



## **HOW TO SELECT A NURSING HOME**

### **A reference and checklist for the potential nursing home resident and his or her family**

#### **INTRODUCTION**

When a person can no longer live independently, a decision must be made about the best alternative arrangement for care. Such a decision often must be made during a time of crisis, frequently when the patient is ready to leave the hospital after a serious illness or operation.

Care needs may change for many reasons. A person has a stroke and can no longer remain at home alone. Frequent falls cause broken bones, and the individual needs a more protective setting. Increased forgetfulness or a heart condition poses a serious threat to the well-being of the individual and necessitates increased health supervision.

The family of an individual who can no longer live independently is often bewildered by the task of selecting the most appropriate type of care to meet the person's needs. This is understandable. Moreover, finding the right kind of services in a desirable atmosphere is not easy.

To do the job right, you must be prepared for the time-consuming effort of gathering the many facts needed to help you in the decision-making process. But finding the right type of service is all important to your loved one's well being.

Before considering placement in a nursing home, you should explore the possibility of using alternative services or programs that permit the older person to receive the needed care in his or her own home or in a community setting. An increasing number and variety of community- based health, supportive services and specialized living arrangements have been created in communities throughout the nation. For some persons, such alternatives may serve as an effective holding action that will prevent or delay the need for nursing home care. For others, however, this is not possible; for these persons, nothing can substitute for a good long-term care facility.

This booklet is intended to serve as a guide for those who are faced with the task of selecting appropriate care for a person no longer able to live independently.

#### **ASSESSING NEED: IS NURSING HOME CARE THE BEST ALTERNATIVE?**

When an individual needs 24-hour care and supervision, a long-term care facility is probably the best answer. However, when a less intensive and less restrictive form of care will suffice, a mix of services and/or programs may be more appropriate.

First, determine what kind of care is actually needed and then decide what combination of services will be required to meet this need. Accurately assessing a person's needs may require you to consult with his or her

physician, a social worker, various therapists (speech, physical or occupational) and anyone else who may be able to contribute to this process. Use your findings to develop a care plan. Next, match the recommendations for care with appropriate services and programs in the community.

When possible, the assessment and planning process should involve all who are concerned, including the individual and his or her family, physician, social worker and clergyman. Always consider the individual's needs and preferences.

## **BASIC QUESTIONS**

### **WHAT ARE SOME ALTERNATIVES?**

While communities throughout the state have made much progress in developing different care alternatives, not all services and programs are available in each community. It is important to find out about what your community can offer.

Here are some of the alternatives you might consider:

**Home health care** covers a broad range of services that are brought to a person in his or her own home, including:

- Part-time skilled nursing care,
- Part-time services of home health aides and homemakers (necessitated by a resident's poor health),
- Occupational therapy,
- Physical therapy,
- Speech therapy,
- Nutrition counseling and
- Medical supplies and equipment.

**Home health aide services** are provided under the supervision of a professional therapist (who also assesses the person's needs and plans for the service to be provided).

**A homemaker or home health aide** carries out such tasks as assistance with bathing, dressing, meal preparation, light cleaning and laundry.

**Chore services**, which may be available alone or in combination with homemaker or home health aide services, include yard maintenance, snow shoveling and heavy cleaning.

**Home delivered meals** provide one or two nutritious meals a day to a person in his or her own home, if for some reason he or she is unable to prepare them. Most programs provide meals on weekdays, and a few also provide meals on weekends.

**Congregate (group) dining** furnishes a nutritious noon meal for older persons at such sites as senior citizen centers or schools. Participation in these programs affords the opportunity for social interaction and planned activities before or after the meal. Many programs also provide transportation.

**Adult day care** is an organized program of therapeutic, social and health activities. Services are provided to adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining their capacity for self-care. On a short-term basis, adult day care services can serve as a transition from a health facility or home health program to personal independence. On a long-term basis, these services can be

an alternative to nursing home care in two ways:

- When 24-hour nursing care is not medically necessary, or
- When institutionalization is against the wishes of the individual or his or her family.

Some adult day care programs are primarily social in nature. Others provide some health supervision, establish linkages with community health facilities, or provide transportation to needed health services.

**Transportation and escort services**, through volunteer driver programs or special mini-buses, help elderly or disabled persons who do not have private transportation or who are unable to use public transportation. These services also provide physical assistance for persons needing help in shopping, going to medical appointments, or for other activities.

