

Dr. Rhodes' Nursing Home Navigator

Researching a good nursing home (skilled nursing facility) is no small task, especially if you're doing the research during a medical crisis. My navigational guide should help you get a solid start—but it's not meant to be the only tool you use. The ombudsman, too, can be very helpful to you. This person's name and phone number are posted in the lobby of the nursing home.



Part 1 identifies questions you can ask over the phone to narrow your search. Ask to speak to the Admissions Director. Part 2 centers on Nursing Home Survey and Inspection Reports. It guides you on how to get the reports, what to look for, and how to interpret the findings. Part 3 gives you a list of things to look for when you visit the facility. Throughout the guide, you're given tips to help you better understand why you're asking these questions. Feel free to make copies of this guide for each facility you research.

Part 1: Narrowing Your Search

Name of facility:

Address and phone number:

Is it Medicare certified? _____ What is the bed capacity? _____ # beds filled _____

Tip: If it has a large vacancy rate, ask why. If not, ask if there s a wait.

Special units (for example, rehab, Alzheimer's) _____

Who doesn't it accept? (For example, residents who are ventilator-dependent, oxygen-dependent, on dialysis, have a tracheostomy?)

Is this a for-profit facility? _____ Who owns it? _____

Is it part of a chain? _____

Is this a nonprofit facility? _____ Affiliation? _____

Does it have a hospital affiliation? _____

What is the cost? _____

Does your parent qualify for Medicaid? _____

What will Medicare cover? What will any other insurance your parent has cover?

Is there a volunteer program? Please describe:

Staffing Questions:

What kind of a background check does it conduct on staff?

What is their turnover rate? _____ (How often staff quit and are replaced)

What are they doing to reduce it? _____

How many physical therapists are on staff? _____ (Are they employees or contracted?)

How many occupational therapists? _____ (Are they employees or contracted?)

How many speech therapists? _____ (Are they employee or contracted?)

Tip - These therapists assist people recovering from strokes and help others from deteriorating. A full-time employee is more likely to offer continuity of care for your parent than someone who is contracted through an agency.

How many hours of training do nurse's aides receive per year? _____

Have nurse's aides received training in abuse prevention? _____

How many nurse's aides per resident? _____

How many minutes per day do nurse's aides spend on directly caring for a resident? _____



Tip - Residents do better when nurse's aides spend at least 2 hours per day per resident. Look for homes closer to reaching this benchmark. The federal minimum standard, however, is lower than this. So you may find many homes that don't reach this benchmark.

What is the state's minimum staffing level for nurse's aides per resident? _____

How much does the home exceed this minimum? _____

How many nurse's aides per resident during morning shift: _____

Afternoon shift: _____ Evening shift: _____ Weekends: _____

Tip - Look at how much these ratios change during shifts. Evening shifts may be lower because residents are sleeping. Watch for any major cutbacks during weekends. The more staff per resident the better. When you compare homes, look for the facility with more staff and with lower staff turnover rates. Studies show that nonprofit homes significantly employ more staff to care for residents than do for-profits.

How many registered nurses does it employ? _____

Are these nurses full-time employees or are they employed through a temp agency? _____

How many minutes per day do registered nurses spend per resident? _____

If your parent has a medical condition requiring more time, how will the home accommodate his or her special needs?

Tip - The more registered nurses (RNs), the better. If the home employs temp agency RNs, then nurse's aides aren't as likely to receive consistent supervision. Permanent employees are better. Also, if the facility accepts residents with complex needs like people with chronic lung disease, people on dialysis, or people dependent on oxygen or ventilators, look for the facility to hire more registered nurses.

Part 2: Nursing Home Deficiency and Survey Reports

Every nursing home is inspected by state and federal agencies. Each agency issues a report on any deficiencies it finds at the facility. The federal government reports the results of these reports on the Internet. Go to <http://www.medicare.gov> and click on Nursing Home Compare. This should be part of your research.

Even very good homes will have a few deficiencies. You want to look at what those deficiencies are and how serious—was someone hurt or were the residents placed in jeopardy because of the deficiency? When doing your research, follow these steps:

- Look up the home on Nursing Home Compare and see if the home has had serious deficiencies and a pattern of them. You'll find this on the Internet at <http://www.medicare.gov>.
- Ask for the name of the facility's ombudsman and how to contact him or her. This should be posted on the nursing home's bulletin board in the lobby. Give the ombudsman a call for help in sorting through your research.

