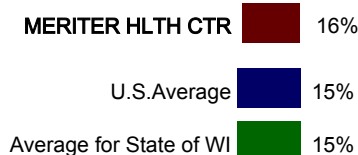
### Residents Who Were Physically Restrained:

Lower percentages are better.



### Residents Who are More Depressed or Anxious:

Lower percentages are better.



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**Low-Risk Residents Who Lose Control of Their Bowels or Bladder:**

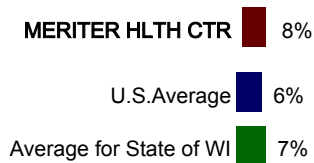
Lower percentages are better.



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**Residents Who Have/Had a Catheter Inserted and Left in Their Bladder:**

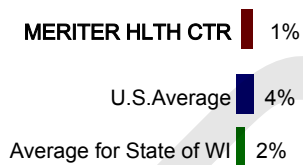
Lower percentages are better.



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**Residents Who Spend Most of Their Time in Bed or in a Chair:**

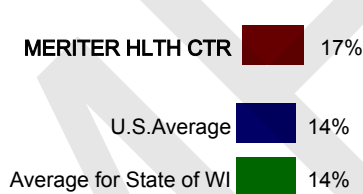
Lower percentages are better.



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**Residents Whose Ability to Move About in and Around Their Room Got Worse:**

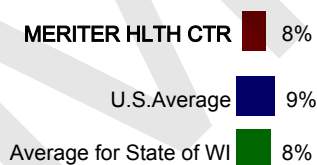
Lower percentages are better.



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**Residents With a Urinary Tract Infection:**

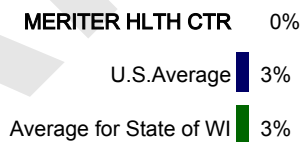
Lower percentages are better.



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**Short-Stay Residents With Delirium:**

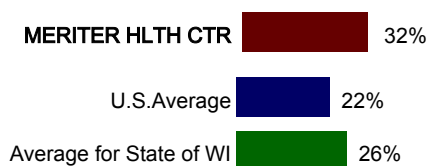
Lower percentages are better.



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**Short-Stay Residents Who Had Moderate to Severe Pain:**

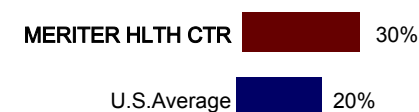
Lower percentages are better.




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**Short-Stay Residents With Pressure Sores:**

Lower percentages are better.



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Average for State of WI  16%

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**Residents Who Lose Too Much Weight:**

Lower percentages are better.

MERITER HLTH CTR  6%

U.S.Average  9%

Average for State of WI  8%

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\* The number of patients is too small to report. Call the facility to discuss this quality measure.

SAMPLE

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## Resident Information Definitions

### Residents Whose Need for Help With Daily Activities Has Increased

#### What does this graph tell you?

This graph shows the percent of residents whose need for help doing basic daily tasks (listed below) has increased from the last time it was checked. Lower percentages are better. The daily activities that this measure counts include:

1. feeding oneself;
2. moving from one chair to another;
3. changing positions while in bed; and
4. going to the bathroom alone.

#### Why is this information important?

Residents who still do these basic daily activities with little help will feel better about themselves and stay more active. This can affect their health in a positive way. When people stop taking care of themselves, it may mean that their health has gotten worse. The resident's ability to perform daily functions is important in maintaining their current health status and quality of life. Some residents will lose function in their basic daily activities as a result of the aging process, even though the nursing home provides good care.

### Residents Who Have Moderate to Severe Pain

#### What does this graph tell you?

This graph shows the percent of residents who are reported to have moderate to severe pain during the 7-day assessment period.

Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex. The percentages reported may mean different things - a lower percentage on this measure is usually better. However, if one nursing home does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if more residents in one of the nursing homes refuse to take pain medication for cultural or personal reasons, that nursing home's percentage would be higher. These situations may raise percentages but, may not be an indication of poor care.

#### Why is this information important?

Residents should be checked regularly by nursing home staff to see if they are having pain. A resident may not be able to perform activities of daily living (ADLs), may become depressed or have a poor quality of life, if pain is not treated.

### High-Risk Residents Who Have Pressure Sores

#### What does this graph tell you?

A nursing home resident has a 'high risk' for getting a pressure sore if they are in a coma, if they don't get the nutrients they need such as water, vitamins and minerals or can't move or change position on their own. This graph shows the percent of residents with a high risk for getting pressure sores or who get a pressure sore in the nursing home. Lower percentages are better.

#### What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the hip, ankle, heel or tailbone. They are usually caused by continuous pressure on one part of the skin from chairs, wheelchairs or beds. Pressure sores are painful and may take a long time to heal. They may also cause skin and bone infections.

#### Why is this information important?

Nursing homes can use measures that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition and using padding. However, residents can still develop pressure sores regardless of these measures.

### Low-Risk Residents Who Have Pressure Sores

#### What does this graph tell you?

A nursing home resident has a 'low-risk' for getting a pressure sore if they are active, change positions on their own and are getting the nutrients they need. This graph shows the percent of residents with a low risk for getting pressure sores or who get a pressure sore in the nursing home. Lower percentages are better.

#### What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the hip, ankle, heel or tailbone. They are usually caused by continuous pressure on one part of the skin from chairs, wheelchairs or beds. Pressure

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sores are painful and may take a long time to heal. They may also cause skin and bone infections.

**Why is this information important?**

Nursing homes can use measures that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition and using padding. However, residents can still develop pressure sores regardless of these measures.