**Telephone reassurance programs** provide a daily contact for persons who live alone and who are anxious about their safety or security or have chronic health problems. Usually, the client calls a central switchboard at an agreed-upon time during the day. If no one answers a return call to the home, the neighbors or the police are alerted to check on the person.

**Friendly visiting programs** ensure contact is made with isolated or homebound persons who do not have regular contact with relatives or neighbors. These regular visits usually are provided by volunteers from church groups or social agencies.

**Protective services** in legal and financial matters are provided to mentally confused persons and to others who are unable to manage their own affairs or protect themselves from injury or exploitation.

**Congregate living arrangements** allow several persons who cannot live independently, but who are able to live in a group, to rely on their individual strengths to complete such tasks as cleaning, cooking and shopping. Sometimes, by pooling their funds, group members can afford to purchase housekeeping and cooking services that they could not afford if each lived in separate quarters.

**Special housing arrangements** for older or disabled people are available in many communities. Many of these programs are for low- and moderate-income persons; some offer a variety of social and health services to the residents.

**Hospice programs**, which can be offered in a health care or long-term care facility or at an individual's home, provide supportive care for terminally ill patients (usually cancer victims) and their families based on an individualized plan approved by the family physician, especially to control and relieve pain. As needed, other kinds of home care can be integrated into these programs, which are available on a 24-hour, seven-day a week basis.

**Information and referral services** are designed to help an individual find needed programs, facilities and other resources. You also may want to check the yellow pages of the local telephone directory for a listing of social service organizations, which may have information available regarding alternative arrangements and services.

## **WHERE DO I BEGIN?**

First, it is important to learn about the facilities, programs and services available in your community. Discuss the problem with the social services office of your community's public welfare agency, the social worker in the hospital (if that is where the person needing care is at the time), or a social worker in any philanthropic or

church related social agency in your community. If there is an information and referral service available in your community, this group can be of enormous help in providing guidance. Other agencies that can be contacted for information include the county public assistance office (which is a branch of the Illinois Department of Healthcare and Family Services), your area agency on aging, and your local health department. Phone numbers for these agencies can be found in your local telephone directory.

As mentioned earlier, the many different types of care now available give you an array of choices. For some, however, long-term care is the only alternative that will meet their needs. In those cases, the challenge is to find the facility most suitable for the individual and the family. Locating a long-term care facility that provides the services and atmosphere a person needs and prefers takes time and effort, as well as information. But, when you consider that the facility becomes a person's home and community for as long as he or she remains there, you realize how necessary and worthwhile the search can be.

## **WHEN DOES A PERSON NEED A LONG-TERM CARE FACILITY?**

When a person needs help with dressing, shopping, meal preparation and personal chores — and when these needs cannot be met by family or community services — a long-term care facility could be the best choice. When a person needs medical attention that the family cannot afford to provide at home, or when keeping the individual at home may severely upset family life, long-term care could be needed. Other care needs also may make it necessary to make this choice.

First, talk the situation over with other family members, including the person needing the care. Consult your physician. If you are faced with having to move someone from a hospital to a long-term facility, talk to the hospital's social worker.

Always consider the individual's needs and preferences. After all, it is his or her lifestyle that will change. Everyone, regardless of age or degree of health, has a right to influence his or her own life.

Consider family needs. Often, after reviewing all possibilities, it is determined that institutional care is the best alternative. No one needs to feel guilty about moving a loved one into a long-term care facility, especially if all alternatives and consequences have been carefully weighed and if the long-term care facility is chosen with care.

## **WHAT KIND OF LONG-TERM CARE IS AVAILABLE?**

Some homes specialize in personal care while others specialize in health or nursing care. Others care for residents with all kinds of needs, from help with eating to post-hospital medical care. Since a facility's name tells you little about the services offered, you should make a personal visit and talk to the administrator.

The administrator may use phrases like "skilled nursing facility" or "intermediate care facility." These terms were created as a result of two government programs — Medicaid and Medicare — that pay bills for a majority of the residents of long-term care facilities. Medicaid pays bills for some low-income people, while Medicare helps pay some bills for eligible persons over the age of 65. These programs classify homes according to the kinds of services offered.

An intermediate care facility is for people who need health services and some nursing supervision in addition to help with eating, dressing, walking or other personal needs. Medicaid may pay for intermediate care but Medicare never does.

