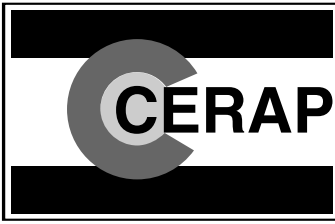


Colorado Coalition for Elder Rights & Adult Protection

A Project of the Colorado Non-Profit Development Center



NEWSLETTER

MISSION: To promote statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults.

October / November / December 2006

Next Meeting/Seminar of the Coalition

Wednesday, October 18, 2006
8:30am - 11:00am
Aurora City Hall
Aurora Room - 1st floor, south
15151 E. Alameda Pkwy.
Aurora, CO

Program:

"Nursing Home Abuse
& Exploitation"

Guest Speakers:

*Theresa Bradbury, Criminal Investigator,
Office of the Attorney General*
*Lesa Boom, Complaint Surveyor &
Investigator, Colorado Department of
Public Health & Environment*

Meeting/Seminar Schedule:

8:30am-8:50am Coffee & Juice
9:00am-9:30am Welcome & Networking
9:30am-11:00am Nursing Home
Abuse & Exploitation
11:00am Adjournment

Directions to Meeting:

Take I-225 to Alameda Ave.
East on Alameda about 1/2 mile
to Chambers Rd.
Left on Chambers Rd. 1 block
Left into City Hall parking lot
Parking garage is available or park on
east side of City Hall.
Aurora Room - 1st floor, south end
of building
RSVP - appreciated, not required

CCERAP Coordinator:

Kathy Rickart
303-866-3433 or 1-800-773-1366
970-674-8712 fax
Email: CCERAP@comcast.net
www.ccerap.org

See ME

Author Unknown

What do you see, nurses, what do you see, what are you thinking when you're looking at me?

A crabby old woman, not very wise, uncertain of habit, with faraway eyes.

Who dribbles her food and makes no reply when you say in a loud voice, "I do wish you'd try?"

Who seems not to notice the things that you do, and forever is losing a stocking or shoe.

Who, resisting or not, lets you do as you will with bathing and feeding, the long day to fill.

Is that what you're thinking? Is that what you see?

Then open your eyes, nurse; you're not looking at me.

I'll tell you who I am as I sit here so still, as I rise at your bidding, as I eat at your will.

I'm a small child of ten with a father and mother, brothers and sisters, who love one another.

A young girl of sixteen, with wings on her feet, dreaming that soon now a lover she'll meet.

A bride soon at twenty - my heart gives a leap, remembering the vows that I promised to keep.

At twenty-five now, I have young of my own who need me to guide and a secure happy home.

A woman of thirty, my young now grown fast, bound to each other with ties that should last.

At forty, my young sons have grown and are gone, but my man's beside me to see I don't mourn.

At fifty, once more babies play round my knee, again we know children, my loved one and me.

Dark days are upon me, my husband is dead; I look at the future, I shudder with dread.

For my young are all rearing young of their own and I think of the years and the love that I've known.

I'm now an old woman and nature is cruel; 'tis jest to make old age look like a fool.

The body, it crumbles, grace and vigor depart, there is now a stone where I once had a heart.

But inside this old carcass a young girl still dwells, and now and again my battered heart swells.

I remember the joys, I remember the pain, and I'm loving and living life over again.

I think of the years; all too few. Gone too fast, and accept the stark fact that nothing can last.

So open your eyes, nurses, open and see, not a crabby old woman; look closer — see ME!!

This poem appeared when an old lady died in the geriatric ward of a hospital near Dundee, Scotland. It was felt that she had left nothing of value. Then the nurses, going through her possessions, found this poem. Its quality so impressed the staff that copies were made and distributed to every nurse in the hospital. One nurse took her copy to Ireland. The old lady's sole bequest to posterity has since appeared in the Christmas edition of the News Magazine of the North Ireland Association for Mental Health.



Remember this poem when you next meet an older person
and brush them aside without seeing the younger soul inside.

