

Questions to ask when choosing a: NURSING HOME

For Individuals with Traumatic Brain Injury (TBI)

See <http://www.memberofthefamily.net> and <http://www.medicare.gov/NHCompare>

For information about nursing homes in your area.

When choosing a nursing home to fit the needs of an individual who has sustained a traumatic brain injury, knowing what to ask can help you make the best possible selection. The checklist below is a good place to start. Check each box that can be answered with a “yes.” The facility that receives the most checkmarks is likely to be the best choice for your loved one. We urge you to visit the facility in person before making your decision. Additional considerations are listed on page 2.

| | Facility/Notes | Facility/Notes | Facility/Notes |
|---|--------------------------|--------------------------|--------------------------|
| CRITERIA FOR FACILITY/PROGRAM | | | |
| Is the program covered by my insurance or funder for long-term care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the facility Medicare certified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the facility Medicaid certified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the home and current administrator licensed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the home conduct background checks on all staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Registered Nurses (RN) and Certified Nursing Assistants (CNA) on staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the staff trained and experienced in working with individuals with brain injury? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the staff receive abuse prevention training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there special services such as rehabilitation and hospice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there policies and procedures to safeguard resident possessions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can residents make choices about their daily routine (i.e. bedtimes, meal times) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there a variety of activities for residents to choose from? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the resident rooms have personal articles and comfortable furniture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an outdoor area for resident use and help for residents to get outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can residents continue to see their personal physician? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do residents have the same caregivers on a daily basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there enough staff on nights, weekends and holidays to care for each resident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the home have an arrangement for emergencies with a nearby hospital? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are care plan meetings scheduled so that the resident and their family members can attend them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are nurses who care for the residents included in care plan meetings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there enough staff to assist each resident who needs help with eating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are residents offered choices of food at mealtimes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the staff help residents drink if they are unable to do so, on their own? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there handrails and grab bars in hallways and bathrooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the nursing home have smoke detectors and sprinkler system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can the facility provide references from other families? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTALS: | | | |

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|--|----------------|----------------|----------------|
| ADDITIONAL CONSIDERATIONS | | | |
| What is the occupancy rate of the home? | | | |
| How many of the residents have brain injuries? | | | |
| Is the home convenient for friends and family visits? | | | |
| Does the home meet the resident's cultural or language needs? | | | |
| Hallways are free of clutter and spills are cleaned up quickly. | | | |
| How are medications secured and administered? | | | |
| How does the staff manage residents with behavioral issues? Do they receive special training to help them provide this care? Are residents with behavioral issues checked by a doctor or specialist? | | | |
| When you visit the home, take note of the following: | | | |
| • Interactions between staff and residents are warm and respectful. | | | |
| • The nursing home smells and looks clean and has good lighting. | | | |
| • The temperature is comfortable. | | | |
| • Residents are clean and well groomed. | | | |
| • The staff responds quickly to requests for help. | | | |
| • There are water pitchers and glasses on tables in resident rooms. | | | |
| • Nutritious snacks are available. | | | |
| • There is sufficient staff to assist residents who need help moving or getting in and out of chairs and/or bed. | | | |
| • Ask what the staff does to prevent bowel and bladder incontinence for residents who are at risk. | | | |
| • Nutritious snacks available during the days and evenings. | | | |
| When you observe a mealtime at the facility: | | | |
| • Are residents who need help eating able to finish their meals or are they returned to the kitchen uneaten? | | | |
| • Food looks and tastes good, and is served at proper temperature. | | | |
| • The dining room environment is calm and unrushed. | | | |
| • What type of assistance is offered to residents who need help eating? | | | |