A skilled nursing facility is staffed to make round-the-clock nursing services available to residents who require them. In Illinois, the Medicaid program pays for care in a skilled nursing facility if a person's

physician says such care is needed and his or her decision is approved by the program.

Medicare will help pay for up to 100 days in a skilled nursing facility only if the person has spent at least three days in a hospital and such continued care is recommended by the person's physician and approved by Medicare. Medicaid usually picks up the charges after 100 days for those who are eligible for both programs and continue to need the care.

A long-term care facility may be certified in one or more categories. If you think the person is eligible for Medicaid assistance, look for a home certified for this program. If the person is eligible for Medicare to help pay for the first 100 days, look for a home certified for the Medicare program. Many homes are certified for both Medicaid and Medicare.

Under the Medicare and Medicaid programs, the federal government sets standards for services as well as for safety and sanitation. The Illinois Department of Public Health the Department must enforce these standards when it inspects and certifies nursing homes that receive money from Medicaid or Medicare. In addition, the Department has established its own standards for inspecting and licensing these and other types of facilities.

The state's Nursing Home Care Act permits the Department to establish licensing categories for levels of care other than skilled nursing and intermediate care. These categories are sheltered care facilities, intermediate care facilities for the developmentally disabled and community living facilities.

A sheltered care facility provides personal assistance, supervision, oversight and a suitable activity program. Provisions are made for periodic medical supervision and other medical services as needed. Such facilities are for individuals who do not need nursing care but do need the services listed above in meeting their needs.

An intermediate care facility for the developmentally disabled is primarily for mobile adults who need physical, intellectual, social and emotional assistance. These facilities provide an environment approximating, as closely as possible, the patterns and conditions of everyday life in mainstream society. Such an environment is meant to encourage residents to learn, to interact with the community and to become less dependent on others.

A community living facility is a residential setting for mobile adults who are mildly or moderately mentally retarded but who have a potential for being absorbed into the mainstream of their community. Such facilities provide guidance and supervision for persons in need of an intermediate transitional type of living arrangement instead of the controlled environment of institutional life and dependent living.

Some persons may be able to obtain the care they need in a room-and-board home. However, these facilities are not licensed and are not required to provide supervision.

## **THE FIRST STEP IN FINDING THE RIGHT LONG-TERM CARE FACILITY**

Make a list of long-term care facilities in your area that seem to fit the needs and preferences of the person who needs care. The more choices you have, the better your chances of making the best selection. Start with the yellow pages of your phone book. Other possible sources of information are the local health department, senior citizen groups, the local Social Security office, Department of Human Services local office, and your physician, clergyman, relatives and friends. No single individual or group can supply complete information about all possible homes.

## **SHOULD I VISIT ALL THE HOMES ON MY LIST?**

No. You can eliminate some by making a few telephone calls to determine whether a home actually provides the kind of care that is needed and, if you are depending on that kind of help, whether the facility participates in Medicare or Medicaid. Be aware that not all facilities will have vacancies for new residents.

## **WHEN SHOULD I VISIT A HOME?**

It is preferable to visit the facility more than once and at different times of the day. One visit should be during late morning or midday so you can observe the noon meal being served. Another visit should be during the afternoon to observe activities being offered. Another time to visit would be during the evening meal. Plan to spend at least one hour at each visit. It is usually best to make an appointment to meet with the administrator the first time you visit the facility to explain the purpose of your visit. Following a guided tour, it is wise to talk to residents and observe conditions by yourself without facility staff being present. If the administrator refuses to do this, you can assume he or she has something to hide.

## **LICENSES AND CERTIFICATES**

Most homes display their licenses and certificates. Never accept someone's word that certificates exist. Ask to see them and take time to examine them. Be sure they are current. The more important documents include:

- Long-term care facility license. If the home is not licensed, do not use it. It is particularly important that a person requiring any kind of supervision or personal care not be placed in an unlicensed facility. Illinois requires all facilities providing such care to obtain the proper license.
- Nursing home administrator license. All nursing home administrators must have state licenses. This applies to skilled nursing facilities, intermediate care facilities, and intermediate care facilities for the developmentally disabled. If the administrator does not have a current license or is unlicensed, do not use the home.

When visiting a facility, ask to see the latest state survey (inspection) report of how it met the state standards set by law.

The Illinois Department of Public Health, acting as the agent for the U.S. Health Care Financing Administration (HCFA), is responsible for monitoring the quality of care in nursing homes. State surveyors inspect each Illinois nursing home annually. They interview residents, review resident records, inspect the premises, and assess compliance with state and federal standards.