## Residents Who Were Physically Restrained

**What does this graph tell you?**

This graph shows the percent of residents in the nursing home who were physically restrained daily during the 7-day assessment period. Lower percentages are better.

**What are physical restraints?**

A physical restraint is any device, material or equipment attached or adjacent to a resident's body, which the resident cannot remove easily. It keeps a resident from moving freely or prevents them normal access to their body. Examples of physical restraints include special types of vests, chairs with lap trays, lap belts, and enclosed walkers. Bed rails are also considered restraints in certain situations, but they are not used in the calculation of this measure.

**Why is this information important?**

Restraints should only be used when they are necessary as part of the treatment of a resident's medical condition and can only be ordered by a physician. Restraints should never be used to punish a resident or to make things easier for the staff. A resident who is restrained daily can become weak, lose his or her ability to go to the bathroom by themselves and develop pressure sores or other medical complications.

## Residents Who are More Depressed or Anxious

**What does this graph tell you?**

This graph shows the percent of residents who have become more depressed or anxious in the nursing home since the last time they were checked. Lower percentages are better.

**Why is this information important?**

Depression is a medical/chemical problem of the brain that affects how you think, feel and behave. Fatigue, a loss of interest in normal activities, poor appetite and problems with concentration and sleeping may be indications that a person is depressed.

Anxiety is excessive worrying. Trembling, muscle aches, problems sleeping, stomach pain, dizziness and irritability may be signs of anxiety.

Residents of nursing homes are at a high risk for developing depression and anxiety for many reasons. These include: the loss of a spouse, family members or friends; chronic pain and illness; and difficulty adjusting to the nursing home. Identifying depression and anxiety can be difficult in elderly patients because the signs may be confused with the normal aging process, a side effect of medication or the result of a medical condition. If left untreated, depression or anxiety can lessen a person's quality of life and lead to other health problems. Proper treatment may include medication, therapy or an increase in social support.

## Low-Risk Residents Who Lose Control of Their Bowels or Bladder

**What does this graph tell you?**

This graph shows the percent of residents who often lose control of their bowels or bladder. This information is only based on residents who have a 'low risk' for losing control of their bowel or bladder. Residents are defined as having a 'low risk' for losing bowel and bladder control if they do not have severe dementia or if they do not have limited ability to move on their own. Lower percentages are better.

**Why is this information important?**

Loss of bowel or bladder control is not a normal sign of aging and can often be successfully treated. It can be caused by a variety of factors including: physical problems (muscle weakness, bladder infection); inability to move around; reaction to medication; diet and fluid intake; and certain medical conditions (diabetes, dementia, spinal cord injury).

Finding the cause and treating a bowel or bladder control problem is important for both physical and mental reasons. Physically, it can help prevent infections and pressure sores. Mentally, treatment can restore the dignity of the resident and maintain healthy social interactions with other residents and staff.

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## Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

### What does this graph tell you?

This graph shows the percent of nursing home residents who had a catheter inserted and left in their bladder for a period of time during the 14-day assessment period. Lower percentages are better.

### What is a catheter?

A catheter is a thin, soft tube that is inserted through the urethra to the bladder and left in place to collect urine. It may be inserted into the bladder of people who lose control of their bladder or cannot use a toilet. Catheters may be used for a variety of reasons including: the inability for urine to drain naturally, to keep a patient with pressure sores clean and dry; or to measure the amount of urine being produced.

### Why is this information important?

A catheter should only be used when it is medically necessary. A catheter should not be used for the convenience of the nursing home staff. Using a catheter may result in complications such as: urinary tract or blood infections; physical injury; skin problems; bladder stones; or blood in the urine. Studies have shown that long-term use of catheters over many years may increase the rates of bladder cancer in patients with spinal cord injuries.

## Residents Who Spend Most of Their Time in Bed or in a Chair

### What does this graph tell you?

The percentage of residents who spent most of their time in bed or in a chair in their room during the 7-day assessment period are shown in this graph. Lower percentages are better.

### Why is this information important?

A decline in physical activity may come with age due to muscle loss, joint stiffness, fear of injury, worsening illness, or depression. Residents who spend too much time in bed or a chair may lose the ability to perform activities of daily living (ADLs), like eating, dressing or getting to the bathroom.

Staying in a bed or chair affects the nursing home resident in many ways. Unused muscles get weaker leading to difficulty participating in physical and social activities. The quality of sleep can suffer. The risk of heart disease, stroke, diabetes or blood clots can increase. Depression and anxiety can worsen. Finally, staying in one position, with constant pressure on the skin can increase the chance of pressure sores. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as physically active as possible.

## Residents Whose Ability to Move About in and Around Their Room Got Worse

### What does this graph tell you?

This graph shows the percent of residents whose ability to move around, either by walking or using a wheelchair, in their room and the hallway has declined since their last assessment. Lower percentages are better.

### Why is this information important?

A decline in physical activity may come with age due to muscle loss, joint stiffness, fear of injury, worsening illness, or depression. Residents who spend too much time in bed or a chair may lose the ability to perform activities of daily living (ADLs), like eating, dressing or getting to the bathroom. However, the decline measured in some cases may be temporary due to a short-term illness or injury the resident is experiencing at the time of the assessment.

Staying in a bed or chair affects the nursing home resident in many ways. Unused muscles get weaker leading to difficulty participating in physical and social activities. The quality of sleep can suffer. The risk of heart disease, stroke, diabetes or blood clots can increase. Depression and anxiety can worsen. Finally, staying in one position, with constant pressure on the skin can increase the chance of pressure sores. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as physically active as possible.

## Residents With a Urinary Tract Infection

### What does this graph tell you?

This graph shows the percent of nursing home residents who had a urinary tract infection (UTI) anytime during the 30 days before their most recent assessment. Lower percentages are better.

