

We become caregivers through a variety of reasons such as:

- Choosing caregiving as a professional occupation
- Lifelong mate becomes disabled or chronically ill
- Care recipient needs short term support to recuperate from an illness
- A loved one needs care at end of life

The following questions can serve as a guide for families trying to make good decisions about the future care of their loved one.

1. What housing options are possible? Will your loved one move in with a family member, or will the family member move in with the dying loved one?
2. Who will be the principal caregiver?
3. What involvement will siblings have in providing care?
4. Which responsibilities of care can be shared? By whom?
(Supervising medications, shopping, doctors, day care, etc.)
5. Is communication open and honest between caregiver and the elderly person?
6. Do family members share feelings and information?
7. What is the person's financial situation?
8. What are the sources of income for the elderly loved one? (Social Security, private pension, annuities, stocks, interest, IRA's, CD's)
9. Is their current medical coverage adequate?
10. Has anyone consulted an eldercare attorney?
11. Has the elderly person transferred any assets?
12. How do you feel about having someone die in your home?
13. How do you feel about caring for the personal needs that your loved one will need?

(Adapted Caregiver Guide)

**The varying needs of care recipients
may include:**

- Companionship
- Medication supervision
- Running errands such as groceries/mail
- Transportation to an appointment
- Bathing
- Dressing
- Walking
- Use of toilet

Stages of caregiving include:

1. Preparation for the role.
2. Completing the tasks and responsibilities of caregiving.
3. Detachment from various levels of caregiving.

Six sub-stages that caregiving can be broken down into:

1. **The Expectant Caregiver:** You have a growing concern that within the next 12 to 18 months you will need to become a full-time caregiver for your aging loved one. This is your time to prepare.
2. **The Freshman Caregiver:** You have been caring for an aging relative for 6 to 18 months. This is your entry into the caregiving role. Now is the time to shape your caregiving personality.
3. **The Entrenched Caregiver:** You've been involved in your care recipient's care for two to five years. It's time to develop a routine that will provide comfort for you and your care recipient.
4. **The Pragmatic Caregiver:** You've been a caregiver for more than 5 years. You've settled into your role and your routine.
5. **The Transitioning Caregiver:** You've been a caregiver over a period of several years and your recipient's condition has taken a turn for the worse. This is your opportunity to mourn for your loved one, even before death.
6. **The Godspeed Caregiver:** Your role as caregiver ended more than two years ago. You now become a strong support for other caregivers who are going through hard trials in earlier caregiving stages.

(Adapted Miller, 2000)

How did you get put in the caregiver role?

- Your choice
- Perceived obligation
- Attachment or relationship to that older adult
- Your ability to deal with the situation
- You perceived it as your responsibility
- Your spouse needs care
- A child born with a birth defect

Caregiver stress can be caused by any of the following:

- Care receiver's behavior and attitude
- Physical and emotional components of care
- Adjusting to work and caregiving
- Care receiver's financial problems
- Adjustments of caregiving within the family

If you recognize these early warning signs, you can try to take steps to relieve them and possibly avoid serious troubles.

Warning signs that may indicate high stress include:

Physical. Headaches, appetite or weight changes, feeling tired all the time, changes in sleep habits, muscle aches, getting sick often, stooped posture, sweaty palms, neck pain, weight gain or loss.

Emotional. Anger, sadness or crying spells, irritability or short temper, worry or anxiety, discouragement, trouble relaxing, emptiness or loss of direction, looking for magic solutions, inability to concentrate, frequent mood swings.

Behavioral. Increased use of drugs or alcohol, trouble concentrating, avoiding decisions, low productivity, forgetfulness, boredom, over-reacting, acting on impulse, changing jobs often.

Relationships. Problems with marriage or children, intolerance of others, fewer contact with friends, nagging, lowered sex drive, loneliness, resentment.

(Adapted Jolly, 1996 & *Caregiving: Stress Management and Burnout Prevention*)

Healthy choices for dealing with stress may include:

- Exercise
- Get enough sleep
- Eat proper food
- Take time for hobbies
- Ask for support from our families, friends, or community resources
- Take care of your physical appearance
- Accept that there are events you cannot control
- Stop smoking
- Set realistic goals and expectations
- Be forgiving
- Communicate feelings

Things the care receiver can do for the caregiver to relieve stress:

