

HOW TO CHOOSE A CARE FACILITY

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INTRODUCTION

The decision to move a family member or a loved one into a care facility is one of the most difficult decisions you can make.

Perhaps the move is being made because the family member can no longer care for him or herself...or perhaps the person has a progressive disease like Alzheimer's...or has had a stroke or heart attack.

No matter the reason, those involved are almost always under great stress. At times like these, it's important that you pause, take a deep breath and understand there are things you can do. Good information is available and you can make the right choices for you and your loved one.

This booklet is designed to help provide you with information and answers to the questions which we, as Elder Law attorneys, deal with on a daily basis.

We hope you will find this information useful.

Geoff Bernhardt, Elder Law Attorney
Attorney at Law

Selecting a Care Facility

When someone is faced with the overwhelming job of finding a care facility for a loved one, the question often asked is, “Where do I begin?” Although this is a job that no one wants to do, it can be done with forethought and confidence that the best decision was made for everyone involved.

When nursing home placement is necessary, it is crucial that the family and/or potential resident decide what’s most important to them in looking for a facility. It is important that the resident’s needs and wants be included in the evaluation. Things such as location of the facility, if a special care unit is necessary and type of payer source should be considered when beginning this process.

The next step is to identify the facilities in your area which meet the criteria you established above. I suggest working with a placement coordinator to identify the most appropriate facility for your loved one. There are so many choices, and a good placement coordinator can help you sort through all of your options. In Multnomah, Clackamas, and Washington Counties, three placement coordinators are (1) Amie Clark (503) 430-5652; (2) Michele Fiasca (503) 659-2029; and (3) Nancy Raske 503-680-9407.

Get ready to tour the facilities you have chosen. You will be able to meet with the administrative staff who will answer all your questions. Next, you will want to tour a second time in the evening or on the weekend just to see if there is a drastic difference in the atmosphere of the facility or the care being provided. It is important to tour at least two facilities so you can see the difference in the physical plant and the staff. When you are touring, pay attention to your gut feeling. Ask yourself the following questions... Did I feel welcome? How long did I have to wait to meet with someone? Did the admission director find out my family member’s wants and needs? Was the facility clean? Were there any strong odors? Was the staff friendly? Did they seem to generally care for the resident? Did the staff seem to get along with each other? Listen and observe. You can learn so much just by watching and paying attention.

When touring a facility, ask any questions that come to mind. There are no “dumb” questions. Here are a few examples of questions you will want to ask to make sure that the administration of the facility is giving proactive care instead of reacting to crisis.

- How do you ensure that call lights are answered promptly regardless of your staffing?
- If someone is not able to move or turn him or herself, how do you ensure that they are turned and do not develop bedsores?
- How do you make sure that someone is assisted with the activities of daily living like dressing, toileting and transferring?
- Can residents bring in their own supplies?
- Can residents use any pharmacy?
- How many direct care staff members do you have on each shift? Does this number exceed the minimal number that state regulations say you have to have or do you just

meet the minimum standard?

- What payer sources do you accept?
- How long has the medical director been with your facility?
- How were your last state survey results? (Ask to see a copy).
- How did you correct any deficiencies and what process did you put in place to make sure you do not make these mistakes again?
- Has the state prohibited this facility from accepting new residents at any time during the last 2 years?
- What is your policy on family care planning conferences? Will you adjust your schedule to make sure that I can attend the meeting?
- Do you have references I can talk with?
- Can my loved one come in on for a meal to see if he/she fits in and likes the facility?

Attached is a form you can use when touring facilities. This will help you keep track of which facility you liked best and those you did not care for.

Once a facility has been chosen, there are some definite steps you can take to make the process less traumatic on the resident. First, plan the admission carefully. If you know the resident becomes very difficult to deal with in the late afternoon, plan the admission for midmorning. Next, complete the admission paperwork before your loved one actually moves into the facility. This will allow you to spend the first few hours that they are there with them getting them settled and making them feel secure in their new living environment.