### What is a urinary tract infection?

A UTI is an infection in the urethra that left untreated, can spread to the bladder and kidney.

### Why is this information important?

Most urinary tract infections can be prevented by having the nursing home staff make sure the resident is practicing good

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hygiene, emptying the bladder regularly and drinking enough fluid. Finding the cause and getting immediate treatment of a UTI can prevent the infection from spreading and becoming a more serious problem.

## Short-Stay Residents With Delirium

### What does this graph tell you?

This graph shows the percent of short-stay nursing home residents ? those recently admitted to the nursing home following a hospital stay ? who have symptoms of delirium. Lower percentages are better.

### What is delirium?

Delirium is defined as a having severe short-term problems with attention, confusion or being aware of one's surroundings. It is often misdiagnosed. It does not involve learning or memory problems and should not be confused with dementia or senility. The symptoms may develop suddenly and may be reversible. They can be caused by a number of factors such as: infection; a stroke; dehydration; reaction to surgery, anesthesia or medication; disease (e.g., liver failure); uncorrected vision or hearing problems; or depression.

### Why is this information important?

Delirium is not a normal part of aging. It is a serious condition requiring immediate medical attention. Left untreated, the death rate is high. The nursing home resident may require changes to their diets or medications. Nursing homes should monitor these patients carefully.

## Short-Stay Residents Who Had Moderate to Severe Pain

### What does this graph tell you?

This graph shows the percentage of short-stay residents ? those recently admitted to the nursing home following a hospital stay ? who are reported to have moderate to severe pain at any time, during the 7-day assessment period.

Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex. The percentages reported may mean different things ? a lower percentage on this measure is usually better. However, if one nursing home does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if more residents in one of the nursing homes refuse to take pain medication for cultural or personal reasons, that nursing home's percentage would be higher. These situations may raise percentages but, may not be an indication of poor care.

It is important to note that most residents who are in a nursing home following a hospitalization are recovering from an illness, surgery or an injury, such as a broken bone. It is common to have pain after surgery or an injury. However, it is still important to identify and treat pain.

### Why is this information important?

Residents should be checked regularly by nursing home staff to see if they are having pain. A resident may not be able to perform activities of daily living (ADLs), may become depressed, or have a poor quality of life, if pain is left untreated.

## Short-Stay Residents With Pressure Sores

### What does this graph tell you?

This graph shows the percentage of short-stay nursing home residents ? those recently admitted to the nursing home following a hospital stay ? who have developed pressure sores, or who had pressure sores that did not get better between their 5-day and 14-day assessments in the nursing home. Lower percentages are better.

### What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the hip, ankle, heel or tailbone. They are usually caused by continuous pressure on one part of the skin from chairs, wheelchairs or beds. Pressure sores are painful and may take a long time to heal. They may also cause skin and bone infections.

### Why is this information important?

Nursing homes can use measures that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition and using padding. However, residents can still develop pressure sores regardless of these measures.

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# Nursing Home Quality Assurance

Making the decision to place a loved one in a nursing home is a very big step and can be a very emotional decision for you and the loved one moving into such a facility. Whether you have planned for this event, or it was as a result of an accident or an acute illness, you will want to do all that you can to make the transition a smooth one for you and your loved one. There are specific steps you should take to become a better informed — and forewarned — consumer.

## Government Surveys and Reports: The Good News and the Bad News

Various federal and state laws exist to license and regulate nursing homes. Based on those laws, each state conducts surveys (inspections) of nursing homes on a regular basis, usually once every 12-15 months. However, if a nursing home is found to be in non-compliance, inspections are made more frequently to check for corrections. Each state communicates their survey findings on Medicare- and Medicaid-certified facilities to The Centers for Medicare and Medicaid (CMS).

The public has access to state survey reports from a variety of sources. *Survey results are available on CareQuest Online*. In addition, survey results are available at state survey offices, the Medicare website and at the nursing homes themselves. Each nursing home is required by law to display their survey results.

While reviewing survey reports can be valuable in learning about the care delivered at a particular nursing home, unfortunately they come with a significant caveat. The Health and Human Service Office of Inspector General found many inconsistencies among states' nursing home surveyors which greatly affected the reports made available to the public. Some states' data appeared to suggest their nursing homes had fewer deficiencies than other states. In reality, surveyors failed to report certain violations — or reported them as less serious violations. (See the OIG report: "*Nursing Home Deficiency Trends and Survey and Certification Process Consistency*," OEI-02-01-00600 for detailed information concerning the shortcomings of the survey process.)

In addition to survey reporting inconsistencies, a facility's quality of care may change substantially, for better or worse, with a change in staff, management or ownership. It is also worth noting that a facility showing violations during a recent inspection may have corrected those

practices by the time you review the survey results. Conversely, a nursing home may presently have deficiencies that did not exist at the time of the last inspection.

## Nursing Home Reports: To Pay or Not to Pay?

Various organizations, many with websites, make money selling their proprietary nursing home quality reports. Before purchasing reports from one of these companies, there are certain some things you should consider.

The vast majority of these companies gather data for their nursing home quality assurance reports from the same state survey reports and CMS data mentioned above. They neither collect information independently about nursing quality nor do they do their own on-site visits. Most are merely extracting and reformatting government data so it appears to be exclusive and proprietary.

Information is available from state surveys on this site. Go to our *Long-Term Care Services search* to access information about quality of care at nursing homes in your area.

## Word-of-Mouth Information

Word of mouth can be a very powerful source of information. Ask people you know — friends, neighbors, doctors and other medical staff, hospital social workers and especially those who have placed loved ones in nursing facilities. People who have good experiences will be happy to share information. Those who are less than satisfied will be apt to want to steer you away from poor quality facilities.