## **PHYSICAL CONSIDERATIONS**

**Location.** Think of whether the person needing care prefers an urban or rural setting. In either case, it is advantageous to be near a hospital. If the person wants to continue using his or her personal physician, the facility should be near where the physician practices. It is equally important that the location allows family and friends to visit easily and often, since this often affects the resident's progress.

**Accident prevention.** Eliminating hazards is an important concern, especially when a resident cannot move about easily. Most good nursing homes emphasize accident prevention because even minor mishaps can be dangerous for the aged. All areas should be clear of small low objects that can cause a person to trip. There should be no throw rugs or small area rugs. Chairs should be sturdy and not easily tipped. Handrails in hallways and grab bars in bathrooms increase safety while they also encourage self-help.

**Fire safety.** A good facility must comply with state fire safety codes. Ask to see the report of a home's last fire safety inspection showing that it meets state codes. Do not choose a home that has not been inspected and cleared for fire safety within the year.

Good housekeeping is important in preventing fires and in avoiding tragedy if one starts. Exits and the paths to exits must be clearly marked and must not be blocked. Doors must not be locked from the inside. Stairways must be enclosed and doors and stairways must be kept closed.

A good home puts residents through frequent fire drills to acquaint them with the quickest way to leave the building wherever they may be at the moment. A written emergency evacuation plan should be available. Adequate staff should be present at all times to aid residents who cannot get around by themselves.

**Bedrooms.** Each bedroom must open onto a corridor and have a window. A bedroom must have no more than four beds, placed so as to permit easy access. Each resident should be given privacy when needed. Each resident who needs them should have a nurse call bell and fresh drinking water within reach. Each resident should have a reading light and room enough to maneuver a wheelchair easily. And each should have his or her own closet space and drawers for personal belongings. Ask how the home selects roommates. Putting two people together without considering their special interests or personalities can lead to conflict. Unless medical conditions prohibit it, married couples should be permitted to share a bedroom if they so desire.

**Cleanliness.** Among good homes, there is some variation. Does the resident prefer super-tidiness or a lived-in look? Unpleasant odors indicate a dirty home or poor attention to the incontinent. However, you may notice a slight smell of urine because it is extremely difficult to remove it completely, and good nursing homes do not mask odors with highly scented sprays. **Lobby.** If used by residents as a lounge, a lobby should contain comfortable chairs and couches, plants and flowers, and a bulletin board with notices of activities and menus. License, certificates, a copy of any current order pertaining to the facility issued by the Department or by a court, and a notice regarding complaint procedures should be on display in the lobby area. These documents should be available for public inspection.

In addition, the facility also is required to post a list of materials available to the public for inspection. These documents include:

- a complete copy of every inspection report the facility has received from the Department during the past five years,
- a copy of every order pertaining to the facility issued by the Department or a court during the past five years,
- a description of the services provided by the facility and the rates charged for those services and a list of those items for which a resident may be separately charged,
- a copy of the statement of ownership, and
- a record of personnel employed or retained by the facility who are licensed, certified or registered by the Illinois Department of Financial and Professional Regulation.

If a facility does not have the necessary information available or if it refuses to allow you to inspect these documents, you may file a complaint by calling the Department's central complaint registry (800-252-4343).

**Hallways.** These should be large enough to allow two wheelchairs to pass with ease and should have handgrip railings on either side. Some homes brighten their corridors with colorful paint and pictures.

**Dining rooms.** Dining rooms should be attractive and inviting, with comfortable chairs and tables that can be moved around to accommodate residents in wheelchairs. If you visit during meal time, sample the food. Notice whether it matches the posted menu; sometimes homes try to cut costs by substituting. Residents who need help should receive it.

**Kitchen.** Food preparation, garbage and dishwashing areas must be separated from one another. Food needing refrigeration, such as milk, cream sauces and mayonnaise, should never be left on counter tops.

**Activity rooms.** Larger facilities have at least one activity room while smaller ones often use a multipurpose room. All facilities must have sufficient space for activities. Residents who are not too sick should be engaged in activities of some kind — reading, craft work or games, for example.

**Isolation rooms.** There should be at least one bedroom and bathroom that can be used to isolate anyone with a contagious disease. This room should be close to a nurse's station.