Some practical things you want to be sure to do ... mark *every* piece of clothing with a permanent laundry marker. When a facility is washing the clothes for 120 people, it is common for things to occasionally end up in the wrong room, however you can help ensure getting the item back if it is properly marked. If you are going to do your loved one's laundry, post a sign on the closet door to notify staff and provide a laundry bag where dirty clothes can be placed. Also, bring in familiar things for the resident so that there is a feeling of home. However, realize that space is limited especially in a semi-private room.

A very important thing for you to remember is that the staff of the facility is just meeting your loved one for the first time. They do not know his or her likes or dislikes, or those little nuances that make providing care go smoother. The best way you can help your loved one is to tell the staff, in writing, as much information as possible about your loved one ... his/her likes and dislikes, typical daily schedule, pet peeves, and so on. This information is important to the success of the overall care plan.

It is important that you get to know the people who are caring for your loved one. Most importantly, stay involved. Let everyone know how much you care and how committed you are to your loved one's care. Also understand you will not help your loved one by becoming anxious or emotional. Assure them that although this is not an ideal situation, you will be there to assist them in making it as pleasurable as possible.

Nursing Home Evaluation

As you visit nursing homes, use the following form for each place you visit. Don't expect every nursing home to score well on every question. The presence or absence of any of these items does not automatically mean a facility is good or bad. Each has its own strengths and weaknesses. Simply consider what is most important to the resident and you.

Record your observations for each question by circling a number from one to five. (If a question is unimportant to you or doesn't apply to your loved one, leave the evaluation area for that question blank.) Then total all blanks you checked.

Your ratings will help you compare nursing homes and choose the best one for your situation. But, don't rely simply on the numbers. Ask to speak to family members of other residents. Also, contact the local or state ombudsman for information about the nursing home and get a copy of the facility's state inspection report from the nursing home, the agency that licenses (or certifies) nursing homes or the ombudsman.

Nursing Home Evaluation Form

Name of Nursing Home: _____

Date Visited: _____

Poor === Excellent
1===== 5

The Building and Surroundings

What is your first impression of the facility? 1 2 3 4 5

What is the condition of the facility's exterior paint, gutters and trim? 1 2 3 4 5

Are the grounds pleasant and well-kept? 1 2 3 4 5

Do you like the view from residents' rooms and other windows? 1 2 3 4 5

Do residents with Alzheimer's disease live in a separate Alzheimer's unit? 1 2 3 4 5

Does the nursing home provide a secure outdoor area? 1 2 3 4 5

Is there a secure area where a resident with Alzheimer's disease can safely wander on walking paths? 1 2 3 4 5

Are there appropriate areas for physical therapy and occupational therapy? 1 2 3 4 5

Are facilities for barber or beauty salon services available?	1 2 3 4 5
Is there a well-ventilated room for smokers?	1 2 3 4 5
What is your impression of general cleanliness throughout the facility?	1 2 3 4 5
Does the facility smell clean?	1 2 3 4 5
Is there enough space in resident rooms and common areas for the number of residents?	1 2 3 4 5
How noisy are hallways and common areas?	1 2 3 4 5
Is the dining area clean and pleasant?	1 2 3 4 5
Is there room at and between tables for both residents and aides for those who need assistance with meals?	1 2 3 4 5
Are common areas like lounges and activity rooms in use?	1 2 3 4 5
Are residents allowed to bring pieces of furniture and other personal items to decorate their rooms?	1 2 3 4 5

The Staff, Policies and Practices

Does the administrator know residents by name and speak to them in a pleasant, friendly way?	1 2 3 4 5
Do staff and residents communicate with cheerful, respectful attitudes?	1 2 3 4 5
Do staff and administration seem to work well with each other in a spirit of cooperation?	1 2 3 4 5
Do residents get permanent assignment of staff?	1 2 3 4 5
Do nursing assistants participate in the resident's care planning process?	1 2 3 4 5
How good is the nursing home's record for employee retention?	1 2 3 4 5
Does a state ombudsman visit the nursing home on a regular basis?	1 2 3 4 5
How likely is an increase in private pay rates?	1 2 3 4 5