## Your State Long Term Care Ombudsman

An excellent source of nursing home information is your state's long term care ombudsman. The ombudsman investigates complaints and has access to the most up-to-date information on a nursing home's quality of care. Speak with your *Ombudsman* before making a final nursing home selection.

## Your Own On-Site Visit

CareQuest strongly recommends that you make an on-site visit to any nursing home you are seriously considering. When you visit, be sure to use all your senses and your gut reaction. If a facility seems to check out but you are still left with a negative gut feeling, continue looking. For your convenience, use this *Nursing Home Checklist* as a guide so you will be sure to ask the right questions when calling and visiting nursing homes.

## A Geriatric Care Manager's On-Site Visit

If you are unable to make nursing home visits yourself or you do not have a trusted family member or friend to assume that task, you may hire a *geriatric care manager* to visit on your behalf and provide you with a report.

To find a geriatric care manager serving your area of interest, go to the [National Association of Geriatric Care Managers](http://www.caremanager.org) ([www.caremanager.org](http://www.caremanager.org)) website and choose "Find a Care Manager." You may also obtain the names of geriatric care managers in the yellow pages under "geriatric care management."

If you chose to engage the services of a geriatric care manager, there are several questions you should ask before hiring one. Ask for: their professional credentials; their experience in doing nursing evaluations; what their fees are; references they can provide; and how their findings will be communicated to you (e.g., written report).

## Awareness and a Team Approach with Nursing Home Staff

Professional caregiving is a difficult job. It is back breaking and thankless work. Staff is underpaid and overworked. The atmosphere is not the most pleasant and the job has its medical and physical risks. Is it any wonder that high turnover is common? Most often neglect is not intentional but a result of understaffing and overworked employees.

What can you do to increase the chances for quality care? You, as a concerned and involved family member, have much to do with the quality of care your loved one receives and their quality of life while they reside in a nursing home. Once your family member becomes a resident in a nursing facility, keep your eyes and ears open and be sure to make an effort to establish a good working relationship with the staff. If you take a team approach, acknowledge caregivers, and treat them with

respect, they are more apt to do a good job for you and the resident.

Stay informed and be aware of resident rights. If you notice something is not right, bring it to the attention of staff. If you find that nursing staff and administration are unresponsive after your attempts to remedy a situation, contact your State Long Term Care Ombudsman and file a complaint.

## Continued Family Involvement

A nursing home resident will fare better if their family members take an active role in their life. If you can accompany the resident to their medical appointments, visit them frequently and offer companionship and tend to their need for dignity, you will contribute much to their quality of life.

Living in a nursing home does not have to be a dreary end to life. With the love and the active commitment of family members and friends, as well as the professional care of staff members, a quality nursing home can be a pleasant place to live.

# Where Does Long-Term Care Take Place?

## Nursing Homes

A residential facility that provides skilled nursing care (a level of care provided by registered nurses, licensed practical nurses, nurse's aides or certified nursing assistants, as prescribed by a physician), dietary, pharmacy and rehabilitation services for injured, disabled or sick persons.

Nursing homes are used for those who need **daily or around-the-clock medical or nursing care.**

## Assisted Living Facilities

A residential living arrangement that provides individualized personal care and health services for people who require assistance with *activities of daily living (ADLs)*. These activities include bathing, eating, dressing, toileting, continence and transferring (e.g. transferring from bed to chair). The goal of these facilities is to create and maintain maximum independence of the resident in a home-like setting.

An assisted living facility may be used for those that are **unable to care for themselves and/or are potential hazards to themselves and others due to a physical and/or mental condition.**

## In-Home Care

Medical, nursing, therapy, social and homemaker services that are provided in the home. Depending on the level of care needed and the resources available, this type of care may be provided by a combination of family members, friends, neighbors, community volunteers, an adult day care service and/or paid caregivers (i.e. home health agency).

In-home care can be utilized by those who need **daily or around-the-clock medical or nursing care (24-hour in-home nursing care); and/or are unable to care for themselves; and/or are a potential hazard to themselves and others due to a physical and/or mental condition.**

## Hospice Facilities

Care for terminally ill patients that can take place in a hospice facility or, whenever possible, in the home. The goal of hospice programs is to relieve pain and manage symptoms rather than undertake curative procedures. Services include medical and social services for the patient and family.

Hospice care is intended for those who are **terminally ill and probably have less than six months to live.**

## Continuing Care Residential Facilities

A housing alternative, sometimes called a life care community. As residents (usually elderly) begin to need more assistance, other services are made available. Most often, three basic levels of housing are available: fully independent living; assisted living (personal care services); skilled nursing care.

Initially, these facilities require that an individual be **able to live independently upon becoming a resident but require additional services in the future.**

## Adult Day Care Centers

Multipurpose centers for elderly people living in the community that provide, on a daily basis, recreation and social services, hot meals and, in some instances, medical, nursing and rehabilitation services (also known as adult day health centers). Adult day care is designed to provide services to the elderly and relief to family caregivers during hours when they are unavailable.

Adult day care is intended for those that **could use supervision or occasional help.**

## Senior Centers

Senior Centers provide the opportunity for social contact and recreational activities for the elderly. Many offer health screening and education programs, meals and even extensive health and social service programs, including adult day care.

Senior Centers are intended for those that **could use supervision or occasional help and/or social contact and activity.**

# Nursing Home Checklist

(Source: Centers for Medicare and Medicaid, [www.cms.gov](http://www.cms.gov))

Checklists can help you evaluate the nursing homes that you call or visit. Use a new checklist for each home, and compare the scores. This will help you select a nursing home that is a good choice for you or your relative.