1. If you can possibly do it for yourself, do it, and be happy that you can.
2. Express good manners... say thank you for the smallest things. Everyone wants and needs to be appreciated.
3. Do your part to boost the entire family's morale.
4. Your caregiver has a life other than caring for you, so rejoice when they have an opportunity to "go" without you.
5. Laugh when things become tense. Many times that is all one can do.
6. Be agreeable to change. Things cannot always be done like they once were.
7. Smiling is a real upper for the one who does the smiling as well as the one who receives it.
8. Think before you complain and ask yourself, "Will this help?" Chances are your complaints only agitate the condition and anyone within earshot.
9. Look at your disease or disability head on, and do what is necessary to make your life and that of your caregiver as pleasant as possible.
10. Never be demanding and remember no one is a slave to another person. Compassion and understanding go a long way.
11. Practice patience and moderation in all things.
12. Demonstrate your love in every possible way. Let it radiate to all God's creatures.

Barriers to managing stress include:

- Trying to solve too many problems at once makes change overwhelming.
- Blaming others, “the system,” or “fate” prevents action.
- The buildup of stressors in our lives may affect our judgment and our initiative.
- Using drugs or alcohol as substitutes for resolving problems increases stress.
- A negative outlook makes us believe nothing can change.

(Jolly, 1996)

Causes of caregiver burnout may include:

- Demands from care receivers and others in the environment.
- Apparent helplessness of the care receiver's condition.
- Unreasonable burdens put on yourself.
- Role confusion.
- Lack of control over money, resources, etc.
- Conflicting policies and procedures when trying to access support services.

Symptoms of caregiver burnout include:

- Withdrawing from friends, family, and other loved ones.
- Losing interest in activities previously enjoyed.
- Feeling blue, irritable, hopeless and helpless.
- Experiencing changes in appetite, weight, or both.
- Experiencing changes in sleep patterns.
- Getting sick more often.
- Feeling you want to hurt yourself or the person for whom you are caring.
- Becoming emotionally and physically exhausted.
- Being irritable.

Steps you can take to prevent caregiver burnout include:

1. Find someone you trust, such as a friend, co-worker or neighbor, to talk to about your feelings and frustrations.
2. Set realistic goals, accept that you may need help with caregiving, and turn to others for help with some tasks.
3. Be realistic about your loved one's disease, especially if it is a progressive disease such as Parkinson's or Alzheimer's.
4. Don't forget about yourself because you're too busy caring for someone else. Set aside time for yourself, even if it's just an hour or two. Remember, self-care is not a luxury. It is an absolute necessity for caregivers.
5. Talk to a professional. Most therapists, social workers, and clergy members are trained to counsel individuals dealing with a wide range of physical and emotional issues.
6. Take advantage of respite care services. Respite care provides a temporary break for caregivers. This can range from a few hours of in-home care to a short stay in a nursing home or in assisted living facility.
7. Know your limits and take a reality check of your personal situation. Recognize and accept your potential for caregiver burnout.
8. Be honest with yourself about your capabilities and goals. Set small, achievable goals for yourself and your caregiving.
9. Educate yourself. The more you know about the illness, the more effective you will be in caring for the person with the illness.
10. Develop new tools for coping. Remember to lighten up and accentuate the positive. Use humor to help deal with everyday stresses.

Steps you can take to prevent caregiver burnout include:

11. Stay healthy by eating right and by getting plenty of exercise and sleep.
12. Accept your feelings. Having negative feelings, such as frustration or anger, about your responsibilities or about the person for whom you are caring is normal. It does not mean you are a bad person or a bad caregiver.
13. Join a caregiver support group. Sharing your feelings and experiences with others in the same situation can help you manage stress, locate helpful resources, and reduce feelings of frustration and isolation.
14. Contact your area Agency on Aging or local chapter of AARP for information on services available in your area such as adult day services, caregiver support groups, and respite care.

Coping skills for caregivers include:

Stress Management

- Exercise.
- Talk to someone about worries, concerns.
- Know your limits. Set limits.
- Make time for fun.
- Know what you have to do. Do one thing at the time.
- Know it's O.K. to cry.
- Avoid self-medication.

Time Management

- Know that some time will be spent on activities beyond your control.
- Make a daily "to do" list.
- Do the most important/difficult things first.
- Save up errands to do at once.
- Take along a small task if you go somewhere you know you will have to wait.
- Do an appraisal of the things you must do. Delegate what you can. Forget what is unnecessary.

Decision Making

- Define and clarify the issue.
- Set up criteria that any solution or decision should meet. For example: there is enough time; it is affordable.
- Select the best possible solution for everybody involved.
- Design a plan of action.

