

A Questionnaire to Help Find the *Right* Care Facility

Provided by:

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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: