

Questions to Ask When Looking at Residential Care Facilities for Your Elderly Loved One

It can be a daunting task to view and evaluate the many different residential care settings available for our elderly family members. The task is made all the more difficult if there are time constraints imposed by either emergent circumstances or a hospital ready to discharge an elderly patient thereby requiring family members to make a quick decision.

Much of the decision may be driven by the medical or nursing care needs of the elder. When those needs are disclosed to the facility staff, its representatives will tell you if they cannot meet those medical or nursing needs. However, if the care needs are not extraordinary, you may be faced with choosing among several facilities in order to find the best fit.

Most facilities in the Midcoast area are able to accommodate a broad spectrum of nursing care. Nursing homes and other skilled care facilities can, by virtue of their license, provide skilled nursing services (e.g. intravenous medications, wound care, rehabilitation services). In addition, most assisted living facilities, although not licensed to provide skilled nursing services through their own staff, have relationships with outside agencies to provide those services within the facility as if it were the resident's own home. This makes assisted housing an option even when skilled care or rehabilitation services are needed. The resident or family member enters into a separate contract for those services with that outside agency and the facility assists in coordinating the care around those services. The same applies to other types of therapies such as physical or occupational therapies or speech therapy. All of those outside services and therapies would be covered by Medicare or private insurance as long as a physician order for the services and therapies is in place. If any of these services or therapies is required or desired by the elder, it is helpful to know how the facility handles communication with the outside agencies and how the prospective resident and family members can best get information about when and how the services are provided and how they are progressing once they are in place.

If the elder needs assistance with medications, you might inquire about how medication administration is handled within the facility and how many staff are available to manage that task. How are medications delivered to the facility and how is the medication supply handled? What responsibilities, if any, does the family have to coordinate pharmaceutical supply? Do you have a choice of a pharmaceutical supplier? Is a resident allowed to manage her own medication administration with or without reminders from the staff and, if so, who determines when a resident becomes unable to continue to do so?

Similar questions might be asked about over-the-counter medications and treatments as well as personal care supplies: who is responsible to monitor and replenish the supply of soaps, shampoo, powder, incontinence briefs, and gloves? What communication can be expected from the facility regarding personal care items and is there a choice in the types of supplies provided? Does the family have the option of purchasing those items at a lower cost from a local source and, if so, will you be provided with sufficient notice when supplies are low?

Inquire about how and when physician appointments will be scheduled and how that information will be communicated to and from family members. If the facility assists in transporting, how does pertinent resident information get to and from the provider? When does the facility hold conferences or meetings with involved family members to discuss resident care and which facility staff members attend those meetings?

It is important to inquire about the availability of safety and fall monitoring devices. State regulations for most facilities prevent the use of physical or chemical restraints because of the hazards inherent in their use; as a result, there is often some level of fall risk in any elder care setting. It is best to have an upfront conversation with the facility staff about what mobility assessment they will do and what monitoring and alert devices might be implemented as well as what level of visual oversight can be expected from available staff.

Meals offerings are critical to health and nutrition and they can also significantly contribute to, or detract from, quality of life. Additionally, meal times are often an important aspect of the social life of an elder. Consequently, dietary needs and preferences are important topics to address with facility representatives as well as the quality of the food service and the extent to which individual desires will be accommodated by the dietary department. Inquire whether between meal snacks and drinks are offered and whether after-hours requests can be honored. It is also appropriate to ask whether a resident can obtain assistance at meals when and if a decline in health status requires either reminding or cueing at meals or active assistance.

You will want to know how much assistance with the 'activities of daily living' is offered for each resident; if necessary, will the resident be assisted with bathing, dressing, toileting, mouthcare, nailcare, and, if so, to what extent? Is it just reminding or is there active assistance at any time it is needed? Is incontinent care provided to those who need it? And what happens if assistance is needed but refused by the resident? It is helpful to know the daily rhythm of the facility and whether a resident's regular habits around rising, retiring, or napping are honored? What if such habits are out of the ordinary in some respect; can they still be accommodated?

Transfers of any sort can be difficult for elderly persons as well as for family members and so it is essential to know what events would precipitate being discharged from the facility. What types of health declines, if any, would require being transferred to a facility offering a higher level of care? Many facilities offer age-in-place services and this can, but may not always, include end-of-life and hospice care.