

HOW TO CHOOSE A GOOD NURSING HOME

BY

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Chapter 1

Introduction

While visiting her mother in the hospital, Ann Lance was shocked to find her mother in a filthy bed (Thompson, 1997, 34). Her family collected \$862,500 in a settlement because of infected bedsores that her mother had contracted while living at Creekside nursing home (Thompson, 1997, 37).

In 1993, at Creekside, 62 out of 112 residents were placed under restraints without consent, and drugs were administered to the residents for the purpose of discipline and convenience. Other examples of neglect occurring at Creekside included a lack of meaningful activities, malnutrition, a poor selection of foods, and residents parked in wheelchairs for hours at a time (Thompson, 1997, 37). A Time investigation has found that senior citizens in nursing homes are at a greater risk of death from neglect than what we would think (Thompson, 1997, 34). Would Ann Lance have placed her mother in a different nursing home if she had systematically collected information that would have helped her decide on a home? This research study can assist consumers like Ann in choosing a good nursing home for relatives. An issue that many Americans must face.

In Detroit, the owner of a nursing home who was convicted of Medicaid fraud 17 years ago again was cited for bad hygiene, inattention to frail residents, and incompetent staff (Thompson, 1997, 35). In Philadelphia, an assistant U.S. attorney, David Hoffman, made an undercover investigation of a nursing home. He discovered three residents' bedsores eating away their flesh. Knowing the nursing home must have pocketed government funds since they are to ensure good quality care for the residents, he later

sued the owner of the nursing home, which settled out of court. Generally the nursing home industry likes to settle out of court and often exchanges money for silence. Many nursing homes have become dangerous because they are always understaffed and unregulated. The government efforts are meager when it comes to standards. With 2 out of every 3 dollars spent by nursing homes going to payroll, profit measures, and personnel cuts, a consumer's only protection is to be informed (Thompson, 1997, 36).

This is a dire public administration issue because such a large percentage of nursing home care is eventually funded through public programs like Medicaid and Medicare. What percentages of these budgets are directed toward long-term care? The taxpayers finance the public programs and eventually the taxpayers will face the decision of selecting a nursing home that uses their own dollars. However, the public sector does not dictate the choice of nursing homes; this is the family members' decision. Any kind of tool that can make this choice more effective for the consumers indirectly uses fewer tax dollars and creates a healthier environment for disabled citizens.

Statement of Problem

According to the 1999 Census, there is a rapid growth in the aged population. If these trends continue, by the time the majority of baby boomers, who were born between 1946 and 1964, begin to reach the age of 65, the United States will experience the largest retired population in its history.

Most of the elderly citizens will be financially depleted from the cost of nursing care and will eventually depend on public assistance. When the baby boomers start to retire in the year 2010, this will contribute to the need for more long-term care. This

group of individuals ages 65 and over will be educated, work longer before their retirement, and will be assertive about their needs and wants. Because many Americans today are single, divorced or separated, there will be less family support when the demand for long-term care is on the rise (Binstock, Cluff, Mering, 1996, 280). Therefore with less family support, most citizens may choose nursing home care. Good nursing homes for those in need exist, but there is also a method to find good nursing homes and to reassure families and friends (Salamon, 1990, 68).

Purpose of Research

The purpose of this exploratory research is to develop a checklist of different important categories that consumers like Ann can use to make an assessment of a nursing home. An initial framework is developed through an analysis of scholarly literature and nursing home regulations. Through the method of field research, the framework is used to analyze two existing nursing homes. Finally, recommendations and suggestions are proposed from the evidence of visiting the nursing homes.

Chapter Summaries

This research study creates checklist to aid consumers in choosing a good nursing home. The paper is divided into 6 chapters. Chapter 2 reviews nursing home regulations that entail the minimum requirements that a nursing home must meet to ensure the safety and quality of care for residents. Chapter 3 will reveal the importance of assessing certain categories such as administration, staff, resident care, the kitchen, and the facility. Through nursing home regulations and the literature review, a checklist will be developed

to assist a consumer when choosing a nursing home. Chapter 4 reveals the conceptual framework and practical ideal types. In addition, this chapter describes the methods that are used in making an assessment of the two nursing homes when using the checklist instrument. Chapter 5 discusses the usefulness of the checklist instrument. Chapter 6 provides recommendations for further research in light of this study.

Chapter 2

Setting

In order to develop a checklist to assist a consumer in choosing a good nursing home, this chapter describes the laws that govern the requirements for the Long-Term Care Nursing Facility Requirements for Licensure and Medicaid Certification. The purpose of the LTC/NFR is to establish guidelines and standards to promote public health, safety, and the welfare of the individuals at the nursing facilities in the state of Texas. After reviewing the state regulations for nursing facilities, there are some important categories to consider when choosing a nursing home.