**Toilet facilities.** Toilet facilities should be designed to accommodate residents who must use a wheelchair, have a sink (with hot and cold running water) and grab bars on or near the toilet. A good nursing home will have toilet facilities adjacent to every bedroom and will place a nurse call bell near each toilet. Some long-term care facilities provide a bathtub or shower (look for grab bars and nonslip floors) adjacent to each bedroom; others have central bathing areas to make it easier to assist residents.

**Grounds.** Good long-term care facilities encourage residents to get out of doors. Even a home in an urban setting should have a lawn or garden where residents can go to get fresh air, and there should be ramps to help the disabled get around. Many homes permit residents to tend small garden plots voluntarily as part of recreational or planned activities.

## SERVICES

**Medical services.** Every home must have physicians available in an emergency. They may be on the staff or on call. The facility also must have an advisory physician or committee. Good homes allow residents to be treated by their private physicians. They also require that residents be seen as often as necessary. If a resident will be depending on the home's physician, find out how often he or she visits and how closely he or she supervises resident care.

All residents are required to have a thorough physical examination shortly before or upon admission. The physician and nurse also should involve the resident in making a plan for his or her care and treatment while in the nursing home and in revising the plan as the resident's condition changes.

The final say in any matters affecting a resident's health belongs to the resident or to his or her guardian. The resident (or guardian) has the right to know about his or her condition and to participate in planning medical treatment.

The need for other medical services, such as dental or eye care, does not stop when a person enters a long-term care facility. These often become more important as the person grows older. The facility you choose should have some arrangements with a nearby hospital or with health care professionals (dentist, podiatrist, optometrist, etc.) in the community to see that residents get all the medical treatment they need. Be sure to ask if these arrangements exist and if there are any associated costs.

**Hospitalization.** A good long-term care facility usually has an arrangement with a nearby hospital in case residents become acutely ill. Ask the administrator what arrangements the home has and, in their absence, what is done in case of an emergency.

**Nursing services.** The competence and attitude of the nursing staff probably affect a resident's sense of well-being more than other services. Registered nurses (RN's), with their extensive training and minimum of two years of special education, should direct nursing services in homes with residents who are ill enough to need skilled nursing care. An RN may not be on duty during all shifts, but must be responsible for the nursing staff. Licensed practical nurses (LPNs), with at least one year of specialized training, should be on duty day and night.

Certified nurse aides (CNAs), who come into contact with residents more often than other staff members, help with bathing, eating, dressing, the use of bed pans and other personal needs. CNAs should have either a year's experience or at least three weeks of training, followed by periodic performance evaluation and ongoing in-service training. In skilled nursing and intermediate care facilities, CNAs must have completed an approved course unless exempt through previous training or experience. Ask the administrator to explain the facility's CNA training program to you.

**Rehabilitation.** Full- or part-time specialists should be available to help residents regain lost abilities, such as walking, talking and dressing. Therapists also help residents to overcome deafness and other obstacles as well as to develop occupational and recreational skills that are personally satisfying.

**Activities program.** The most successful program reduces a resident's isolation, both from other residents in the home and from life outside the home. For those who can go out, activities should include trips to places such as theaters, museums and parks, and visits to the homes of friends and family. Community institutions, such as libraries, should bring their services to the home. People from the community should be encouraged to volunteer to work or visit with the residents. Each resident should have an activity schedule geared to his or her interests and abilities. Group activities — such as games, arts, crafts and social functions — and individual activities, such as reading and letter writing, should be included. Residents should be encouraged, but not forced, to participate.

**Religious observance.** Older people often like to attend religious services and to talk to their clergymen. They should be able to do both — either in the home or at a nearby house of worship. Attending religious services, of course, should always be a matter of choice.

**Social services.** Good homes have social workers on their staffs or as consultants to aid residents and their families in dealing with various problems. For example, a social worker may be able to help new residents overcome feelings of loneliness and isolation and learn how to live in a long-term care facility. A social worker also can help a resident's family adjust to the long-term care situation. Residents and their families should be encouraged to call freely upon a social worker for assistance and advice.

**Food.** A dietitian should plan balanced, varied and tasty meals that meet all of a resident's nutritional needs. Personal likes and dislikes should be considered when planning menus. Ask to see menus; inquire about eating rules. Good homes serve meals at normal times, allow plenty of time for leisurely eating and provide nutritious between-meal and bedtime snacks. Be sure the attendants bring meals to bedfast patients and help to feed them if necessary.