Are there any additional charges not included in the daily or monthly rate? 1 2 3 4 5

Residents' Concerns

What method is used in selecting roommates? 1 2 3 4 5

What is a typical day like? 1 2 3 4 5

Can residents choose what time to go to bed and wake up? 1 2 3 4 5

Are meaningful activities available that are appropriate for residents? 1 2 3 4 5

If activities are in progress, what is the level of resident participation? 1 2 3 4 5

Can residents continue to participate in interests like gardening or contact with pets? 1 2 3 4 5

Does the nursing home provide transportation for community outings and activities? 1 2 3 4 5

Is a van or bus with wheel chair access available? 1 2 3 4 5

Do residents on Medicaid get mental health services or occupational, speech or physical therapies if needed? 1 2 3 4 5

What is your impression of the general cleanliness and grooming of residents? 1 2 3 4 5

How are decisions about method and frequency of bathing made? 1 2 3 4 5

How do residents get their clothes laundered? 1 2 3 4 5

What happens when clothing or other items are missing? 1 2 3 4 5

Are meals appetizing and served promptly at mealtime? 1 2 3 4 5

Are snacks available between meals? 1 2 3 4 5

If residents call out for help or use a call light, do they get prompt, appropriate responses? 1 2 3 4 5

Does each resident have the same nursing assistant(s) 1 2 3 4 5

most of the time?

How does a resident with problems voice a complaint? 1 2 3 4 5

Do residents who are able to participate in care plan meetings? 1 2 3 4 5

Does the nursing home have an effective resident council? 1 2 3 4 5

Family Considerations

How convenient is the nursing home's location to family members who may want to visit the resident? 1 2 3 4 5

Are there areas other than the resident's room where family members can visit? 1 2 3 4 5

Does the facility have safe, well-lighted, convenient parking? 1 2 3 4 5

Are hotels/motels nearby for out-of-town family members? 1 2 3 4 5

Are area restaurants suitable for taking residents out for a meal with family members? 1 2 3 4 5

How convenient will care planning conferences be for interested family members? 1 2 3 4 5

Is an effective family council in place? 1 2 3 4 5

Can family/staff meetings be scheduled to discuss and work out any problems that may arise? 1 2 3 4 5

Can residents choose what time to go to bed and wake up? 1 2 3 4 5

Are meaningful activities available that are appropriate for residents? 1 2 3 4 5

Total Score: _____

How to Get Good Care in a Nursing Home

Once you find a nursing home placement for your loved one, you can begin the process of easing the transition from one level of care to another.

The most important way you can help is to ensure that your loved one gets good care in the new environment.

If you have been providing some or all of your loved one's care, you'll notice a change in your role. Rather than functioning as a caregiver, you'll instead become a care advocate.

You will still be caring for your loved one, but in a new way.

Your key roles are to participate in planning for your loved one's care and in frequent communication with the nursing home staff.

Care Planning

The care planning process begins with a baseline assessment. This assessment occurs soon after a resident moves into a nursing home, certainly within the first two weeks.

A team from the nursing home which may include a doctor, nurse, social worker, dietitian and physical, occupational or recreational therapist, uses information from both the resident and the family about the resident's medical and emotional needs.

This baseline assessment then becomes the yardstick against which the caregivers can measure the resident's progress.

The team asks family members about the resident's medical, psychological, spiritual and social needs. You can also contribute information about your loved one's preferences and usual routine. For example, you might tell the staff, "Dad likes to listen to the radio as he falls asleep. He's been doing this since I was a child."

During the assessment process, you can help by making your own list of your loved one's needs and giving the list to a member of the assessment team. For example, you may have noticed signs of depression along with symptoms of Alzheimer's. The assessment team may not notice these signs, so your input will be invaluable.