The following laws govern the requirements for the LTC/NFR and Medicaid Certification:

- Texas Civil Statutes
- Health and Safety Code, Chapter 242; §§1819(a)-(d), 1863, 1871
- Social Security Act 1905(a) and (c) and 1919(a)-(d)
- 42 United States Code §§1395i-3(a)-(d), 1395z, 1395hh, 1396d(a) and (c), and 1396r(a)-(d)
- 42 Code of Federal Regulations, Part 483

Administration

The facility must provide the necessary care and services for the residents. The facility and the nursing home administrator must be licensed by the state of Texas.

Licensing According to LTC/NFR in §19.901 and 42 Code of Federal Regulations, Part 483, Sec. 483.75, the Texas Department of Health, and Long-Term Care Nursing Facility Requirements must license a nursing facility; §19.1921 states that each licensed facility should post the facility license document. The facility must operate and provide services in compliance with applicable federal, state, and local laws,

regulations, and codes. The facility must provide accepted professional standards and principles that apply to professionals providing services in a nursing facility (LTC/NFR 92-1).

The facility must have a governing body, or designated persons functioning as a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. According to Long-Term Care Nursing Facility Requirements in §19.1902 and 42 Code of Federal Regulations, Part 483, Sec. 483.75, the governing body must appoint an administrator who is licensed by the Texas State Board of Licensure for Nursing Home Administrators.

Medicaid This is a state and federal program that pays most nursing home costs for people with limited income and assets. Medicaid will only pay a portion for nursing home care provided in Medicaid-certified facilities. After the individual's financial resources have been fully depleted, Medicaid will pay one hundred percent. The Medicaid rate will adjust according to the level of care needed by the resident.

The Medicaid program, which is totally funded by citizens through taxes, accesses the individual's financial needs according to their assets. If the total assets exceed the requirements for eligibility, payments are decreased to the level eligible for Medicaid; this is referred to as "spend-down." The legislation for the Medicaid programs allows the spouses of residents of skilled-nursing facilities to keep \$786 of their monthly income and up to half of the couple's total assets, with states having the option of allowing individuals to shelter assets to a maximum of \$60,000 (Salamon, 1990, 74).

Medicare This is a federally funded health insurance program for individuals over the age of 65. Medicare does not have any requirements or restrictions--anyone who

qualifies for Social Security is eligible for Medicare. There are two parts to Medicare: Part A is the hospital portion and Part B is the physician and medical insurance portion.

The legislation provides for Part A to cover unlimited hospital care after a \$564 deductible is met. Part B has a yearly out-of-pocket expenses limit of \$1,370 and anything beyond that is taken care of by Medicare. At the beginning of 1991, 50 percent of the cost of prescription drugs was paid after the individual paid the first \$600. In 1992 the percentage rose to 60 percent, and in 1993 increased to 80 percent. Medicare now covers the cost days per week of home health care to the limit of 38 days, and skilled nursing care has increased from 100 to 150 days.

To cover the costs of the policy, a surtax or supplemental premium was charged. The supplemental premium amounted to \$48 per year but increased to 28 percent of taxable income in 1993, with a ceiling of \$1,050. The \$48 premium applies to single individuals with a maximum yearly income of \$10,000. The total maximum premium is \$2,000, which applies to married couples earning more than \$90,000 annually. The legislation has been designed to enhance the programs that provide care, but the law still omits many long-term services. The law does not provide coverage for victims of Alzheimer's disease and the coverage for nursing home care is sparse (Salamon, 1990, 74-75).

According to Long-Term Care Nursing Facility Requirements, a nursing facility may not participate in the Texas Medical Assistance Program if the facility has restrictive policies or practices such as requiring the resident to assign his or her life insurance to the facility, requiring the resident to transfer property to the facility, or requiring the resident

to pay a lump sum entrance fee or make any other payment or concession to the facility (LTC/NFR, §19.2002, 92-1).

Rehabilitative Services According to LTC/NFR and 42 Code of Federal Regulations, Part 483, Sec. 483.45, if specialized rehabilitative services such as physical therapy, speech/language pathology, occupational therapy, or mental health rehabilitative services for mental illness and mental retardation are required in the resident's comprehensive plan of care, the facility must provide the required services or obtain the required services from an outside resource. The facility must ensure that safe and adequate space and equipment are available for the rehabilitative services offered. (LTC/NFR, §19.1101, 93-3)

Residents' Care

The facility must protect and promote the rights of each resident. The resident has a right to a dignified existence and self-determination.