A slide presentation has also been made based on the poem.
If you would like to see it go to www.ccerap.org and click "See ME"

Nursing Home Abuse

www.Elderabusecenter.org

Last Updated: January 2, 2006

Eye witness accounts and surveys have sadly shown that nursing home abuse and neglect is a serious problem, and that there also is significant underreporting. Major underlying causes of elder mistreatment, according to findings of the National Academy of Sciences Panel to Review Risk and Prevalence of Elder Abuse and Neglect, are:

- Stressful working conditions, particularly staff shortages
- Staff burnout
- Inadequate staff training

Prevention of Abuse and Neglect in Long Term Care Settings

The most effective prevention programs, experts say, use a combination of strategies to protect vulnerable elders. In 2002, the National Center on Elder Abuse commissioned a review of prevention research related to abuse in nursing homes and other long term care settings. Strategies identified in the literature include:

- Assure coordination between law enforcement, regulatory, adult protection, and nursing home advocacy groups.
- Support education and training in interpersonal caregiver skills, managing difficult resident care situations, problem-solving, cultural issues that affect staff/resident relationships, conflict resolution, stress reduction techniques, information about dementia, and witnessing and reporting abuse.
- Improve work conditions, through adequate staffing, enhanced communication between direct care and administrative staff, more time to nurture relationships between staff and residents, humane salaries, opportunities for upward mobility, and greater recognition, respect and understanding for the difficult lives many workers lead.
- Assure compliance with federal requirements concerning hiring of abusive nurse aides.
- Promote environments conducive to good care.
- Assure strict enforcement of mandatory reporting, as well as educate professionals and the public (non-mandatory reporters).
- Improve support for nurse aides (support groups).
- Support and strengthen resident councils.
- Assure that hiring practices include screening of prospective employees for criminal backgrounds, history of substance abuse and domestic violence, their feelings about caring for the elderly, reactions to abusive residents, work ethics, and their ability to manage anger and stress.

Nursing Home Abuse & Exploitation

“What Should I Do?”

“Who Can Help”

Wednesday, October 18, 2006

9:00am – 11:00am

CCERAP Seminar/Meeting



Guest Speakers:

Theresa Bradbury, Criminal Investigator, Criminal Justice Section, Office of the Attorney General
Lesa Boom, Complaint Surveyor/Investigator, Colorado Department of Public Health and Environment

Aurora City Hall, Aurora Room, 1st Floor(south end)
15151 E. Alameda Parkway, Aurora, CO

RSVP - ccerap@comcast.net (appreciated, but not required)

No Charge – Open to the Public – Coffee and donuts provided

The Language of Culture Change - "Mayday"

by Karen Schoeneman Reprinted with permission by the Pioneer Network

Source: www.pioneernetwork.net

I've always been a fan of words. When I was young, I'd spend hours browsing through a 20-pound unabridged dictionary that gave the histories of words as well as their meanings. I've just recently found out why people shout "Mayday" when their ship or plane is in trouble. It's a misspelling of the French, "m'aidez" which means "help me," and is pronounced "mayday." Well, today, I'd like to shout "Mayday" for help with my words.

I've worked 30 years in long-term care. Over that time, I've come to realize that much of the language we use is in need of replacement because it unintentionally demeans people, contributing to a hierarchical sense of "us and them" or a dehumanizing institutional culture instead of a nurturing community with respect for its members.

When I started working in long-term care in 1972, I worked in a "State School and Hospital" with "inmates" who were called "retarded" and categorized as "moron," "idiot," "imbecile," "mongoloid." Those

words were not intended as insults, just diagnoses. We've already come a long way from there, but we still have far to go. And those of us who came from a past that accepted words like these need help—your help—to upgrade our institutionalized brains.

Part of transforming long-term care practice is finding new words to describe staff, programs, parts of the building, and the "industry" itself. As I've attended Pioneer and Eden conferences, I've been immersed in a new type of language called "person-centered." The idea behind person-centered language is to acknowledge and respect long-term care residents as individuals. Using person-centered language, I've learned, is often as simple as reversing common phrases to put the person first and the characteristic second. "A wheelchair-bound resident," for instance, becomes "a person who uses a wheelchair for mobility," and "a feeder" becomes "someone who needs assistance with dining."

A few years ago I wrote an article about this subject for Provider magazine and invited readers to e-mail me words and phrases they thought were outdated, along with their suggestions for what to use instead. Look at the word "therapy," for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the

nursing home and I paint now that I'm there, why is my hobby now "art therapy?" I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I'm a massage therapist myself. But in this context, "therapy" is another of those separating words.

The language of long-term care belongs to all of us—not only the "us" who work in this field but, at least as importantly, the elders and others with disabilities who require long-term care services, their families, and the public at large. The most urgent task we face may be agreeing which "bad" old words to throw away.

Finding new ones should be easier. After all, that's just a matter of choosing words that are both accurate and respectful, and that unabridged dictionary is full of good words.

Karen Schoeneman is a senior policy analyst in the Division of Nursing Homes in the Centers for Medicare and Medicaid Services.



To view the list of Old and New Words developed from the survey the author did while researching for an article for Provider magazine, go to the www.ccerap.org and on the home page, click "The Language of Culture Change."

What Does an Ombudsman Do?

Resource: www.ltombudsman.org

A Long Term Care Ombudsman is an advocate for residents of nursing homes, board and care homes, and assisted living facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care. They are trained to resolve problems. If you want, the ombudsman can assist you with complaints. However, unless you give the ombudsman permission to share your concerns, these matters are kept confidential.

Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long term care system. Administered by the Administration on Aging (AoA), the ombudsman network has 8,400 volunteers certified to handle complaints and over 1,000 paid staff.

Nationally, the ombudsman program handles over 264,000 complaints annually and provides information, referrals and consultation to more than 260,000 people.

Whether through individual contact with residents or systemic advocacy, ombudsmen make a difference in the lives of residents in long term care facilities everyday.

A Long Term Care Ombudsman:

- Resolves complaints made by or for residents of long term care facilities
- Educates consumers and long term care providers about residents' rights and good care practices
- Promotes community involvement through volunteer opportunities
- Provides information to the public on nursing homes and other long term care facilities and services, residents' rights, and legislative and policy issues
- Advocates for residents' rights and quality care in nursing homes, personal care, residential care and other long term care facilities
- Promotes the development of citizen organizations, family councils and resident councils.

Long Term Care Ombudsman efforts are summarized in the National Ombudsman Reporting System (NORS 2004) data to include the number of facilities visited, the types of complaints handled, and the kinds of complaints filed with ombudsmen. Data has been collected since 1996 and gives a good picture of the extent of ombudsman activities nationally and in every state.

Care Facilities and Caregiver Videos



The following videos are available for loan from CCERAP. Use the address correction form on the back of the newsletter to order.

Abuse: The Resident's Perspective – 20 minutes

Residents report what they feel is abuse and their list of concerns. Their comments include the obvious, but also many things you would not think of unless you were a resident.

Changing Needs, Changing Home – Adapting Your Home to Fit You – 16 minutes

How modifications, remodeling, adjustments or temporary changes can be made to a home or facility when needed to maintain maximum independence for the elderly.

Elder & Dependent Adult Abuse – 15 & 25 minutes (not for General Public viewing)

Part 1: Graphic overview of abuse of adults.

Part 2: Review of indicators of abuse for use in police and joint investigations. Clarifies roles of long-term care ombudsman, adult protective services and law enforcement.

Keeping Nursing Home Facility Residents Safe – 19 minutes

Review of the nursing home laws on abuse, mistreatment, neglect and reporting. Examples of cases that were prosecuted.

Making It Home – 20 minutes

Designed to increase provider and staff understanding of residents' rights in board and care and assisted living facilities – what makes a place a home.

Nobody Should Have to Live With Abuse – 10 minutes

Describes the six categories of abuse and how caregivers commit abuse.

Unheard Cries – 15 minutes Shows examples of caregiver abuse by relatives and in a nursing home. Information on what to look for. Contains a second segment on neglect and self-neglect and an elderly couple unable to care for themselves.

Government Action Against Elderly Abuse

Source: <http://www.nursinghomeabuse-news.com/html/government.html>

The Nursing Home Quality Protection Act, enacted in 2001, provides more stringent safeguards for our elder Americans from institutional elderly abuse and sub par nursing home care. It strives to provide better quality of care to nursing home residents.

The Act came about at the urging of consumer and elder advocates, media pressure, and government concerns and was supported by the Alliance for Retired Americans; Alzheimer's Association; American Federation of State, County, and Municipal Employees (AFSCME); National Association of Social Workers (NASW); National Citizens' Coalition for Nursing Home Reform (NCCNHR); National Committee to Preserve Social Security and Medicare (NCPSSM); and Service Employees' International Union (SEIU).

1. Increased Funding

Increases resources for staff hiring and to comply with federal regulations.

Reinstates the "Boren Amendment" that provides for "reasonable and adequate" reimbursements for quality care.

2. Mandatory Nurse Staffing Levels

Nursing homes must maintain minimum staffing levels (i.e. all residents receive at least 4.13 hours of individual nursing care per day).

Secretary can modify or delay this staffing level if the quality of care is not compromised.

3. **Tougher Sanctions**
Establishes a new system of "substandard care refunds" that were not used before.
Homes with violations that are required to refund money (ranging from \$2,000 to \$25,000) will not receive future payments if refunds are not paid within 30 days.
Nursing homes can appeal the refunds, but only after the refunds are paid.
Refunds are used to make grants to recruit and retain nursing staff, improve education and training of nursing staff, and improve workplace safety.
4. **Increased Public Disclosure**
More Internet disclosure about conditions in nursing homes (copies of inspection reports, complaints filed by residents and their families, summaries of enforcement actions taken against nursing homes, and staffing information).
5. **Background Checks**
Mandatory background checks for anyone applying to work at a home.
6. **Greater Protection for Nursing Home Residents**
Tightens up current law that leaves some nursing home residents outside the protection of federal health and safety standards.
Nursing home inspectors monitor the well-being of all residents, whether or not their care is paid for by Medicare and Medicaid.
If the safety and health of your loved one is in jeopardy, and you feel that they have suffered some form of nursing home abuse or neglect, speak with an attorney.

Long-Term Care Resident's Have Rights

Source: *Denver Regional Council of Governments*

As a resident in a Long-Term Care Facility, you have the right to....

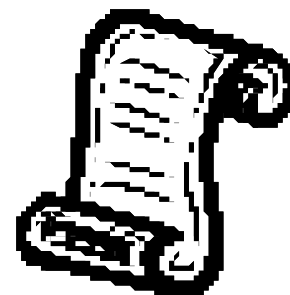
- ✓ Voice concerns without fear of being punished.
- ✓ Be safe from mental and physical abuse and free from chemical and physical restraints.
- ✓ Receive treatment and care in privacy and communicate privately.
- ✓ Participate in social, religious and community activities.
- ✓ Help plan your own care and treatment.
- ✓ Make choices and independent decisions.
- ✓ Keep and use personal belongs as space permits and have security for possessions.
- ✓ Be treated with consideration, respect and dignity.

And Remember....

- ✓ As a resident, you can't be discharged from your facility, except for medical reasons, for your safety or the safety of others, or for non-payment.

Ombudsmen are spokespersons for long-term care facility residents.

Ombudsmen investigate complaints on behalf of residents and their family members.



To reach the State Ombudsman Program contact:
The Legal Center for People with Disabilities and Older People
455 Sherman Street, Suite 130,
Denver, CO 80203
303-722-0300
or 1-800-288-1376

Nursing Home Abuse Resources

The following list of resources is available online at www.elderabusecenter.org.

Where to Report

- [Nursing Home Abuse Hotlines](#)
This is NCEA's directory of state hotlines for reporting abuse in nursing homes, assisted living, or board and care homes.
- [Where Can I Go For Help?](#)
This is a directory of all state and regional ombudsmen, state offices on aging, state licensure and certification agencies, state adult protection agencies, nursing home quality review boards, Medicaid agencies and Medicare Fraud Control Units nationwide.
- [Abuse and Neglect](#)
This fact sheet from the National Citizens Coalition for Nursing Home Reform explains resident rights and steps to take if these rights are jeopardized. Links to US directories.
- [A Long-Term Care Ombudsman on Your Side](#)

Organizations: Nursing Home Abuse and Neglect Prevention

- [A Perfect Cause](#)
A grassroots non-profit organization dedicated to long term care reform, see links for federal regulations for nursing homes governing resident rights and Nursing Home Litigation Guide.
- [Adult Victims of Crime and Abuse in Residential Care Facilities](#)
This action partnership brings together experts nationwide to provide information and galvanize concerned citizens to address elder or adult abuse in residential care facilities. Action partners include the National Organization for Victim Assistance (NOVA), the National Association of Adult Protective Services Administrators (NAAPSA), and the Office for Victims of Crime (OVC).
- [Long Term Care Link](#)
This non-profit Internet portal is a hub for information on long-term care, with Web links to State and Area Agencies on Aging nationwide, family caregiver resources, and more.
- [National Citizens' Coalition for Nursing Home Reform](#)
The leading national consumer group working on nursing home quality issues. Site includes a list of all state long-term care ombudsmen and their contact information.
- [National Long Term Care Ombudsman Resource Center](#)
Ombudsmen serve over 2 million residents of nursing homes and board and care facilities. This link contains resources for ombudsmen as well as caregivers.

Federal Government Web Sites

- [About Nursing Home Inspections](#)
A Centers for Medicare & Medicaid Services plain-English description of the nursing home oversight system.
- [Medicare and Medicaid Nursing Facility Quality Improvement Act of 2003 H.R. 787](#)
(Introduced in House February 13, 2003)
To amend titles XVIII and XIX of the Social Security Act with respect to reform of Federal survey and certification process of nursing facilities under the Medicare and Medicaid Programs.
- [Medicare: Nursing Home Compare](#)
This government agency site offers detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country.
- [Medicare: Nursing Homes](#)
Official government nursing home Web site of the Centers for Medicare and Medicaid Services. The site contains links to a nursing home checklist and more.
- [Nursing Home Quality Initiative](#)
The Centers for Medicare & Medicaid Services (CMS) announced a Nursing Home Quality Initiative pilot project in April 2002. This page includes links to a number of documents involved in the development and implementation of this project.
- [Senior Safety Protection Act of 2003](#)
H.R. 208, Sec. 2. Long Term Care Provider Criminal Background Check (Introduced in House January 7, 2003).
- [US Administration on Aging](#)
This site contains many Web links to fact sheets, facility directories, statistics, and research articles accessible online. Aging Internet Information Notes: Nursing Homes.
- [US Department of Justice, Office for Victims of Crime](#)

Quarterly Medicare Summary Notices May Hamper Fraud Detection

By: Colorado Division of Insurance, Senior Assistance Program

A Medicare Summary Notice (MSN) is a statement that Medicare sends to beneficiaries to let the person know about charges for medical services they received. MSNs show which healthcare provider(s) submitted claims and how much Medicare paid toward those claims. Until recently, Medicare sent MSNs to beneficiaries every month. Effective June 2006, Medicare will no longer send “no-pay” MSNs monthly. It is an attempt to save money for the Medicare program, but may have a negative impact on fraud detection.

A “no-pay” MSN refers to claims submitted by healthcare providers that accept Medicare assignment. The healthcare providers bill Medicare and accept the amount of money that Medicare “assigns” as the appropriate cost. Unassigned claims are different. Often the beneficiary pays the healthcare provider directly and submits a bill to Medicare. Medicare then issues a check to the beneficiary to cover the part that Medicare owes. Beneficiaries will still receive MSNs when Medicare sends them a check for an unassigned claim. However, when beneficiaries receive healthcare services from providers that do accept assignment, Medicare will send quarterly MSNs only.

The practice of sending ‘no-pay’ MSNs every 90 days instead of every 30 days has the potential to contribute to Medicare fraud. The best way to prevent healthcare providers from charging Medicare for services they did not provide is for consumers to study their MSNs and immediately report any suspicious claims. Receiving a MSN every three months will make it harder for the beneficiary to remember what healthcare services were received during that period as well as delay reporting if a claim is suspicious. Before an investigation could begin, the culprit who billed for services not provided could be on a beach somewhere out of the country.

Medicare beneficiaries who would like to receive MSNs monthly instead of quarterly may call 1-800-MEDICARE to request monthly “no-pay” MSNs.

Questions about Medicare Summary Notices or suspicious Medicare billing should be forwarded to the Colorado Senior Medicare Patrol Project at 303-894-2290 or to a Senior Health Insurance Assistance Program counselor at 1-888-696-7213.

Medicare Fraud

Submitted by: Kathy Rickart, CCERAP Coordinator

Medicare and Medicaid depend on you to tell them about fraud. They pay bills submitted on your behalf--if you don't tell them you didn't get the service billed, or they are billing for a more expensive service than they provided, they won't know they shouldn't have paid the bill.

For more information on Medicare Fraud go to: <http://www.coloradomedicare.com/fraud/index.asp>
Below are a few of the articles you will find at this website.

- [Drug Discount Card Scams \(PDF\)](#)
- [12 Tips to Protect Yourself from Health Care Fraud \(PDF\)](#)
- [Test Your Medicare IQ: Questions \(PDF\) Answers \(PPT\)](#)

Nursing Home Evaluation Checklist*

The following checklist will give you, as an observer, a general idea of the quality of care provided in a nursing home. Depending on a resident's needs, preferences and payment source, questions will vary. Ask to see the entire facility, not just the nicely decorated lobby and one wing or floor. Remember that appearances can be deceptive. Though environment is important, try to get a feel for the care provided and how the residents are treated by staff.

Staff

- Are there adequate staff? What is the staff to resident ratio? Are call bells and resident requests responded to in a timely manner (5 minutes or so)?
- Is the staff courteous to residents? Do they treat residents with dignity and respect? Or is the staff attitude condescending? Are childish or otherwise inappropriate nicknames used when speaking with residents? Does staff talk about residents as if they were not present or as if they were children?
- Do the administrator/manager and director of nurses appear to know the residents? Is the administrator friendly and receptive to questions?
- Is privacy respected (e.g., knocking on doors before entering rooms, keeping privacy curtains drawn while care is being given)?
- Does staff wear name-tags?
- Are there therapists on staff or does the facility contract out for therapy?
- Is there a licensed social worker on staff? Full-time?
- Does the facility have permanent full-time nurses and certified nurse assistants (CNA's) or are registry nurses and aides used?
- Are the staff visible and actively assisting residents?
- In addition to English, what languages does the staff speak?
- What is the facility's communication strategy when a resident's first language is not English?
- Does the facility conduct background checks before hiring staff?

Resident Appearance

- Are residents up and dressed for breakfast? Does the staff get them up hours before breakfast (too early) or just before lunch (too late)?
- Are the residents well-groomed (shaved, clothes clean, hair combed and nails trimmed and clean)?
- Do residents appear alert, content and occupied? Or are they lethargic, listless or stupor us?
- Are residents comfortably positioned in comfortable chairs? Are they restrained in their chairs or beds? Are they in chairs that have a tray or "lap buddy"?

Resident Rooms

- In which area of the facility would the resident's room be located?
- How many residents share a room? Generally, rooms should have no more than four beds, at least three feet apart, with privacy curtains around each bed.
- Does each bedroom have a window?
- Is there a bedside stand, reading light, chest of drawers, and at least one comfortable chair for each resident? Is there adequate storage space and is it separate from other roommates?
- Are the beds easy to reach? Is there room to maneuver a wheelchair or Geri chair easily?
- Are call buttons accessible to residents?
- Is there fresh drinking water at the bedside?
- Are residents allowed and encouraged to bring any of their own belongings or furniture? Have residents personalized their rooms?