Life-style Management

- Exercise.
- Eat right.
- Get enough rest.
- Take time to relax.
- Maintain a sense of humor.
- Get regular medical and dental check-ups.
- Develop and use a support system.

(Adapted Haigler, 1998)

To qualify for services under the Medicaid Waiver for the Aged and Disabled program, and individual must be:

- A Medicaid recipient (meets income eligibility requirements)
- Screened at nursing facility level-of-care
- At least 65 years of age or disabled by Social Security Disability criteria
- Capable of directing his/her own care
- Living in his or her own home or apartment (not in a dormitory or other group housing)
- Able to have his or her service/care need(s) met within scope of the Waiver

(Adapted Home & Community Based Services: North Dakota's Medicaid Waiver for the Aged and Disabled)

Home & Community Based Services available through North Dakota's Medicaid Waiver for the Aged and Disabled:

HCBS Case Management assesses needs, helps with care planning, provider selection, referrals and service monitoring.

Respite Care provides temporary relief to full-time caregivers.

Personal Care Service helps with bathing, dressing, transferring, toileting, and supervision.

Adult Family Foster Care provides a safe, supervised family living environment, 24-hour per day in a state licensed setting.

Chore Service includes snow removal and heavy cleaning.

Homemaker Services provides house cleaning, laundry, and/or meal preparation services.

Emergency Response System (Lifeline) provides telephone emergency response

Non-Medical Transportation transports or escorts clients for essential needs such as grocery shopping social security office visit, etc.

Adult Day Care provides at least three hours per day of attended care in a group setting.

Environmental Modification modifies the home to enhance client's independence (e.g. install safety rails).

Specialized Equipment provides special equipment reducing the need for human help.

Training Family Member(s) improves skills of non-paid primary caregiver in the family.

Adult Residential Service available to individuals living in a social model Alzheimer's facility.

(Adapted Home & Community Based Services: North Dakota's Medicaid Waiver for the Aged and Disabled)

SPED program criteria:

- Liquid assets of less than \$50,000.
- Inability to pay for services.
- Impaired in four Activities of Daily Living (ADLs) involving basic needs such as bathing, dressing, toileting, etc. OR in five Instrumental Activities of Daily Living (IADLs) that require a higher level of cognitive or physical ability to perform such as driving, managing money, shopping, etc.
- Impairments must have lasted or are expected to last three months.
- Is not eligible for Aged & Disabled Waivers
- Is not living in an institution, dormitory, or congregate housing.
- The need for service is not due to mental illness or mental retardation.
- Is capable of directing own care or has a legally responsible party.
- Has needs within the scope of covered services.

(Adapted Home & Community Based Services: Services Payments for the Elderly and Disabled (SPED) program & Expanded-SPED program)

Expanded SPED Criteria:

- Receives or is eligible for Medicaid
- Receives or is eligible for Social Security Income (SSI)
- Is not severely impaired in the ADLs of toileting, transferring, eating.
- Is impaired in three of four IADLs: meal preparation, housework, laundry, or taking medications.
- Has health, welfare, or safety needs, including supervision or structured environment, otherwise requiring care in a basic care facility.
- Is not living in an institution or dormitory.
- Has needs within the scope of covered services.

(Adapted Home & Community Based Services: Services Payments for the Elderly and Disabled (SPED) program & Expanded-SPED program)

Services covered under the SPED & Expanded SPED programs:

Case Management assesses needs, helps with care planning, provider selection, referrals and service monitoring.

Respite Care provides temporary relief to full-time caregivers.

Personal or Attendant Care Service helps with bathing, dressing, transferring, toileting, and supervision.

Adult Family Foster Care provides a safe, supervised family living environment, 24-hour per day in a state licensed setting.

Homemaker Services provides house cleaning, laundry, and/or meal preparation services.

Chore Service includes snow removal and heavy cleaning.

Emergency Response System (Lifeline) provides telephone emergency response

Non-Medical Transportation transports or escorts clients for essential needs such as grocery shopping social security office visit, etc.

Family Home Care reimburses a family caregiver who meets the relationship requirements defined by state law and resides in a client's home 24-hours per day.

Environmental Modification modifies the home to enhance client's independence (e.g. install safety rails).