Ombudsman's name:

Phone: _____

- Ask for a copy of the home's most recent survey report.

Here are my top 10 red flags you should look for in the report. Has the home been cited in any of the following areas:

- **Care assessments.** Every resident must have a care plan, which means the resident has been assessed by an interdisciplinary team.
- **Physical restraints.** Residents should not be physically restrained in beds or chairs in which they can't get out; nor should they be chemically restrained (sedated to keep them immobile).
- **Bladder treatment.** For incontinent residents, not getting proper care changing adult briefs or bedding.
- **Hydration.** Residents not getting enough fluids.
- **Catheter use.** For incontinent residents, improper catheter care or catheter being used when it's not necessary.
- **Infection control.** Residents exposed to infections because of poor sanitation or staff not following infection control practices.

- **Pressure (bed) sores.** Open sores usually caused by lack of turning patients and poor skin care.
- **Unnecessary drugs.** Residents being given drugs they don't need.
- **Medication errors.** Mistakes in giving residents the wrong drug, wrong combination of drugs, or wrong dosage.
- **Malnutrition incidence.** Residents found to be malnourished. This is some times due to a lack of staff to take the time to help feed patients or encourage them to eat.

If you see these types of deficiencies on the report, look at how severe the deficiency was: Did it cause actual harm or place residents in jeopardy? Did the inspectors identify this as a pattern or was it a one-time occurrence. The report spells this out.

Fall reports: Ask the administrator to see the facility's annual report on incidents of falls. A high fall rate may indicate inadequate staffing. The ombudsman should be able to help you determine if the fall rate is high or not.

Ban on admissions: Ask the administrator if the home has ever had a ban on admissions. Ask when, what for, and how it was corrected. Also ask the ombudsman to give you the full story. When state or federal inspectors find very severe problems at a home, they ban the home from admitting any new residents.

Complaints: Usually, state departments of health and local health departments investigate complaints made against nursing homes. Ask the ombudsman to tell you if this home has an unusual number of complaints made against it and how severe. The ombudsman can also tell you whom to contact to receive public complaint information.

If you have further questions, ask the ombudsman to help you interpret the report, and also ask the nursing home administrator to clarify anything you don't understand.

Part 3: Walking Through the Facility

Now it's time to trust your instincts and your senses. Don't just stay in a fancy lobby or administrator's office when you visit the facility. (If you visit a resident's room, be sure to get permission from the resident before you enter.) Here are some of the things you should look for, with space to jot down your observations:

Does it feel like home? Are there personal effects in the rooms?

Is the staff interacting in a friendly manner with each other and the residents?

Is the home free of odors? Is it clean? Well lit?

Is the temperature comfortable? Stop by a few rooms to see. (Many older folks like their rooms warmer than what you might like—is the room too cold?)

Are residents well groomed? Are they dressed appropriately for the time of day?

Where are the residents? In halls? In group activity rooms? In their rooms appearing isolated?

Is there a wandering alert system?

Is there an activity calendar? Are there pictures on the bulletin boards showing recent activities? Are the activities interesting and varied?

Are there active volunteers helping out?

Are lavatories clean?

Are food trays left sitting out—and do you see a lot of leftover food on the trays?

Are call buttons left unanswered for long periods of time?

Ask to see the menus. Does the food sound appetizing? Ask about the qualifications of the person who oversees the menus. Taste the food, if possible.

Are there any safety hazards?

Does the equipment look up to date and in good condition?

Is the outdoor area secure so that no one can wander off into an unsafe area?

Go to the dining room—are residents enjoying themselves? Is it pleasant? Is staff interacting with the residents?

Are bed linens and towels cleaned daily? Ask what the laundry department does to prevent bed sores? (Poorly cleaned, starchy sheets and certain detergents can cause skin breakdown.)

Are soiled linens piled up in the hallways or in residents' rooms?

Are showers clean? Look for safety devices to prevent falls.

Is there fresh water on nightstands easily accessible for residents?

Additional Notes:

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