Nursing Home Name \_\_\_\_\_

Date Visited \_\_\_\_\_

Address \_\_\_\_\_

## Basic Information

- |   |     |    |
|---|-----|----|
| 1. Is the facility Medicare certified?      | Yes | No |
| 2. Is the facility Medicaid certified?      | Yes | No |
| 3. Is this a skilled nursing facility?      | Yes | No |
| 4. Is this facility accepting new patients? | Yes | No |
| 5. Is there a waiting period for admission? | Yes | No |
| 6. Is a skilled bed available for you?      | Yes | No |

## USEFUL TIPS

- Generally, skilled care is available only for a short period of time after a hospitalization. Custodial care may be needed for a much longer period of time. If a facility offers both types of care, learn if residents may transfer between levels of care within the nursing home without having to move from their old room or from the nursing home.
- Nursing homes that only take Medicaid residents might offer longer term but less intensive levels of care. Nursing homes that don't accept Medicaid payment may make a resident move when Medicare or the resident's own money runs out.
- An occupancy rate is the total number of residents currently living in a nursing home divided by the home's total number of beds. Occupancy rates vary by area, depending on the overall number of available nursing home beds.

## Nursing Home Information

- |  |     |    |
|--|-----|----|
| 1. Is the home and the current administrator licensed?   | Yes | No |
| 2. Does the home conduct background checks on all staff? | Yes | No |
| 3. Does the home have special service units?             | Yes | No |
| 4. Does the home have abuse prevention training?         | Yes | No |

## USEFUL TIPS

- **Licensure:** The nursing home and its administrator should be licensed by the State to operate.
- **Background Checks:** Do the nursing home's procedures to screen potential employees for a history of abuse meet your State's requirements? Your State's Ombudsman program might be able to help you with this information.
- **Special Services:** Some nursing homes have special service units, like rehabilitation, Alzheimer's, and hospice. Learn if there are separate waiting periods or facility guidelines for when residents would be moved on or off the special unit.
- **Staff Training:** Do the nursing home's training programs educate employees about how to recognize resident abuse and neglect, how to deal with aggressive or difficult residents, and how to deal with the stress of caring for so many needs?

Are there clear procedures to identify events or trends that might lead to abuse and neglect, and on how to investigate, report, and resolve your complaints?

- Loss Prevention: Are there policies or procedures to safeguard resident possessions?

For the next four sections, give the nursing home a grade from one to five. One is worst, five is best.

### Quality of Life

	<b>WORST</b>					<b>BEST</b>				
	1	2	3	4	5	1	2	3	4	5
1. Residents can make choices about their daily routine. Examples are when to go to bed or get up, when to bathe, or when to eat.										
2. The interaction between staff and patient is warm and respectful.										
3. The home is easy to visit for friends and family.										
4. The nursing home meets your cultural, religious, or language needs.										
5. The nursing home smells and looks clean and has good lighting.										
6. The home maintains comfortable temperatures.										
7. The resident rooms have personal articles and furniture.										
8. The public and resident rooms have comfortable furniture.										
9. The nursing home and its dining room are generally quiet.										
10. Residents may choose from a variety of activities that they like.										
11. The nursing home has outside volunteer groups.										
12. The nursing home has outdoor areas for resident use and helps residents to get outside.										

**TOTAL** \_\_\_\_\_  
(Best possible score: 60)

### Quality of Care

	<b>WORST</b>					<b>BEST</b>				
	1	2	3	4	5	1	2	3	4	5
1. The facility corrected any Quality of Care deficiencies that were in the State inspection report.										
2. Residents may continue to see their personal physician.										
3. Residents are clean, appropriately dressed, and well groomed.										
4. Nursing Home staff respond quickly to requests for help.										
5. The administrator and staff seem comfortable with each other and with the residents.										
6. Residents have the same care givers on a daily basis.										
7. There are enough staff at night and on weekends or holidays to care for each resident.										
8. The home has an arrangement for emergency situations with a nearby hospital.										
9. The family and residents councils are independent from the nursing home's management.										
10. Care plan meetings are held at times that are easy for residents and their family members to attend										

**TOTAL** \_\_\_\_\_  
(Best possible score: 50)



**USEFUL TIP**

- Good care plans are essential to good care. They should be put together by a team of providers and family and updated as often as necessary.

**Nutrition and Hydration (Diet and Fluids)**

	<b>WORST</b>			<b>BEST</b>	
1. The home corrected any deficiencies in these areas that were on the recent state inspection report.	1	2	3	4	5
2. There are enough staff to assist each resident who requires help with eating.	1	2	3	4	5
3. The food smells and looks good and is served at proper temperatures.	1	2	3	4	5
4. Residents are offered choices of food at mealtimes.	1	2	3	4	5
5. Residents' weight is routinely monitored.	1	2	3	4	5
6. There are water pitchers and glasses on tables in the rooms.	1	2	3	4	5
7. Staff help residents drink if they are not able to do so on their own.	1	2	3	4	5
8. Nutritious snacks are available during the day and evening.	1	2	3	4	5
9. The environment in the dining room encourages residents to relax, socialize, and enjoy their food.	1	2	3	4	5

**TOTAL** \_\_\_\_\_  
(Best possible score: 45)

**USEFUL TIPS**

- Ask the professional staff how the medicine a resident takes can affect what they can eat and how often they may want something to drink
- Visit at mealtime. Are residents rushed through meals or do they have time to finish eating and to use the meal as an opportunity to socialize with each other?
- Sometimes the food a home serves is fine, but a resident still won't eat. Nursing home residents may like some control over their diet. Can they select their meals from a menu or select their mealtime?
- If residents need help eating, do care plans specify what type of assistance they will receive?