(Adapted Home & Community Based Services: Services Payments for the Elderly and Disabled (SPED) program & Expanded-SPED program)

Tips for interviewing in-home provides include:

1. What training does the candidate have?
2. What is the candidate's work history and experience?
3. Describe your needs; ask if the candidate is capable of performing these tasks.
4. Does the candidate have the skills or knowledge to meet your special care needs?
5. Does the candidate have any allergies or other medical/physical health related problems that may interfere with your specific care needs?
6. If the candidate will be providing you with transportation, verify his/her driver's license and insurance and ask if their vehicle is safe.
7. If the candidate will be driving your vehicle, verify his/her driver's license and check with your auto insurance agent about coverage in case of accidents.
8. If food preparation is needed, ask if the candidate has experience cooking for others.
9. Ask what the candidate's expectations are regarding vacation and time off.
10. If you have pets, ask if the candidate is agreeable to providing care for them.
11. Ask the candidate for references.
12. At the end of the interview, tell the candidate when you will get back to him or her.

(Adapted In-Home Services: Selecting a Non-Agency Provider)

The written agreement may include:

1. Who is responsible for the payment of transportation cost, meals, Social Security and other fringe benefits.
2. Rate of pay, days and hours of employment, days off, vacations, and whether or not you will be withholding taxes
3. Schedule of tasks and set working hours.
4. How and to whom the provider will communicate any change in your condition or behavior.
5. A statement of confidentiality that prohibits the provider from discussing any personal information about you.
6. How medical emergencies will be handled. Include names and telephone numbers of emergency contacts.
7. A requirement that all receipts accompany all purchases made on your behalf.
8. A clarification of the provider's responsibilities regarding meal preparation, routine housework, laundry, etc. when you have family/friends as daytime or overnight guests.
9. Your preference regarding smoking in your home.
10. How much notice each party should give when one decides to discontinue services.

(Adapted In-Home Services: Selecting a Non-Agency Provider)

Questions to consider when choosing a doctor:

1. Does your loved one have a primary care physician?
2. How far do you have to travel to receive health care services?
3. Does your loved one's doctor presently reflect the skills necessary to continue to meet an increasing need for care?
4. Within your community, are there doctors who have an empathetic understanding of the care recipient's personality and aging process?
5. How are medical emergencies handled?
6. What method of communication does the doctor prefer?
7. Who will answer my questions if the doctor is unavailable or if it is after hours?

Different types of Doctors

- **Family Practice** doctors treat all family member (child or adult).
- **Internal Medicine** doctors diagnose and treat nonsurgical disease in adults.
- **General Practice** doctors provide services that are not limited to a specialty.
- **Pediatric** doctors specialize in caring for and treating disease in infants, children, and adolescents.
- **OB/GYN** doctors specialize in obstetric or birthing and gynecology which provides services for the female reproductive system.
- **Nurse Practitioners** are advanced practice nurses prepared in programs specific to women's health-care including common gynecological problems, routine screenings, and family planning.

Areas of specialty include:

- **Acupuncture** is the Chinese practice of inserting needles into a specific exterior body location to relieve pain or to induce anesthesia.
- **Allergy Immunologists** treat allergies and disorders of the immune system.
- **Anesthesiologists** give anesthesia, either general or spinal block, for surgeries and some forms of pain control.
- **Cardiologists** treat heart disorders.
- **Chiropractors** specialize in manipulation and specific adjustment of body structures.
- **Dermatologists** treat skin disorders.

Different types of Doctors

- **Endocrinologists** treat hormonal and metabolic disorders.
- **Gastroenterologists** treat digestive system disorders.
- **General Surgery** doctors do common surgeries involving any part of the body.
- **Geriatricians** specialize in diseases of old age and aging people.
- **Immunologists** treat disorders of the immune system and allergies.
- **Nephrologists** treat kidney disorders.
- **Neurologists** treat nervous system disorders.
- **Nuclear Medicine** is the use of radioactive materials in the diagnosis and treatment of disease.
- **Oncologists** treat cancer and some other malignant disease.
- **Ophthalmologists** treat eye disorders and do surgeries.
- **Orthopedics** treat bone/connective tissue disorders.
- **Otorhinolaryngologists** treat ear, nose, and throat disorders.
- **Pathologists** interpret and diagnose the changes caused by disease in tissues and in body fluids.
- **Physical Therapists** treats diseases by physical and mechanical means such as massage, regulated exercise, water, light, heat, and electricity.
- **Occupational Therapists** provide therapy by means of activities that promote recovery and rehabilitation from disease.
- **Podiatrists** provide medical care and treatment of feet.

Different types of Doctors

- **Psychiatrists** treat emotional and mental disorders.
- **Psychologists** treat emotional and mental behaviors.
- **Pulmonary** (lung) doctors treat respiratory tract disorders.
- **Radiologists** evaluate X-rays and related procedures in the diagnosis and treatment of disease.
- **Urologists** treat male reproductive tract disorders and both male and female urinary tract disorders.

