

When Choosing A Memory Care Assisted Living Facility ... Things to Look For And Ask

Looking for a new home for a loved one can be a daunting process. Assuring that your loved one gets quality care is not only your responsibility, but your right. This checklist is *very* comprehensive and is intended to help guide you toward making the best choice possible. Some of the questions on this checklist may be more important to you than others, but you should be aware of the importance of *all* of them.

Here are some general guidelines to give you an “insider’s view” in making a wise choice:

As you are visiting assisted living facilities, **ask if the facility is licensed by the State.** Unlike nursing homes, “private pay” assisted living facilities are regulated by the state in which they are located. Regulations vary widely by state, but know that “licensed” is a minimum of what you are looking for. Licensed means that on a regular basis, an objective surveyor team from the State will come into the facility and ensure regulations are being met.

Ask to see the state license for the Assisted Living community and verify that it is active. Then **call your State Ombudsman** and ask what kinds of inquiries or concerns other families have reported to them. If you intend to use long term care insurance, the facility must be licensed. **Do not make the mistake of moving your relative in before a facility is licensed.** The insurance will not pay and you will be responsible for all costs during the unlicensed period!

Ask for references from at least three families who are currently using the facility and contact them with your questions regarding care.

Ask to see the list of those serving on the Board of Directors. Some states do not require a Board of Directors. A red flag should go up if there is no Board of Directors. You will have to carefully question and determine who holds the power and who makes the decisions. Do not assume it is the licensed administrator (ED.)

Ask to see the nursing schedule (at least for the past, current and upcoming months.) Do not simply ask what the caregiver ratio is. You may be told what the goal ratio is ... but you need to know what the actual staffing is. Ensure there is a nurse (LPN/RN) on duty at all times.

Absolutely visit the facility during all shifts. For your first visit, make an appointment so that you are sure to be speaking with the right staff person who can tour you through the facility and answer your questions. After that, visit randomly. Come and have breakfast and observe the early morning routines. Come during late afternoon and see how the residents are cared for when they are tired and hungry. Come on the weekends. And, finally, ask if you can come at midnight to speak with the night nurse and observe for an hour. The answer should be, “certainly you may visit then.”

(Information adapted from blog of Dale C. Carter, HFA, founder and owner of Transition Aging Parents)

The Basics

1. Is the location of the community convenient to family members and friends to encourage regular visits?
2. Can the community's rates be afforded for the foreseeable future? What happens if/when the resident runs out of money?
3. If the facility is part of an assisted living facility or continuing care retirement community, is the memory care section separate from other areas?
4. How is it determined if a resident in assisted living requires memory care? How much notice is given to families if it's time for them to move to the "memory care" side?
5. Are there certain "behaviors," disease complications, or medical conditions that the facility is not able to handle, or why might a resident be asked to leave the facility?
6. Who assesses residents' health and cognitive functioning? How often is that assessment repeated?
7. Does each resident have a formal, written plan of care that is specific to each resident? How are changes/issues addressed in the care plan?
8. Does the facility provide actual hands-on help with all ADLs, including bathing, toileting, and eating?

The Atmosphere

1. Is the interior and exterior of the facility secure? What methods are used to supervise residents and make sure they don't wander out of the building or off the grounds? What kind of systems — both digital and physical — are in place to prevent patients from wandering?
2. What system or procedures are utilized if residents need assistance while in their rooms?
3. Are the secure areas well designed to safely encourage as much independence as possible?
4. Are there adequate staff and activities to meaningfully engage persons throughout the day? What are these activities? (Too much or uncontrolled interaction can lead to stress and confusion among both memory care and other patients.) Are there activities that reflect the resident's personality and hobbies? Are they structured for persons in various stages of Alzheimer's or dementia? Are there activities that help people succeed at familiar tasks, such as making their bed, dressing themselves or cleaning up their home? Are there outdoor activities?
5. Is there a structured routine for residents?
6. Do residents look relatively healthy, clean and content?
7. Are the residents' rooms private or shared? If shared, on what basis are room-mates selected? What is the process if there is conflict with room-mates?
8. Is the facility laid out with circular hallways so that residents aren't frustrated by cul-de-sacs?
9. Are colors, murals, or shadow boxes used to help residents recognize their hallway, living area they're trying to reach, or to identify their own apartments?
10. Does the environment feel comfortable/homelike or institutional?
11. How quiet is the facility and the surrounding environment? Is it too quiet or, on the contrary, too over-stimulating?
12. Are the colors used throughout the facility appropriately used (to calm or stimulate, to contrast or camouflage) and unpatterned?
13. Is the facility adequately lit? Does it feature natural or faux-natural lighting in residents' rooms and common areas?
14. Is the facility generally pleasant and clean?
15. Do the residents have adequate privacy for bathing, toileting and hygiene? (This is an important aspect of maintaining residents' dignity while acknowledging that personal space and boundaries may be compromised due to the frequency of wandering and loss of inhibitions.)
16. Is there an outdoor patio and/or walking area that is easily accessible to residents yet enclosed to prevent wandering away from the community? How do residents have access to this area (can they freely walk outside, structured times they can use it, or do they need to ask "permission" to go outside)?