**Safety**

	<b>WORST</b>			<b>BEST</b>	
1. There are handrails in the hallways and grab bars in the bathrooms.	1	2	3	4	5
2. Exits are clearly marked.	1	2	3	4	5
3. Spills and other accidents are cleaned up quickly.	1	2	3	4	5
4. Hallways are free from clutter and have good lighting.	1	2	3	4	5
5. There are enough staff to help move residents quickly in an emergency.	1	2	3	4	5
6. The nursing home has smoke detectors and sprinklers.	1	2	3	4	5

**TOTAL** \_\_\_\_\_  
(Best possible score: 30)

# Assisted Living Facilities Checklist

Checklists can help you evaluate assisted living facilities that you are considering. Use a new checklist for each facility. In addition to completing the checklist, ask for a copy of their resident agreement outlining services, prices, extra charges, admission and discharge criteria, staffing, and house rules. A disclosure statement may also be available outlining ownership and the financial solvency of the provider.

After your visit, compare the results of your checklist answers and the written materials you have gathered. If you are seeking a facility for someone who cannot visit the facility personally, it is important to respect their needs and wishes by including them in the process as much as possible. This will help you select an assisted living facility that is a good choice for your relative.

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

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail & Web site \_\_\_\_\_

## Facility Certification and License

- |   |     |    |
|---|-----|----|
| 1. Is the facility certified or licensed by the state?                | Yes | No |
| 2. How long has the facility been operating under the present name?   | Yes | No |
| 3. Has it operated under another name and/or owner?                   | Yes | No |
| If yes, what other name and/or owner has the facility operated under? |     |    |
| _____   |     |    |

## Atmosphere

- |  |     |    |
|--|-----|----|
| 4. As you arrive at the facility, do you like its location and outward appearance?                             | Yes | No |
| 5. As you enter the lobby and tour the facility, is the décor attractive and homelike?                         | Yes | No |
| 6. Did you receive a warm greeting from staff welcoming you to the facility?                                   | Yes | No |
| 7. Does the administrator/staff call residents by name and interact warmly with them as you tour the facility? | Yes | No |
| 8. Do residents socialize with each other and appear happy and comfortable?                                    | Yes | No |
| 9. Are you able to talk with residents about how they like the facility and staff?                             | Yes | No |
| 10. Do the residents seem to be appropriate housemates for you or your loved one?                              | Yes | No |
| 11. Are staff appropriately dressed, personable, and outgoing?   | Yes | No |

- |   |     |    |
|---|-----|----|
| 12. Do the staff members treat each other in a professional manner? | Yes | No |
| 13. Are visits with the resident welcome at any time?               | Yes | No |

**Physical/Safety Features**

- |   |     |    |
|---|-----|----|
| 14. Is the community well-designed for resident’s needs?                        | Yes | No |
| 15. Are doorways, hallways, and rooms accommodating to wheelchairs and walkers? | Yes | No |
| 16. Are elevators available for those unable to use stairways?                  | Yes | No |
| 17. Are hand rails available to aid in walking?                                 | Yes | No |
| 18. Are cupboards and shelves easy to reach?                                    | Yes | No |
| 19. Are floors made of a non-skid material and carpets firm to ease walking?    | Yes | No |
| 20. Does the facility have good natural and artificial lighting.                | Yes | No |
| 21. Is the facility clean and free of odors?                                    | Yes | No |
| 22. Is the facility appropriately heated/cooled?                                | Yes | No |
| 23. Does the facility have sprinklers and clearly marked exits?                 | Yes | No |
| 24. Does the facility have a means of security if a resident wanders?           | Yes | No |

**Needs Assessments, Contracts, Costs & Finances**

- |  |     |    |
|--|-----|----|
| 25. Is a contractual agreement available that discloses healthcare and supportive services, all fees, as well as admission and discharge provisions? | Yes | No |
| 26. Is there a written plan for the care of each resident?   | Yes | No |
| 27. Does the facility have a process for assessing a resident’s need for services and are those needs addressed periodically?                        | Yes | No |
| 28. Does this process include the resident, their family, and facility staff, along with the resident’s physician?                                   | Yes | No |
| 29. When may a contract be terminated and what are the refund policies?  |     |    |

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- |  |     |    |
|--|-----|----|
| 30. Are there any government, private, or corporate programs available to help cover the cost of services to the resident? | Yes | No |
| If yes, which programs are available and what are the criteria for acceptance?   |     |    |

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- |  |     |    |
|--|-----|----|
| 31. Is a contractual agreement available to include accommodations, personal care, health care, and supportive services? | Yes | No |
|--|-----|----|

- 32. Are additional services available if the resident's needs change? Yes No
- 33. Is there a procedure to pay for additional services like nursing care when the services are needed on a temporary basis? Yes No
- 34. Are there different costs for various levels or categories of services? Yes No
- 35. Do billing, payment, and credit policies seem fair and reasonable? Yes No
- 36. May a resident handle their own finances with staff assistance if able, or should a family member or outside party be designated to do so?

Resident with staff assistance \_\_\_\_\_

Family member \_\_\_\_\_

- 37. Are residents required to purchase renters' insurance for personal property in their units? Yes No
- 38. Is staff available to meet scheduled and unscheduled needs? Yes No
- 39. Is there an appeals process for dissatisfied residents? Yes No

### Staff

- 40. What is the employee turnover rate per year? \_\_\_\_\_ %
- 41. Has staff been trained to care for persons with dementia? Yes No
- 42. Is staff provided with training on a regular basis? Yes No
- 43. What kind of continuing education is provided for staff?