Plan what you will say before you meet with the doctor...

1. Write down issues and questions that you wish to discuss.
2. Allow adequate time to communicate and allow everyone time to state their views regarding the care of their loved one.
3. Determine who should be present at the appointment.
4. Don't hesitate to ask for a second explanation.
5. Don't use "jargon talk" in end-of-life care.
6. State facts concisely: honesty promotes trust.
7. Communicate preferences of race, ethnicity, culture, and religion to the health care team.
8. Take notes during the appointment. Many issues may arise after you leave, and you may forget what was discussed.
9. Summarize the discussion.
10. Plan for the next step in the care of your loved one.

Listening strategies to strengthen your communication with the older adult could include:

- Direct your full attention to the older adult when they speak.
- Provide encouragement for their opinions.
- Acknowledge and confirm their spoken words and body language.
- Use appropriate tone in your voice when you are speaking.
- Assure older adults they have been heard.
- Decrease disturbing noises and activities within the environment.

Factors that affect what kind of care your loved one will need:

- The level of care necessary now and in the future.
- Family preferences
- Monetary resources
- What services are offered within your community.
- Is your relative ambulatory, or non-ambulatory (requires a wheelchair or walker or other walking aid)?
- Does your loved one want a private room?

Checklist for choosing a Nursing Home:

1. Is the facility Medicare certified? Medicaid certified?
2. Does the facility accept Supplemental Security Income residents?
3. Is the facility accepting new patients? Is there a waiting list?
4. Is the licensing and certification for the facility current? Is the license of the nursing home administrator current?
5. Does the nursing home have any specialty care units?
6. Does the nursing home comply with local and/or state requirements?
7. How are the resident's need for services determined, and how often are they reassessed?
8. What are the resident's responsibilities regarding the plan of care? Can they be discharged for non-compliance?
9. What services are included in the contract? (ex. Laundry/housekeeping services, shopping for personal needs, help with dressing, bathing, and personal grooming, assistance with medications, transportation, access to telephone, access to religious services)
10. What are the arrangements for medical follow up with the resident's doctor?
11. May residents maintain their current physician, or does the facility require the use of a staff physician?
12. Does the resident need to have Advanced Directives for Health Care in place?
13. What is the facilities policy on Do Not Resuscitate orders?

Checklist for choosing a Nursing Home:

14. Is there a resident advocate available to discuss problems or concerns?
15. How long after admission is the resident plan of care written? Are resident and family involved in developing the care plan?
16. What is the cost of the services? What are billing, payment, and credit policies?
17. What hidden costs are there? Are there different costs for various levels of care or categories of service? How do you pay for additional services?
18. Are residents able to handle their own finances with minimal assistance of staff, if they are capable, or does a family member or outside party need to be designated to do so?
19. What is the policy on insurance and personal property?
20. What are visiting hours? Is there any restriction on when residents may receive visitors?
21. Is there a copy of the Residents Bill of Rights displayed prominently?
22. Does the facility accept non-ambulatory residents?
23. Does the staff receive dementia-related training?
24. Does the staff have an understanding of dementia-related behaviors? Do they accommodate behaviors without the use of physical restraints or sedatives?
25. Does the staff provide adequate supervision for confused patients?
26. Would a marked change in physical condition require a transfer of your loved one to another part of the facility?

(Adapted Silin, 2001, *Assisted Living Communities Checklist, Choosing a Nursing Home & Touring the Nursing Home*)

Touring a Nursing Home.... with your eyes, ears, and nose.

1. Observe the Building and Grounds

- Is the facility convenient for the family and the doctor?
- Does the outside condition of the building appear to be kept up?
- Is there an outdoor area for the residents to socialize?
- Is the home near a bus stop? Are there other means of transportation available to the residents?

2. The Lobby

- Is it attractive? Does it have a home-like atmosphere?
- Is it being used by the residents? Can it be used by the residents?

3. The Residents

- Are residents up, dressed, clean, and well-groomed?
- Are there activities and are the residents involved in them?

4. Hallways and Stairs

- Are all halls and stairs well-lit and clean? Are stairways clearly marked? Are exit doors clearly marked and clear of impediments?
- Are they free of obstacles such as cleaning equipment, chairs and laundry carts (except when in use)?
- Are floors clean and non-slippery?
- Are seasonal or holiday decorations evident if appropriate?
- Is there an obvious odor?