**Grooming.** Good homes arrange for barbers and beauticians to come in to provide services as needed.

## **ATTITUDES AND ATMOSPHERE**

People who enter long-term care facilities do not leave their individual personalities or basic human rights behind. Nor do they lose their need for friendliness, encouragement and respect. A long-term care facility that treats residents like people and tries to satisfy their emotional, as well as physical, needs helps sick people to get better and healthy people to stay well.

On entering a long-term care facility, individuals should have to give up as few of their human rights as possible. They should be allowed to participate in planning their treatment, be assured of the confidentiality of their medical records and have veto power over participating in experimental research.

Residents should have freedom and privacy to attend to their personal needs. Married residents should be assured privacy during visits from spouses. If both husband and wife live in the home, they should be able to

share a room unless medical reasons forbid. All residents should have freedom and opportunity to make friends and to socialize.

Residents and their relatives should be able to talk to administrators and staff about questions, problems and complaints without fear of reprisal. Administrators should be courteous and helpful and should treat residents and their requests with respect. Staff members should respond quickly to calls for assistance and treat residents with courtesy, respect and affection. A long-term care facility may meet every known standard but, if its staff treats people coldly, the residents suffer.

Residents should be allowed to manage their own financial affairs if they are able to. If they are not able to do this, they should receive a periodic accounting of their finances.

Residents should be allowed to decorate their bedrooms with personal belongings and to wear their own clothing. They should be allowed to communicate freely by letter or telephone without interference or censorship.

Those residents who wish to do their own chores should be encouraged to do so, but no one should be forced into activity. Some residents may prefer to watch rather than participate but, if most residents are passive, it may be a sign that the home has no activity program or that residents are kept on tranquilizers.

Visiting hours should be generous and set for the convenience of residents and visitors, not of the nursing home.

Residents should not be transferred or discharged arbitrarily and should be given reasonable advance notice if they must be moved.

Many of the recommendations in this section are included in the "Residents' Bill of Rights," a set of rules that homes certified for Medicaid and Medicare must follow. In addition, civil rights law forbids discrimination because of race, color or national origin in all nursing homes. This law applies to referrals, admissions, accommodations, room assignments and transfers; policies regarding financial matters, care services, physical facilities and resident privileges; and the assignment of medical staff and volunteers.

When you visit a long-term care facility, ask residents for their opinions of the home and whether these recommendations and the law are observed. Ask other visitors or volunteers the same question. If you see no volunteers, ask why none work in the home. If you see no visitors, ask for the names of several residents' families. Call or write to them to find out what they think of the home.

## **CHARGES**

The more services a resident requires, the more he or she will probably pay. Talk to the administrator about the basic monthly charge and exactly what the resident receives for it (the kind of nursing care, therapy, room, meals, etc.). Some homes charge extra for services like laundry that other homes include in their basic rates.

Itemize the extra services and supplies that the resident will probably need. Be clear whether special items or services (for example, a particular mattress) entail a one-time charge or a monthly rate. Find out where, if possible, you can save money. Prices may vary from facility to facility for the same or similar services. Be sure you are comparing the same services: One facility may quote a figure that includes only the base rate, with extra charges for many services, while another facility may quote a figure that includes everything.

Find out whether the resident is entitled to Medicaid or Medicare by calling the Department of Human Services local office (for Medicaid) or your local Social Security office (for Medicare). If a resident is eligible for Medicaid, the home should bill the state directly for all charges.

If the resident is not eligible for one of the government programs, check into private health insurance, such as Blue Cross/Blue Shield, or another major medical plan to see if it covers nursing home costs.

Most homes require full financial disclosure from residents who will be paying privately. Since many nursing home residents who enter as private pay residents eventually use up their funds and then must rely on Medicaid, the homes want to know how long the resident will be able to pay privately and when it will be necessary to apply for Medicaid. Once a person is eligible for Medicaid, he or she has the right to have this program pay for care (if the home accepts Medicaid). When this happens, the nursing home should assist in completing the necessary forms.

Compare the costs of several homes providing the same or very similar services. In addition to the cost of care, be sure to consider the facility's location and how convenient it will be to visit. It is most important, however, that the individual be placed in a facility that meets his or her needs. If you look at homes before a crisis arrives, you probably will be able to find a good home at a reasonable price.