Residents' Appearance Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, as in accordance with the plan of care. Based on the plan of care, the facility must ensure that the resident's abilities in activities of daily living do not diminish unless the circumstances of the individual's clinical condition demonstrate that diminution is unavoidable. Examples of a resident's abilities are as follows: to bathe, to dress, to groom, to transfer and ambulate, to toilet, to eat, and to use speech. (LTC/NFR, §19.701, 92-2)

Residents and Restraints The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience or those not required to treat the resident's medical symptoms. If physical restraints are used because they are required to treat the resident's medical condition, the restraints must be released and the resident repositioned as needed to prevent deterioration in the resident's condition. At a minimum, restraints must be released every two hours for a minimum of 10 minutes and the resident repositioned. According to Social Security Act §1919, restraints may only be imposed to ensure the physical safety of the resident or other residents. Also, the use of physical restraints must be documented in the resident's clinical record (LTC/NFR, §19.401, 93-3).

Staff Interaction with Residents The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents, and misappropriation of residents' property (LTC/NFR, §19.401, 93-3).

Married Couples Sharing a Room The resident must be ensured privacy for visits with his or her spouse. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement (LTC/NFR, §19.215, 93-5).

Personal Items The resident has the right to retain and use personal possessions, such as some furnishings, and appropriate clothing as space permits so long as they do not infringe upon the rights, or health and safety of other residents. If there are reasons for any limitations, the reasons must be documented in the resident's clinical record. If the resident dies, personal property must be transferred to the estate or the person designated by the resident (LTC/NFR, §19.214, 93-5)

Privacy The resident has the right to personal privacy and confidentiality of his personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. However, the facility does not have to provide a private room for each resident. (LTC/NFR§19.206, 92-2)

Resident's Rights The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident. The resident has the right to exercise his rights as a resident at the facility and as a citizen or resident of the United States (LTC/NFR, §19.202, 92-2).

Nursing Care/Staff

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychological well-being of each resident. The facility must also provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with the resident's plan of care (LTC/NFR, §19.801, 92-2).

Director of Nursing The director of nursing services must be a qualified registered nurse employed full-time who has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff. If the director of nursing services has other institutional responsibilities, a

qualified registered nurse must serve as an assistant so that there is the equivalent of a full-time director of nursing services on duty (LTC/NFR§19.804, 92-1).

Certification of Personnel All facility personnel and consultants must be licensed, registered, or certified as required by state and local law. Also, the facility must be in compliance with all applicable provisions of federal, state, and local laws, regulations and codes pertaining to health, safety, sanitation, and research. (LTC/NFR, §19.2011, 93-2)

Medical Director The nursing facility must designate a physician to serve as the medical director. The medical director is responsible for implementation of resident care policies and the coordination of medical care in the facility (LTC/NFR, §19.1907, 92-2).

Environment

A facility must care for its residents in a manner and in a n environment that promotes maintenance or enhancement of each resident's quality of life.

Facility The facility must provide a safe, clean, comfortable, and homelike environment, a clean bed and bath linen that are in good condition, a private closet space in each resident room, and adequate and comfortable lighting levels in all areas of the nursing facility (LTC/NFR§19.505, 92-2).

According to 42 Code of Federal Regulations, Part 483, Sec. 483.70, the facility must meet the provisions of the 1985 edition of the Life Safety Code of the National Fire Protection Association.

Food Services The facility must provide at least three meals daily to each resident at regular times comparable to normal mealtimes in the community. The facility

must offer daily snacks at bedtime (LTC/NFR, §19.910, 92-1). In LTC/NFR §19.908 and 42 Code of Federal Regulations, Part 483, Sec. 483.35, the facility must provide foods prepared by methods that conserve nutritive value, flavor, and appearance, foods that are palatable, attractive, and at the proper temperature, and foods prepared in a form designed to meet the individual needs. According to LTC/NFR, the facility must provide each resident with a nourishing, palatable, well-balanced diet that meets daily nutritional and special dietary needs of each resident (LTC/NFR§19.901, 92-2).

Nursing personnel must be in the dining room during meal times to assure the safety of the residents and that the correct diets are served. There should also be an identification system, such as tray cards, must be available to ensure that all diets are served according to physician's orders (LTC/NFR, §19.909, 92-1).

The menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council. The menus must also be prepared at least one week in advance and any substitutions must be documented in the resident's clinical record (LTC/NFR§19.907, 92-1).

The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis. A qualified dietitian is one whose qualification is based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association or licensure by the Texas State Board of Examiners of Dietitians. If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a

qualified dietitian. The designated director of food service is responsible for the overall operation of the dietary service (LTC/NFR, §19.902, 92-2).