5. Residents Rooms

- In which area of the home would your loved one be assigned a room?
- Are rooms attractive, cheerful, clean, and well-lit?
- How many residents share a room?
- Is there a bedside stand, reading light, chest of drawers, and at least one chair for each resident?
- Is the closet space sufficient?
- Are the rooms air-conditioned?
- Is there room to maneuver a wheelchair easily?
- Are residents allowed to bring some of their own furniture? Can they hang things on the walls?

Touring a Nursing Home.... with your eyes, ears, and nose.

- Are provisions made for privacy?
- Do doors or walls have name plates indicating who resides in each room?
- Are emergency call buttons or intercoms available in the rooms?

6. Bath and Shower Rooms

- How many residents share a bathroom? (Facilities built after 1974 must have one for every four beds).
- Do bathrooms have firmly attached handgrips or rails near all toilet and bathing areas?
- Do showers and bathtubs have non-slip surfaces? Do they have shower seats?
- Is there a call button near the toilet?
- Ask to see the shower or tub room.
- When and how often do residents receive baths?

7. Resident Lounge Areas

- How many lounge areas are available for residents?
- Is there sufficient space for visitors?
- Does the lounge area have other uses? Cleanliness of the room may be affected by other activities.
- Are the lounges comfortable and inviting?

8. Activity Programs

- Are activity calendars posted? How many activities are planned for each day, each week?
- Do the activities include a variety of interests?
- Are activities planned for room-bound or bedridden residents?
- Are arrangements made for residents to practice religious beliefs?
- Do residents participate in planning activities?

9. Occupational and Physical Therapy Rooms

- Is there a variety of equipment? (parallel bars, stairs, whirlpool baths, walking aids, equipment for activities of daily living, weaving looms, etc.)?
- Are the rooms clean?

Touring a Nursing Home.... with your eyes, ears, and nose.

10. Kitchen Area

- Is the kitchen clean and well organized?
- Does the staff handle food in a safe, sanitary manner? Is the food stored properly?
- Does the staff wear hairnets?

11. Dining Area

- Is the dining area pleasant, comfortable, clean, and easily accessible?
- Are tables high enough for wheelchairs?
- Are meals delivered to rooms of temporarily ill residents?

12. Menus and Food

- What methods are used to keep hot foods hot and cold foods cold?
- Does the food appear appetizing? Does it smell appetizing?
- Is there staff intervention to find out why someone is not eating and to assist those who have not eaten?
- Are residents who are unable to feed themselves being assisted promptly so that their food is at proper temperatures when they eat it?
- Are food substitutes available for those who do not like or cannot eat the food served?
- Are fresh fruits and vegetables served or does the facility only serve canned or frozen foods?
- What provisions are made for residents who are ill and unable to eat in the dining room?
- How often do residents eat? How often are snacks offered?
- Are there menus for special dietary needs?

13. Staff

- Does the Nursing Home Administrator seem to know the residents? Does the administrator call residents by name?
- Does the staff show interest in individual patients?
- Is the staff courteous? Do they seem helpful, attentive, and pleasant?
- Is the staff attitude condescending or are residents treated with dignity and respect? Do they talk about residents as if they were not

Touring a Nursing Home.... with your eyes, ears, and nose.

present?

- Is privacy respected? Does the staff knock before entering the resident's room? Does the staff keep curtains drawn while providing care?
- Are calls for assistance responded to within a reasonable amount of time?
- Does the staff have CPR/First Aid training?
- Do they monitor the residents medical care/conditions?
- Do they reposition residents who cannot move without help?
- Is there enough staff to handle the needs of the residents? Do they seem overworked?

14. Miscellaneous

- How soon does the facility notify families of any changes in the resident's health, change of rooms, behavioral trouble, or of a transfer to the hospital?
- Is transportation provided for trips to hospitals, medical offices, or community functions? Is there a charge? What is the check-out procedure when a resident leaves the facility?
- Are podiatry and dental services available in the facility?
- What arrangements does the facility have for personal laundry? Are beauty and barber shop services available?
- Ask to see the Nursing Home Report. This is public information.
- Does the facility have high turnover ratios?
- Does the facility have a security system to warn staff if a resident wanders out?
- Are medications stored safely?
- Does the facility allow pets? Permit smoking? Allow alcohol?
- Request a copy of the "house rules" and review it to see the limitations exceptions of the facility.

(Adapted Silin, 2001, *Assisted Living Communities Checklist, Choosing a Nursing Home & Touring the Nursing Home*)