What is a Nursing Home?

A nursing home is a long-term care facility designed for people who need less care than a hospital provides, but for whom adequate services are not reasonably available in the home or community. It is designed for those needing long-term nursing or convalescent care due to aging or prolonged illness or injury. This care might include, for example, administering medicine, preparing special diets, rendering treatments prescribed by a doctor and total nursing care. Generally, the services offered by nursing homes include medical and nursing care, meals, laundry and housekeeping. Additionally, quality facilities offer dietary, pharmacy, recreational and social services, plus occupational therapy, physical therapy and speech therapy. Most nursing homes are proprietary (for profit) facilities; however, a small percentage of nonprofit homes operate in Virginia and are usually community or church affiliated.

Senior Citizens Handbook, 1999 Edition

Medicare and Medicaid

Medicare and Medicaid are frequently mistaken for one another, but the programs serve two different regulations. Note the following differences between Medi**caid** and Medi**care.**

Medicaid is a joint **state and federal** program for public assistance recipients and other medically indigent **adults and children**. Medicaid was designed to meet the medical needs of the poor, and therefore, the elderly must often deplete a major part of their assets before they are eligible for Medicaid benefits. Applications for Medicaid are accepted by the local Department of Social Services.

Medicare is a federal medical benefits program that is financed through the Social Security system and is for the elderly and disabled. Medicare Part A helps pay for a skilled nursing facility stay to a maximum of 100 days in each benefit period, but only if you need daily skilled nursing care or rehabilitation services for that long. In each benefit period, Part A pays for all covered services for the first 20 days in a skilled nursing facility, For days 21 through 100, Part A and Medigap insurance pay the cost for services if the doctor certifies that the care is to be extended. You are responsible for all charges beginning with the 101st day.

CHECKLIST

Name of Nursing Home _____ Date of Visit _____

When you visit a long-term care facility, carry this checklist with you. It will help you compare one facility with another, but remember to compare those certified in the same category.

Daily Life

Home A	Home B	
Yes No	Yes No	Are residents clean and dressed for the season and time of day?
Yes No	Yes No	Is the relationship between staff and residents warm, polite and respectful?
Yes No	Yes No	Do all staff members wear name tags and refer to residents by name?
Yes No	Yes No	Are activities tailored to residents' individual needs and interests, especially for those unable to leave their rooms?
Yes No	Yes No	Can water pitchers be reached by residents?
Yes No	Yes No	Does the facility consider personal food likes/dislikes in planning meals?
Yes No	Yes No	Does the facility use care in selecting roommates?
Yes No	Yes No	Does the facility have a resident's council? If so, does the council influence decisions about resident life?
Yes No	Yes No	Does the facility have contact with community groups, such as pet therapy?

Care Residents Receive

Yes No	Yes No	Is there a licensed doctor on staff? Is he/she there daily? Can the doctor be reached at all times?
Yes No	Yes No	Does the resident, family and CNA participate in developing the care plan?
Yes No	Yes No	Does the facility offer programs to restore lost physical functioning (physical, occupational, speech and language therapy)?
Yes No	Yes No	Does the facility have any special services that meet your needs (special care units for residents with dementia or with respiratory problems)?
Yes No	Yes No	Does the facility have a program to restrict the use of physical restraints?
Yes No	Yes No	Is a registered nurse (RN), other than the Nursing Director, at the facility at all times?
Yes No	Yes No	Does the facility have an arrangement with a nearby hospital?
Yes No	Yes No	Do the residents receive preventive care such as an annual flu shots?

How the Facility Handles Payment

Yes No	Yes No	Does staff assist residents eat and drink at mealtimes if help is needed?
Yes No	Yes No	Is the facility certified for Medicare?
Yes No	Yes No	Is the facility certified for Medicaid?
Yes No	Yes No	Is the resident or the resident's family informed when charges are increased?

Environment

Yes No	Yes No	Is the outside and inside of the facility clean, well kept and in good repair?
Yes No	Yes No	Are the outdoor areas accessible for residents to use?
Yes No	Yes No	Does the facility have handrails in hallways and grab bars in bathrooms?
Yes No	Yes No	When floors are being cleaned, are warning signs displayed or are areas blocked off to prevent accidents?
Yes No	Yes No	Is the facility free from unpleasant odors?
Yes No	Yes No	Is the temperature comfortable for residents?
Yes No	Yes No	Do noise levels fit the activities that are going on?
Yes No	Yes No	Is it easy for residents in wheelchairs to move around the facility?
Yes No	Yes No	Is the lighting appropriate for what residents are doing?
Yes No	Yes No	Are there private areas for residents to visit with family, visitors, physicians?
Yes No	Yes No	Is smoking not allowed or restricted to certain areas of the facility?
Yes No	Yes No	Do the residents have personal items in their rooms (photos, souvenirs)?
Yes No	Yes No	Do the rooms have accessible storage areas for residents' personal items?

Other

Yes No	Yes No	Does the facility have a good reputation in the community? Did it meet all Federal or State requirements on its last inspection report?
Yes No	Yes No	Is the facility convenient for family or friends to visit?
Yes No	Yes No	Does the local ombudsman visit the facility regularly?
Yes No	Yes No	Does the facility have an emergency evacuation plan and hold regular fire drills?