17. Does the facility feature nonslip floor surfaces in all rooms, including bathrooms? Are carpets unpatterned with a pile that is flat enough to prevent falls?
18. What is the policy on wheelchairs, scooters, oxygen tanks and other medical equipment? If so, how are they monitored for safe use?
19. Do residents seem to enjoy the food? Can the facility accommodate special diets? Can the facility accommodate a resident who requires assistance with feeding?
20. Does the facility offer spiritual or religious services?
21. Does the facility allow pets? Does the facility have any of its own pets?
22. Does the facility offer regular exercise sessions for residents who are physically able to participate?
23. Is transportation provided for doctors appointments or shopping?
24. What is the process for ensuring patients get their prescribed medication on time and in the correct dosage?
25. What happens if there is a medical emergency? What are your procedures?
26. Are pharmacy, barber/beautician, and/or physical therapy services offered on-site?

The Care Team

1. What type of licensure is required for key members of the care team? Are all direct care staff CNAs at minimum? Is there a licensed nurse (LPN or RN) on the floor 24 hours?
2. Is there a medical director that oversees the residents? Does he/she have a written contract? Is he/she available 24 hours a day 365 days a year? Is there another doctor (written contract) that provides coverage for the residents in their absence? Can the resident still maintain his/her own physician?
3. How many staff/aides are scheduled on each shift, including weekends and holidays?
4. Is staff available to provide 24-hour assistance with activities of daily living (ADLs) if needed? (ADLs include dressing, eating, mobility, hygiene and grooming, bathing, and toileting.)
5. How are difficult (but common) behaviors handled, such as calling out, exit seeking, agitation, and sundowning? Are residents who exhibit these behaviors asked to leave?
6. Is there a system in place to ensure all new hires receive general and job specific orientation? Is there a written organizational line of authority?
7. What kind of dementia-specific training do staff members have and is it ongoing? How often?
8. Has all staff been screened with state/national background checks?
9. Is there a full-time activities director to engage residents? Is there a thorough social services assessment done for each resident to design activities that are engaging and appropriate? Is a copy of the social services assessment available to all staff?
10. Do staff members seem kind and attentive to residents' needs?
11. What is the staff-to-resident ratio? Ask to see past, current and future caregiver staff schedules to ensure the staffing ratios they are speaking about. (*The ratio should be at least 1 to 7, especially for later-stages of dementia.*)
12. What is the facility's policy on the use of restraints -- both physical and chemical?
13. Are there rules regarding employee conduct?
14. Do employees receive initial and ongoing training for the following:
 - Facilities policy and procedures?
 - Basic first-aid?
 - Fire prevention?
 - Infection control and standard precautions?
 - Accident prevention?
 - Resident rights?
 - Abuse and neglect prevention?
 - Resident privacy and confidentiality?
 - Grievance procedures?
 - Exposure control plan?

- Disaster preparedness plan?
 - Resident care procedures
 - Medication safety?
 - Ethical resident care?
15. Does the facility maintain records of initial and ongoing training for each employee?
 16. Are all resident care employees certified in CPR and first –aid?
 17. Are all resident care employees and dietary employees trained in the Heimlich maneuver?
 18. Are all resident care employees and dietary employees trained in resident feeding procedures?
 19. Is the dietary manager certified and is oversight given by a Registered Dietician to ensure food quality, preparation, menu planning and special dietary needs?

The Residents

1. Do residents appear calm and content? Pay particular attention to the hygiene of the residents: combed/brushed hair, clean-shaven, clean clothing, free of incontinence odors, clean finger nails.
2. Are residents actively engaged in appropriate activities the majority of the day or are they frequently “on their own”?
3. Do the residents appear to have a level of dementia that is consistent with your loved one’s current needs and behaviors? (In many cases, communities specialize in a certain acuity level that may not be appropriate at the particular time you’re exploring options. Residents who cannot relate to and interact well with other residents may suffer from isolation and depression.)
4. Is there a resident assessment process in place to identify appropriate resident placement and ongoing stay? Are assessments updated annually or revised in accordance with state requirements?
5. Does the resident assessment include identification of individuals at risk for:
 - Falls?
 - Elopement/unsafe wandering?
 - Weight loss?
 - Self-neglect, abuse or exploitations?
6. Are there written procedures in place to ensure appropriate interventions are implemented for residents found to be at risk for falls, elopement, weight loss or self-neglect?
7. Is there an established process for communicating to the resident’s physician, family and others the change in status of the resident’s health, injuries, elopement, and weight loss or self-neglect?
8. Is there a system in place to ensure residents are discharged to an appropriate level of care when their needs can no longer be met?
9. Is the resident assessment used to develop a service plan for each resident?
10. Does the service plan identify the type, amount and frequency of service’s to be offered each resident?
11. Does the service plan identify safety concerns and planned interventions to minimize the resident risk?
12. Is the staff aware of the service plan?
13. Is there a monitoring plan in place to assure services are delivered in accordance to the service plan?
14. Do you utilize negotiated risk agreements?
15. Are the risk agreements explicit in risk identification and recommendation of treatment options?
16. Are the risk agreements signed by the authorized persons?
17. Is the resident care staff aware of negotiated risk agreements applicable for individual residents?

