A Questionnaire to Help Find the Right Care Facility

Provided by:

Trish Hughes Kreis
www.robertssister.com

David Besnette
Founder/Editor
Assisted Living Directory
www.assisted-living-directory.com

Name of facility & contact information:

Questions to ask over the phone:

1. What type of facility is this?
   a. Skilled Nursing Facility (SNF)
   b. Residential Care for the Elderly (RCFE)
   c. Intermediate Care Facility (ICF)
   d. Board & Care
   e. Other

2. Does your facility provide care for people with the following conditions/situations?
   a. Alzheimer's Disease/Dementia
   b. Wandering
   c. Incontinence (urinary? Bowel?)
   d. Wheelchair bound
   e. Other neurological conditions (Parkinson's, Epilepsy)

3. What is the population of residents?
   a. How many residents?
   b. Male/female ratio?
   c. Typical age?

4. What is the staff/patient ratio?
   a. How many RNs are on staff during each shift?
   b. How many CNAs are on staff during each shift?
   c. Are there volunteers that come regularly (students, etc.)?
   d. What is the call-bell response time?

5. What are the rooms like?
   a. Private or shared?
   b. If shared, how many per room?
   c. Private or shared bathroom?
   d. If shared, how many per bathroom?
6. How are meals set up?
   a. Do residents eat together in a community dining room?
   b. How many meals per day?
   c. Is there a dietician/nutritionist on staff?
   d. Is there an in-room meal service if the resident is ill?

7. What activities are available to residents?
   a. Social activities (such as Bingo, games, movies, cards)?
   b. What type of entertainment is provided?
   c. Are church services provided onsite?
   d. What holiday events are planned?

8. What therapies are available?
   a. Is there a physical therapist available?
   b. Is there an occupational therapist available?
   c. Is there a physician onsite? If so, how often?
   d. If a physician is not onsite, is one affiliated with the facility?

9. What forms of payment are accepted?
   a. Medicare?
   b. Private pay?
   c. Medicaid? If so, are they affiliated with a waiver program?
   d. Private insurance?

10. What services are included in the basic cost and what are extra?

11. What are the details regarding personal care?
    a. How is laundry handled? Do residents have the option of doing their own?
    b. How often are residents showered? Will assistance be provided?

12. What is the staff turnover rate?
    a. How long has the director been at the facility?
    b. How long has the charge nurse been at the facility?
    c. What is the average length of employment of the CNAs?

13. How many citations has the facility had within the past three years?
    a. Describe the citations
    b. What has been done to prevent the problem in the future?

Additional Checklist to use During the Tour:

14. Location
    a. What is the distance from your home?
    b. From your preferred hospital?
    c. During an emergency will the EMTs transport to your preferred hospital?
15. What is your first impression?
   a. How does the place smell?
   b. Is the layout easy to navigate?

16. How are the staff/resident relations?
   a. Friendly?
   b. Sincere?
   c. Indifferent?
   d. Rude?

17. What is mealtime like?
   a. Fresh food or canned?
   b. Are the residents enjoying their food?
   c. Are the residents friendly with each other?
   d. Is fresh water available?
   e. What other beverages are provided?

18. What furnishings will be provided?
   a. Bed?
   b. Dresser?
   c. Mini-fridge?
   d. Microwave?
   e. Television?
   f. Cable ready?
   g. Telephone service?

19. Look at an actual room (preferably the one you will be renting).
   a. Is everything in working order?
   b. Is everything clean?
   c. Is there an in-room A/C & Heater unit?
   d. Is there a call-bell in both the bedroom and bathroom?
   e. Can residents personalize their room?

20. Safety
   a. Are there guardrails in the bathrooms and in the shower?
   b. Are the hallways large enough to accommodate wheelchairs or walkers?

21. Ask for a sample Admission Agreement to review.

Additional Notes and Comments: