

Facility Visit Communication Tip Sheet & Checklist

Facility Checklist		
\square Look at and research mult	ple different facilities	
\Box Choose a facility/facilities		
\square Tour the facility/facilities		
First Impressions		
\square Does the facility appear cl	ean and orderly?	
☐ Does the facility smell goodeodorizer?	d, or does it smell strongly of unpleasant odors, such as urine or	
\square Is the layout of the facility	easy to understand and remember?	
\square Is there a single nurses' st	ation or are there multiple nurses' stations?	
\square Does the facility have a co	ntained outdoor area?	
\square Do the rooms have featur	es you desire, such as windows or a television?	
\square Are the common rooms cl	ean and well maintained?	
\square Is there a special unit or sp	ecial programming for residents suffering from dementia or Alzheir	mer's?
<u>Administration</u>		
\square Meet the Administrator, \square	irector of Nursing, and Social Services	
\square Ask for the names of the r	est of the Administration team	
Name	Title	
Name	Title	
Name	Title	
<u>Staff</u>		
$\hfill\Box$ Do people working at the	acility seem warm and welcoming?	
\square Do staff members seem h	elpful, attentive, and patient?	
\square Do staff members interact by their names?	with residents kindly and respectfully? Do staff members refer to r	esidents
\square Do staff members wear na	metags?	
☐ Do staff members knock b	efore entering a resident's room?	



☐ How many people are on staff during weekdays? Weekends? Evenings?
\square Do residents have the same caregivers on a daily basis?
\Box Does the nursing home run background checks on staff members to make sure they haven't been found guilty of abuse or neglect?
\square How does the staff manage problems like wandering, disorientation, and agitation?
\square Does the staff have special training to deal with dementia or Alzheimer's?
Residents And Facility Culture
☐ Do current residents seem happy and comfortable?
☐ Are residents well-groomed and properly dressed?
\square Do residents socialize or interact with each other?
\Box If you are considering sharing a room, do you think you and your roommate will get along? If not, are there other options for who you might be able to live with?
<u>Services</u>
\square Are social activities that you're interested in being offered?
☐ Are Housekeeping and laundry services provided?
☐ Does the nursing home have a volunteer program?
\square Can residents manage their own schedules, such as when to wake up, eat, and go to bed?
Meals
$\hfill\square$ If you have religious or medical dietary needs, can the kitchen accommodate you?
$\hfill\square$ Do you have the option of eating in your room rather than in the dining room?
\square Do residents who need help eating get timely assistance?
☐ Are snacks offered throughout the day?
Medical Care
\square How are medications managed?
☐ How are medical emergencies handled?
\square How are non-emergency medical situations handled, such as falls?
\Box How are visits from physical therapists, occupational therapists, medical specialists, and physicians scheduled?



The Admission Process \square Set up a meeting with admission ☐ Determine any specific criteria for the facility ☐ Information to share with the facility Favorite foods? Favorite drinks? Favorite animal? _____ Favorite sport? Favorite clothes? _____ Are there any known issues with taking medication (do they forget, don't like pills)? Was your loved one ever left alone or were you with them all the time? What did your loved one do for a living? Does your loved one have any behaviors that may make it difficult for staff to help/work with them? Do they have any triggers for this behavior? Do you know of any triggers for this behavior?

Are there any family members that should not be talking to your loved one or coming to see your loved

one? What would you like us to do if that happens?