

Questions to ask when choosing a: RESIDENTIAL FACILITY

For Individuals with Traumatic Brain Injury (TBI)

Developed through a collaboration of the Brain Injury Associations of Florida, Montana, and New Jersey.

When choosing a residential facility 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 able to bill insurance, VA, private trust or other benefit programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program accept Medicaid (waivers)? If so, what are the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Medicaid cover the full cost of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program offer the following:			
• Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Short term/transitional living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Long term/transitional living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Supported Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there activities specifically for people with brain injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff trained to work with individuals with brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the program adjusted to suit residents' individual needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can family members visit and observe the facility prior to admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can family members visit or call at open times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can my loved one come home for short stays without losing placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program participate in community-based activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program offer assistance with:			
• Activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meal Preparation / Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medication / Medical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Behavioral Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Socialization / Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vocational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS:			

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ADDITIONAL CONSIDERATIONS			
How many of the residents have brain injuries?			
How many individuals have a brain injury similar to my loved one?			
Do you serve individuals who have conditions other than brain injury?			
What age range do you serve?			
What medical care do you provide (directly, by contract or in the community)?			
How does the staff manage residents with behavioral issues? Do they receive special training to help them provide this care?			
When you visit the facility, take note of the following:			
• Interactions between staff and residents are warm and respectful.			
• The facility 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.			
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?			
• Is assistance offered to residents who need help eating?			
• Food looks and tastes good, and is served at proper temperature.			
• The dining room environment is calm and unrushed.			