The Nursing Home Care Reform Act of 1979 requires a written contract between the nursing home and the resident, spelling out the conditions under which the resident is accepted. The individual or his or her guardian, representative or family member will have to sign the contract before the person can be admitted, and will be legally bound by what it says.

The contract must state the services to be provided, the costs of those services, the terms of the contract, supplemental services that are available and the costs of each such service, the source(s) liable for payment under the contract, the amount of deposit paid, and the rights, duties and obligations of the resident. Residents' rights may be on a separate document, but these must be given to the individual at the time of admission.

Before a contract is signed, be sure it is completely understood by all persons concerned. Ask the nursing home administrator to explain anything that is not clear. If possible, have a lawyer review the contract before it is signed.

# NURSING HOME CHECKLIST

The following checklist is offered as a guide. Carry it with you when visiting homes. It will help you to compare one with another. As a general rule, the best home is the one that has the most "yes" answers. However, be sure to remember that different kinds of homes offer different types of services. Compare skilled nursing homes with skilled nursing homes, and sheltered care homes with sheltered care homes. Nursing facilities may be licensed in more than one category. Always consider the higher category when comparing one facility with another.

Name of Home A \_\_\_\_\_

Name of Home B \_\_\_\_\_

Name of Home C \_\_\_\_\_

<b>CHECKLIST ITEM</b>	<b>Home A Yes/No</b>	<b>Home B Yes/No</b>	<b>Home C Yes/No</b>
Does the home have a current license from the state?			
If the person needs and is eligible for financial benefits through the Medicare or Medicaid programs, is the home certified to participate in those government programs?			
Does the home provide special services, such as specific diet or therapy, which the resident needs?			
Is the general atmosphere of the home warm, pleasant and cheerful?			
Is the administrator courteous and helpful?			
Are staff members cheerful, courteous and enthusiastic?			
Do staff members show genuine interest in and affection for residents?			
Do residents look well cared for and generally content?			
Are residents allowed to wear their own clothes, decorate their rooms and keep a few prized possessions on hand?			
Is there a place for private visits with family and friends?			
Is there a written statement of residents' rights?			
As far as you can tell, are these points being carried out?			
Do residents, other visitors and volunteers speak favorably about the home?			
<b>LOCATION</b>			
Is the home near family and friends?			
<b>GENERAL PHYSICAL CONSIDERATIONS</b>			
Is the nursing home clean and orderly?			
Is the home reasonably free of unpleasant odors?			
Are toilet and bathing facilities easy for disabled patients to use?			
Is the home well-lighted?			
Are rooms well-ventilated and kept at a comfortable temperature?			
<b>SAFETY</b>			

Are wheelchair ramps provided where necessary?			
Is the nursing home free of obvious hazards, such as obstacles to residents, hazards underfoot, unsteady chairs?			
Are there grab bars in toilet and bathing facilities and handrails on both sides of hallways?			
Do bathtubs and showers have non-slip surfaces?			
Are there smoke detectors, an automatic sprinkler system and portable fire extinguishers?			
Is there automatic emergency lighting?			
Are exits clearly marked and exit signs illuminated?			
Are exit doors unobstructed and unlocked from inside?			
Are certain areas posted with no smoking signs?			
Do staff, residents and visitors observe them?			
Is an emergency evacuation plan posted in prominent locations?			
<b>MEDICAL, DENTAL, AND OTHER SERVICES</b>			
Does the home have an arrangement with an outside dental service to provide residents with oral health care when necessary?			
In case of medical emergencies, is a physician available at all times, either on staff or on call?			
Does the home have arrangements with a nearby hospital for quick transfer of nursing home residents in an emergency?			
Is emergency transportation readily available?			
<b>PHARMACEUTICAL SERVICES</b>			
Are pharmaceutical services supervised by a qualified pharmacist?			
<b>Is a room set aside for storing and preparing drugs?</b>			
Does a qualified pharmacist maintain and monitor a record of each resident's drug therapy?			
<b>NURSING SERVICES</b>			
Is at least one registered nurse (RN) or licensed practical nurse (LPN) on duty day and night?			
Is an RN on duty during the day, seven days a week? (for skilled nursing homes)			
Does an RN serve as director of nursing services? (for skilled nursing homes)			
Are nurse or emergency call buttons located at each resident's bed and in toilet and bathing facilities?			
<b>FOOD SERVICE</b>			
Is the kitchen clean and reasonably tidy?			
Is food needing refrigeration not left standing out on counters?			
Is waste properly disposed of?			
Ask to see the meal schedule. Are there at least three meals served each day?			