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- 44. Is a criminal background check and/or any other background check done before hiring staff? Yes No
- If yes, on what basis would employment be denied?

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### Medication & Health Care

- 45. Does the facility have specific policies regarding:
  - Storage of medication? Yes No
  - Assistance with medications? Yes No
  - Training and supervision of staff and record keeping? Yes No
- 46. Is self-administration of medication allowed? Yes No
- 47. Is there staff available to coordinate home care visits from a nurse, physical therapist, occupational therapist, etc., if needed? Yes No
- 48. Is staff available to assist residents who experience memory, orientation, or judgment losses? Yes No
- 49. Does a physician or nurse visit the resident regularly to provide medical checkups? Yes No

50. Does the facility have a clearly stated procedure for responding to a resident's medical emergency? Yes      No

51. To what extent are medical services available and how are these services provided?

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**Services**

52. Can the facility provide a list of services available? Yes      No

53. Is staff available to provide:  
24-hour assistance with Activities of Daily Living (ADLs) if needed? Yes      No

Using the telephone? Yes      No

Shopping? Yes      No

Laundry? Yes      No

54. Does the facility provide housekeeping services in the residents' units? Yes      No

55. Does the facility provide transportation to doctors' offices, the hairdresser, shopping, and other activities desired by residents? Yes      No

56. Can residents arrange for transportation on fairly short notice? Yes      No

57. Are the following services available on-site?  
Pharmacy? Yes      No

Barber/Beautician? Yes      No

Physical Therapy? Yes      No

58. Do dining room menus vary from day to day and meal to meal? Yes      No

**Individual Unit Features**

59. Are different sizes and types of units available? Yes      No

If yes, what types and sizes are available?

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60. Are units for single and double occupancy available? Yes      No

61. Do residents have their own lockable doors? Yes      No

62. Is a 24-hour emergency response system accessible from the unit? Yes      No

63. Are bathrooms private? Yes      No

64. Are bathrooms handicapped-equipped to accommodate wheelchairs and walkers? Yes No

65. Are residents able to bring their own furnishings for their unit? Yes No

If yes, what may they bring?

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What is provided?

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66. Do all units have a telephone? Yes No

Cable TV? Yes No

How is billing handled?

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67. Is a kitchen area/unit provided with:  
A refrigerator? Yes No

A sink? Yes No

A cooking element? Yes No

68. May residents keep food in their units? Yes No

69. May residents smoke in their units? Yes No

In public places? Yes No

70. May residents decorate their own units? Yes No

### Social & Recreational Activities

71. Is there evidence of an organized activities program, such as a posted daily schedule, events in progress, reading materials, visitors, etc.? Yes No

72. Do residents participate in activities outside of the facility in the neighboring community? Yes No

73. Do volunteers, including family members, come into the facility to help with or conduct programs? Yes No

74. Does the facility create a sense of community by requiring residents to participate in certain activities or perform simple chores for the group as a whole? Yes No

75. Are residents' pets allowed in the facility? Yes No

If yes, who is responsible for their care?

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76. Does the facility have its own pets? Yes No

**Food Service**

77. Does the facility provide three nutritionally balanced meals a day, seven days a week? Yes No

78. Are snacks available? Yes No

79. May a resident request special foods? Yes No

80. Are common dining areas available? Yes No

81. May residents eat meals in their units? Yes No

82. May meals be provided at a time a resident would like, or are there set times for meals?

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**Additional Comments, Notes, and Questions**

# Home Health Agency Checklist

Checklists can help you evaluate the home health agencies that you are considering. Use a new checklist for each agency. Then, compare the results. This will help you select a home health agency that is a good choice for you or your relative.

Name of Agency \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail & Web site \_\_\_\_\_

## Licensing, Accreditation, Certifications

- |   |     |    |
|---|-----|----|
| 1. Is your agency licensed by the state?  | Yes | No |
| 2. Is your agency accredited by the JCAHO?<br>(Joint commission on Accreditation of Healthcare Organizations)               | Yes | No |
| 3. What are other accreditations, if any?   |     |    |
| _____   |     |    |
| 4. (If you are Medicare eligible):<br>Is your agency Medicare certified?  | Yes | No |
| 5. (If you are currently Medicaid eligible, or you are soon to be Medicaid eligible):<br>Is your agency Medicaid certified? | Yes | No |

## Ownership, Professional and Community Standing

6. Who owns your agency?  
Name: \_\_\_\_\_
- Address: \_\_\_\_\_
7. How long has your agency been in the community? \_\_\_\_\_ Years
8. May I obtain references from satisfied clients? Yes No



9. Is your agency a member of any professional associations? Yes      No  
 If yes, which professional associations?

---

### Care Services, Costs, and Billing

10. Is there a waiting list? Yes      No  
 11. Is your agency able to provide all the home care services I need? Yes      No  
 12. If your agency is not able to provide all the home health services I need, are you able to connect me with needed services? Yes      No  
 13. What is the cost of care?

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14. Please give details (e.g., hourly? minimum?)

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15. Will your agency provide me with a written care plan, showing an itemized list of duties to be performed, the number of hours or days required, and who will be performing each of the duties? Yes      No  
 16. Are client records kept confidential? Yes      No

### Staff and Procedures

17. Does a supervisor make an initial home visit to evaluate needs? Yes      No  
 18. How often will a supervisor visit to evaluate my needs?  
 19. What are the qualifications needed to be hired by your agency?

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20. Do you conduct background checks before hiring workers? Yes      No  
 21. Which of the following records are checked? (Check all that apply.)