Facility Environment

- Is there an obvious odor in the facility? Strong urine and body odors may indicate poor nursing care or poor housekeeping. Heavy "air freshener", deodorants, and other temporary chemical cover-ups may be substitutes for conscientious care and maintenance.
- Is the facility maintained at a comfortable temperature? Do the rooms have heating, air conditioning, and individual thermostats?
- Is the facility clean, well-lit and free of hazards? Do you see soiled linen or is it properly disposed of? Is there adequate linen?
- Is furniture sturdy and comfortable?
- Are floors clean and non-slippery?

Hallways, Stairs and Lounges

- Are halls free of obstacles and debris?
- Are stairways and exits clearly marked?
- Are there handrails in all corridors?
- Are fire extinguishers visible? Is there a disaster plan posted and does the facility have drills?
- How many lounge areas are available for residents and visitors? Are they clean and comfortably furnished? Is there sufficient room for visiting?

Bath and Shower Rooms

- Are bathrooms conveniently located?
- How many residents share a bathroom?
- Do bathrooms have handgrips or rails near all toilet and bathing areas?
- Is there a call button near the toilet?
- Do residents have a choice between a shower and bath, how frequent and during which shift?

Kitchen and Dining Areas

- Is the kitchen clean and well-organized?
- Is the food handled and stored in a safe and sanitary manner?
- Is the dining area pleasant, clean and comfortable?
- How many residents eat in the dining area? Is it large enough to accommodate most of the residents? Are there shifts for meals?
- Do chairs fit under the table so that residents are comfortably close to their food?

Menus and Food

Try to visit the facility during a meal. Observe the way the food is served, how residents are assisted with eating and what their reaction is to the food. You can probably buy a meal to sample the food.

- A menu for the current and following week should be posted. If a menu is not posted, ask to see one. Is the food listed on the menu actually being served?
- How often are meals repeated? Are alternatives available, as required by law?
- Does the food appear and smell appetizing? Is it nutritious? Are fresh foods used, or is it mostly canned or frozen? Do residents enjoy the food?
- Are dishes and silverware used, or are disposable plates and utensils used?
- Are those residents who need assistance with eating and who are being fed by nurse's aides finishing their meals and eating at their own pace? Are assistive devices available to those who may be able to feed themselves with a little help?
- Are meals served at appropriate temperatures?
- What provisions are made for patients who are unable to eat in the dining room?
- Who plans the meals? Is a professional dietician on staff? How are special dietary needs met?

Activities

- Are activity calendars posted? If not, ask for a description of the activity program. Meet the Activity Director if possible.
- Do the activities cover a broad range of interests?
- Are activities tailored to individual preferences?
- Does the facility have outside areas for resident use? Does staff assist the residents in using these areas?
- What activities are available to residents confined to their rooms?
- Do volunteers visit the facility?
- What arrangements are made for residents to participate in religious services of their choice?
- What is done for holidays and birthdays?
- Is there a resident council? When does it meet and what is its function?

Miscellaneous

- Is there a Family Council? When does it meet and who are the officers?
- How often do residents' physicians visit the facility? It should be at least once every 30 days.
- How long has the facility been operating under the present management? Are there any plans to change in the near future?
- What hospital is used in emergencies?
- What is the billing procedure?
- Who should be contacted when there is a problem?
- How does the facility notify the resident and family members of the time and place of the quarterly care planning meetings?
- Is the Ombudsman Program's phone number posted?
- Are the results from the last inspection by the Department of Health Services posted?
- Ask to review a copy of the admission agreement. Does the facility demand a "responsible party" signature? What is their "informed consent" policy?
- What is included in the basic costs and what is extra?
- If you are looking at an Alzheimer's Unit within a facility, what makes it different from the rest of the facility (especially if it costs more)?
- How is transportation provided for trips to hospitals, medical offices, or community functions? Is there a charge?
- How is personal laundry handled?
- Is there a system to protect those who wander? Is it operational? Ask for a demonstration.

*This Fact Sheet was developed by the Californian Advocates for Nursing Home Reform