Are meals served at normal hours, with plenty of time for leisurely eating?			
Are nutritious between-meal and bedtime snacks available?			
Are residents given enough food?			
Does the food look appetizing?			
Sample a meal. Is the food tasty and served at the proper temperature?			
Does the meal being served match the posted menu?			
Are special meals prepared for residents who require therapeutic diets?			
Is the dining room attractive and comfortable?			
Do residents who need help in eating, whether in the dining room or in their own rooms, get it?			
<b>REHABILITATION THERAPY</b>			
Is a full-time program of physical therapy available for residents who need it?			
Are occupational therapy and speech therapy available for residents who need them?			
<b>SOCIAL SERVICES AND RESIDENT ACTIVITIES</b>			
Are there social services available to aid residents and their families?			
Does the nursing home have a varied program of recreational, cultural and intellectual activities for residents?			
Is there an activities coordinator on the staff?			
Is suitable space available for resident activities?			
Are tools and supplies provided?			
Are activities offered for residents who are relatively inactive or confined to their rooms?			
Look at the activities schedule. Are activities provided each day? Are some activities scheduled in the evenings?			
Do residents have an opportunity to attend religious services and talk with their clergymen, both in and outside the home?			
<b>RESIDENTS' ROOMS</b>			
Does each room open onto a hallway?			
Does each room have a window to the outside?			
Does each resident have a reading light, a comfortable chair, and closet space and drawers for personal belongings?			
Is there fresh drinking water within reach?			
Is there a curtain or screen available to provide privacy for each bed whenever necessary?			
Do bathing and toilet facilities have adequate privacy?			
<b>OTHER AREAS OF THE NURSING HOME</b>			
Is there a lounge where residents can chat, read, play games, watch television or just relax away from their rooms?			

Is a public telephone available for resident's use?			
Does the nursing home have an outdoor area where residents can get fresh air and sunshine?			
<b>FINANCIAL AND RELATED MATTERS</b>			
Do the estimated monthly costs (including extra charges) compare favorably with those of other homes?			
Is a refund made for unused days paid for in advance?			
Are visiting hours convenient for residents and visitors?			
Are these and other important matters specified in the contract?			

## MORE INFORMATION

For more information about nursing homes or for answers to particular questions, you can contact the Illinois Department of Public Health's Office of Health Care Regulation at 217-782-2913 or one of the Department's regional offices on the following pages.

Additional sources of information include:

- If the individual is covered under the Medicaid program, his or her caseworker or the Department of Human Services local office. Check your local phone directory for telephone numbers.
- The Illinois Department on Aging's nursing home ombudsman, 800-252-8966.

## HOW DO I FILE A COMPLAINT?

If you have a problem with a long-term care facility, try first to resolve it with the staff person who is involved. If this does not work, discuss the matter with that person's supervisor. If necessary, continue up the supervisory chain of command until you reach the facility administrator (for example, nurse aide, unit charge nurse, director of nursing, administrator).

Always give the facility administrator a chance to resolve the problem before referring it to an outside agency for investigation.

If the facility administrator is either unable or unwilling to properly resolve the problem within a reasonable period of time, call the Illinois Department of Public Health's toll-free hotline number, 800-252-4343. The information will be referred to a Department investigator, who will follow up on the complaint. Confidentiality is assured.

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH ADMINISTRATIVE OFFICES

### Central Office

**Springfield**  
525-535 W. Jefferson St.  
Springfield, IL 62761-0001  
217-782-4977

## **Regional Offices**

### **Rockford**

4302 N. Main St.  
Rockford, IL 61103-1209  
815-987-7511

### **Peoria**

5415 N. University St.  
Peoria, IL 61614-4784  
309-693-5360

### **Edwardsville**

22 Kettle River Drive  
Glen Carbon, IL 62034  
618-656-6680

### **Marion**

2309 W. Main St.  
Marion, IL 62959-1195  
618-993-7010

### **Champaign**

2125 S. First St.  
Champaign, IL 61820-7499  
217-333-6914

### **West Chicago**

245 W. Roosevelt Road, Bldg. 5  
West Chicago, IL 60185-4803  
708-293-6800

### **Chicago**

4212 W. St. Charles Rd  
Bellwood, IL 60104-1146  
708-544-5300