In the space below list your loved one's medical needs:

In the space below list your loved one's psychological needs:

In the space below list your loved one's spiritual needs:

In the space below list your loved one's social needs:

In the space below list your loved one's preferences and usual routines:

The assessment team uses all the information they gather to develop an individualized formal care plan. The care plan defines specific care the resident needs and outlines strategies the staff will use to meet them. The assessment team meets during the first month of a new resident's placement at a care planning meeting. Family members, as well as the resident, may attend.

When you go to the care plan meeting, bring along a copy of the list of needs you gave the assessment team earlier. Together, you can discuss your loved one's needs and the care plan the team has developed. And, if some need has been overlooked, you can ensure that the assessment team addresses it during this meeting.

Federal law requires that nursing home care result in improvement, if improvement is possible. In cases where improvement is not possible, the care must maintain abilities or slow the loss of function.

For example, if your mother has little problem with language when she moves into the nursing home, the care plan should include activities that encourage her use of language unless or until the disease's progression changes this ability.

The care plan becomes part of the nursing home contract. It should detail the resident's medical, emotional and social needs and spell out what will be done to improve (when possible) or maintain the resident's health.

According to federal law, nursing homes must review the resident's care plan every three months and whenever the resident's condition changes. It must also reassess the resident annually. At these times additional care planning meetings are held to update the resident's care plan.

For example, if your father had bladder control when he entered the nursing home, but has become incontinent, this significant change in his status means the nursing home staff must develop a new care plan that addresses his new need.

As a care advocate, you'll want to monitor your loved one's care to be sure the nursing home is providing the care outlined in the care plan. You may also attend all care planning meetings, whether regularly scheduled or when held because of a change in your loved one's health. This is the best way to ensure that your loved one gets personal and appropriate care in the nursing home.

Please contact us for a copy of our free legal and financial guide to paying for nursing home costs. Our contact information is listed on page one. Also, please check out our website, www.elderlawpdx.com, for more information about elder law issues.

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University of Oregon School of Law, 1992

Geoff has been helping individuals and families address the legal and financial consequences of aging for 15 years. He has been a guest speaker regarding estate planning and elder law for the Multnomah Bar Association, the Oregon Gerontological Association, the Alzheimer's Association, the Oregon State Bar, the Oregon Chapter of the National Multiple Sclerosis Society, the Office of the Long-Term Care Ombudsman and the Oregon Law Institute. Additionally, the Oregon State Bar sought Geoff's assistance in writing a book on Elder Law for Oregon attorneys. Geoff was honored by the Oregon State Bar in 1998, 2000, 2003, 2004, and 2005 for educational services to Oregon Elder Law Attorneys. Geoff is a prior recipient of the Multnomah County Legal Aid Senior Law Project Outstanding Volunteer Award. Geoff is a shareholder in his firm, the Law Offices of Geoff Bernhardt, specializing in elder law, estate planning, probate, guardianships and conservatorships. He is on the Board of Directors of the Oregon Gerontological Association and on the Program Committee of Oregon Chapter of the National Multiple Sclerosis Society. He is also on the Executive Committee of the Elder Law Section of the Oregon State Bar.

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Julie joined the Law Offices of Geoff Bernhardt as an associate in October of 2006. Prior to joining the firm, she worked for two years in the Hillsboro office of Legal Aid Services of Oregon where she worked primarily on administrative law. At Legal Aid she represented seniors, and it was her work with her clients that inspired her to specialize in elder law. Julie graduated in 2000 from the University of Oregon with a B.A. in Sociology and Spanish. She received her law degree from the University of Oregon in 2004. Julie speaks Spanish and has lived in Bolivia and Ecuador. Julie volunteers with the Senior Law Project and is a member of Oregon Women Lawyers. She recently contributed an article to the Elder Law Section Newsletter.