

## Questions to Consider When Visiting a Long Term Care Home

Following are questions you might want to consider getting answers to as you visit homes to help you in your decision-making process:

1.
  - a) Who governs the home? \_\_\_\_\_
  - b) Does it operate on a not-for-profit or a for-profit basis? Not-for-profit: \_\_\_\_\_  
For-profit: \_\_\_\_\_
  - c) What is its mission statement? \_\_\_\_\_  
\_\_\_\_\_
  
2. Is it convenient for friends and family to visit? Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Is there a welcoming atmosphere when I enter the building? Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Do residents appear well groomed and appropriately dressed? Yes \_\_\_\_\_ No \_\_\_\_\_
  
5.
  - a) How do I see staff reacting toward residents and among themselves? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b) Do they appear to know residents' names? \_\_\_\_\_  
\_\_\_\_\_

6. a) Is the facility clean? Yes \_\_\_\_ No \_\_\_\_
- b) Is it free of offensive odours? Yes \_\_\_\_ No \_\_\_\_
7. a) Are resident rooms well appointed? Yes \_\_\_\_ No \_\_\_\_
- b) Is furniture in good repair? Yes \_\_\_\_ No \_\_\_\_
- c) Is a call bell or some communication device or system within easy reach? Yes \_\_\_\_ No \_\_\_\_
- d) What personal belongings may the resident bring? Yes \_\_\_\_ No \_\_\_\_
8. a) Is there privacy in the resident's room? Yes \_\_\_\_ No \_\_\_\_
- b) Are areas provided in the home for private visits with residents? Yes \_\_\_\_ No \_\_\_\_
9. Visit during a meal time. Check the menus and the choices provided.
- a) Is the dining area clean and inviting? Yes \_\_\_\_ No \_\_\_\_
- b) Do the meals look appetizing? Yes \_\_\_\_ No \_\_\_\_
- c) Are special diets provided? Yes \_\_\_\_ No \_\_\_\_
- d) Is a dietician involved with meal planning and assessment of residents? Yes \_\_\_\_ No \_\_\_\_
- e) Are family members or friends able to have an occasional meal with the resident? Yes \_\_\_\_ No \_\_\_\_

10. a) Is there a special secured area for the safety of residents who might wander away? Yes \_\_\_\_ No \_\_\_\_
- b) Are those residents included in activities with the rest of the residents? Yes \_\_\_\_ No \_\_\_\_
11. a) How is the community involved with the home? \_\_\_\_\_  
\_\_\_\_\_
- b) Is there a volunteer or auxiliary group? Yes \_\_\_\_ No \_\_\_\_
12. Are there any restrictions about visiting? Yes \_\_\_\_ No \_\_\_\_
13. a) What activities are provided for the residents? \_\_\_\_\_  
\_\_\_\_\_
- b) Are there provisions for services to improve mobility rehabilitation? Yes \_\_\_\_ No \_\_\_\_
- c) Are there activities away from the home in which the residents may participate? Yes \_\_\_\_ No \_\_\_\_
14. a) Is at least one Registered Nurse on duty at all times? Yes \_\_\_\_ No \_\_\_\_
- b) What other staff are employed at this home? \_\_\_\_\_  
\_\_\_\_\_
15. a) Who are the physicians attending this home? \_\_\_\_\_  
\_\_\_\_\_
- b) How often do they visit? \_\_\_\_\_
16. Are safe outdoor areas easily available to the residents? Yes \_\_\_\_ No \_\_\_\_