- Criminal History File \_\_\_\_\_
- Driving History and Motor Vehicle Records \_\_\_\_\_
- Employment Verification (Past Employers) \_\_\_\_\_
- Education Verification (Employment & Professional Credentials) \_\_\_\_\_
- Other \_\_\_\_\_

22. Do you ever hire workers with a criminal record? Yes      No  
 If so, what types of offenses on a worker's record are acceptable?

---

- |   |     |    |
|---|-----|----|
| 23. Are your employees insured?                     | Yes | No |
| 24. Are your employees bonded?                      | Yes | No |
| 25. How does your agency insure against misconduct? |     |    |
- 

- |  |     |    |
|--|-----|----|
| 26. If I don't feel comfortable with a worker may I speak to a supervisor and have the agency send another worker? | Yes | No |
| 27. How does your agency monitor its employees?  |     |    |
- 

- |  |     |    |
|--|-----|----|
| 28. If a worker does not show up, is there a substitute? | Yes | No |
| 29. What does the worker do if an emergency arises?      |     |    |
- 

### **If I run out of funds . . .**

- |  |     |    |
|--|-----|----|
| 30. If I run out of funds, will your agency help in any way?   | Yes | No |
| 31. . . . will your social worker help me to apply for Medicaid or connect me to appropriate community programs? | Yes | No |
| 32. . . . will your nursing staff help train someone in the community to take over some tasks?                   | Yes | No |

### **Additional Comments, Notes, and Questions**

# Adult Day Care Checklist

Checklists can help you evaluate the adult day care centers that you are considering. Use a new checklist for each agency. Then, compare the results. This will help you select an adult day care center that is a good choice for you or your relative.

Name of Center \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail & Web site \_\_\_\_\_

## Facility Certification and License

1. Is the center certified or licensed by the state? Yes      No
  2. How long has it been operating under the present name? \_\_\_\_\_ years
  3. Has it operated under another name and/or owner? Yes      No
- If yes, what other name and/or owner has the center operated under?
- \_\_\_\_\_

## Staff

4. What is the ratio of staff to participants? \_\_\_\_\_
  5. What credentials and licenses are held by staff?  
\_\_\_\_\_
  6. What is the employee turnover rate per year? \_\_\_\_\_ %
  7. Have staff members been given training to care for older adults having a variety of special needs? Yes      No
  8. Has staff been trained to care for persons with dementia? Yes      No
  9. Is staff provided with training on a regular basis? Yes      No
  10. What kind of continuing education is provided for staff?  
\_\_\_\_\_
  11. Is a criminal background check and/or any other background check done before hiring staff? Yes      No
- If yes, on what basis would employment be denied?
- \_\_\_\_\_

## Building and Security

12. Is the center wheelchair accessible? Yes      No
13. Does the center have a security system? (This is especially important for persons with dementia, or others who are more apt to wander.) Yes      No

## Operation, Hours, and Payment

14. What are the weekday hours of operation?

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15. Does the center offer services on weekends? Yes      No
- If yes, what are the hours of weekend operation?
- 

16. Does the center offer respite or services on an as-needed basis? Yes      No

17. Check all that apply with the charge for each. Does the center charge by:

Hour _____	\$	_____
Half-Day _____	\$	_____
Daily _____	\$	_____
Weekly _____	\$	_____
Monthly _____	\$	_____

18. Are there any upfront fees? Yes      No
- If yes, what is the upfront charge?
- 

19. Are any services eligible for Medicare reimbursement? Yes      No
- If yes, which ones?
- 

20. Are there additional charges for certain services or supplies? Yes      No
- If yes, for what services or supplies and what are the charges?
- 
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## Services

21. Describe how much assistance staff is able to give to persons in need of hands-on help with Activities of Daily Living, such as bathing, grooming, eating, toileting, continence, and medication:

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- |  |                                 |    |
|--|---------------------------------|----|
| 22. Can staff monitor for diabetes and high blood pressure?  | Yes                             | No |
| 23. Is there a nurse on duty at all times?   | Yes                             | No |
| 24. Are there doctors/specialists who visit the center and provide services, such as eye exams and foot care?                            | Yes                             | No |
| 25. Are there separate areas for health/medical care for clients who may be ill?   | Yes                             | No |
| 26. Does the center offer:   |                                 |    |
|  | Physical therapy? _____         |    |
|  | Occupational therapy? _____     |    |
|  | Speech therapy? _____           |    |
|  | Counseling? _____               |    |
|  | Art and/or Music Therapy? _____ |    |
| 27. Social/Recreational Activities: Are there programs for a range of participant abilities, such as field trips for those who are able? | Yes                             | No |
| 28. Is there an exercise program for a range of abilities?   | Yes                             | No |
| 29. Meals, snacks and nutrition: Is the center able to provide special diets if needed?  | Yes                             | No |
| 30. Does the center provide transportation to and from the center?   | Yes                             | No |
| If so, is there an additional charge?  | Yes                             | No |
| If yes, what is the charge?  |                                 |    |
- 
- |   |     |    |
|---|-----|----|
| 31. Is there an attendant to help the participant from his door to the vehicle? | Yes | No |
| 32. Does the center provide barber and beauty salon services?                   | Yes | No |
| 33. Is staff able to help with care planning, referrals, and resources?         | Yes | No |
| 34. Are family members welcome to get involved in activities and planning?      | Yes | No |

### On-Site Visits

Conduct one or more on-site visits before making a decision about a center. Consider all the topics on the checklist and be sure to look for things such as: atmosphere; courtesy and friendliness of staff; participant engagement with staff and other participants; and cleanliness. Are staff members able to answer your questions? Ask other caregivers (professional and non-professional) for references. Use the center on a trial basis to make sure it is a good fit for you, the client and the adult day care center.

### Additional Comments, Notes, and Questions