Costs, Contracts, and Care Philosophy

1. What is the monthly fee?
2. Is a contractual agreement available that discloses healthcare and supportive services, all fees, as well as admission and discharge provisions? What are the policies for refunds and transfers?
3. Is there a written plan for the care of each resident?
4. What is the complaint policy or how are problems resolved?

5. What does that monthly payment include? (number of meals/snacks per day, transportation services, special Alzheimer's/dementia services, etc.)
6. What additional costs might there be?
7. Does the facility accept private insurance, Veteran's Aid & Attendant support, or Medicaid?
8. What happens if the family runs out of money?
9. Do you contract with home care and hospice services?

Community Risk Management

1. Does the facility have a formal accident prevention and safety program?
2. Are there written performance or accountability standards and objectives for all employees to
 - Reduce accidents, injuries and infection-related illnesses?
 - Enhance workplace health and safety?
 - Have you established compliance activities and programs?
3. Does the facility have a quality improvement program?
4. Does the facility have a designated safety committee, including posted written safety rules and practices for staff?
5. Are there established written safety rules and practices for residents that are provided upon admission?
6. Is there safety training and education for staff? For families and residents?
7. Does the facility conduct regular safety inspections? How often?
8. What is the process for reporting safety concerns?
9. Is there a resident abuse prevention program, including misappropriation of resident property?
10. Has the facility established a written procedure for a missing resident?
11. Is an emergency file easily accessible for each resident? What is included in the file?
12. Have you developed a written disaster preparedness procedure for the following:
 13. Fires?
 14. Tornado watches/warnings?
 15. Evacuation plans?
 16. Bomb threats?
 17. Chemical spills?
18. Do disaster procedures include notification of management staff, families and other authorities as required by state statute?
19. Do disaster procedures include alternative housing if the facility is uninhabitable? Where?
20. Does the facility conduct a comprehensive review of all insurance policies at least annually?
21. Is a resident required to provide renters insurance for personal belongings upon admission?
22. Are there ancillary services available? Including podiatry, audiology, dental, and psychiatric services?
 - How are these services scheduled? How are these services billed?
18. Is the facility privately held or is it owned by a corporation?
19. Is there a board of directors that the owner or Executive Director is responsible to for decision making procedures that affect the building, grounds, staffing, purchasing, and budgetary concerns?
20. Is the board of directors local? Are they accessible to general staff, family members and residents? Are meetings scheduled and open to the public?
23. Who advocates for the resident, families and staff?

Staffing and Supervision

1. Is there an internal process for communication of pertinent resident issues to:
 - Management?
 - Other shifts?
 - Other departments?

2. Is there a system in place to ensure qualified staff is available in sufficient number to meet the scheduled and unscheduled needs of the residents at all times?
3. Is there a plan in place for management coverage in the absence of the person with first-line authority and responsibility for the operation of the facility?
4. Is the manager directly responsible for the resident care staff available on-site or on call at all times?
5. Is there a system in place to monitor emergency call response time?
6. Is there a system in place to ensure that physician-ordered diagnostic tests are arranged for and completed in a timely manner?
7. Is resident care observed routinely to ensure the residents rights and preferences are honored?

Illness Prevention

1. Does the facility require residents to have evidence of a negative tuberculosis skin test prior to moving into the facility?
2. Does the facility test residents annually for tuberculosis?
3. Does the facility offer residents immunizations against seasonal influenza or other strains of influenza as suggested by the CDC?
4. Does the facility offer residents vaccinations against pneumonia or shingles?
5. Is the staff offered immunizations against seasonal influenza or other strains of influenza as suggested by the CDC?
6. Are single-use disposable resident care supplies utilized?
7. Are there infection control procedures in place for staff, visitors, and residents?
8. Does the facility require resident care staff to use aseptic hand-washing procedures in accordance with the CDC guidelines?
9. Are anti-bacterial soap, paper towels, and waste containers available in all resident bathrooms, public bathrooms, and staff areas?
10. Are alcohol based hand-sanitizers used in accordance with the CDC guidelines?
11. Are alcohol based hand sanitizers readily available for staff, residents and visitors?
12. Is there a system in place to protect residents with immune deficiencies during an influenza outbreak in the community?
13. Is there a system in place for sanitary linen and clothing handling, laundering and storage procedures?