The dietary service personnel must be in good health and practice hygienic food-handling techniques. Any persons with symptoms of communicable diseases or open infected wounds are not allowed to work in the kitchen (LTC/NFR, §19.906, 92-1).

The Texas Department of Health (TDH) is designated as the agency responsible for Title XIX survey and certification of Nursing Facilities, utilization review in the Title XIX Nursing Facilities, and determination of medical necessity for Medicaid recipients. TDH generally conducts surveys every 12 months. Surveys are scheduled visits but state inspections are unannounced visits from the Texas Department of Health.

If the nursing home violates any of the state regulations, the state gives the nursing home a citation. Depending upon the severity of the citation, the state gives the nursing home ample time to correct any deficiencies found during the investigation. A fine is determined through the degree of the severity of the citation. If the citation is highly severe, the state can close down the nursing home.

As follows, Table 1 summarizes the important categories in relation to the state regulations.

TABLE 2.1
Long-Term Care Facility Requirements

Categories	Regulations
Administration	
• Licensure of facility	§ 19.1901 Administration LTC/NFR 92-1
• Licensure Posting	§ 19.1921 General Requirements for Nursing Facility LTC/NFR 92-1
• Licensure of administrator	§ 19.1902 Governing Body LTC/NFR 92-1
• Medicare and Medicaid	§ 19.2002 Participation Requirements LTC/NFR 92-1

	§ 19.2003 Additional Participation Requirements LTC/NFR 93-1
• Rehabilitative Services	§ 19.1101 Provision of Specialized Rehabilitative Services LTC/NFR 93-3
Residents' Care	
• Residents' appearance	§ 19.701 Quality of Care LTC/NFR 92-2
• Residents and restraints	§ 19.401 Resident Behavior and Facility Practice LTC/NFR 93-3
• Married Couples sharing room	§ 19.215 Married Couples LTC/NFR 93-5
• Personal items	§ 19.214 Personal Property LTC/NFR 93-5
• Privacy	§ 19.206 Privacy and Confidentiality LTC/NFR 92-2
• Residents' rights	§ 19.202 Exercise of Rights LTC/NFR 92-2
Staff/Nursing Care	
• Nursing	§ 19.801 Nursing Services LTC/NFR 92-2
• Director of Nursing	§ 19.804 Director of Nursing Services LTC/NFR 92-1
• Ratio of nurse to resident	§ 19.802 Additional Nursing Services Staffing Requirement LTC/NFR 92-1
• Certification of Personnel	§ 19.2011 Licensure, Registration or Certification of Personnel LTC/NFR 93-2
• Medical Director	§ 19.1907 Medical Director LTC/NFR 92-2
Environment	
• Facility	§ 19.505 Environment LTC/NFR 92-2
Food Services	
• Meals per day	§ 19.910 Frequency of Meals LTC/NFR 92-1
• Special assistance in eating	§ 19.909 Food Intake LTC/NFR 92-1
• Quality of food	§ 19.908 Food LTC/NFR 92-2
• Menus	§ 19.907 Menus and Nutritional adequacy LTC/NFR 92-1
• Dietary Services	§ 19.901 Dietary Services LTC/NFR 92-2
• Staffing	§ 19.902 Staffing LTC/NFR 92-2
• Hygiene	§ 19.906 Hygiene

Chapter 3

Literature Review

The purpose of this chapter is to provide an overview of the relevant literature on important categories to consider when choosing a nursing home. This chapter reveals the important categories: administration, violations and complaints, Medicaid, Medicare, rehabilitative services, staff, residents' care, facility, and food services. In the next chapter, the categories will be incorporated into a checklist.

Costs of the Nursing Home

The estimated cost of nursing home care is about \$30 billion spent on institutional care across the U.S., and half of the amount was paid from personal resources. The cost of care can range from \$25,000 to \$45,000 per year for nursing home care (Texas Department of Human Services, 1998). A good portion of the cost of care in nursing homes includes food, rent, and utilities (Salamon, 1990, 25). The costs of nursing homes are as follows:

- \$2498.00 average monthly cost for a private pay resident;
- \$82.41 average daily rate for a private pay resident;
- \$58.53 - \$123.82 range of daily rates for Medicaid based on the medical need of the resident (Texas Department of Human Services, 1998).

Categories of the Checklist

Through a review of the literature, a checklist has been developed with certain categories that classify important elements of nursing home care are developed. The categories are developed to help people to be better informed and to face with the decision of choosing a nursing home. The categories form the link to the conceptual framework and to the literature for the checklist. The purpose of this study is to develop a checklist that consumers can use to evaluate a prospective nursing home.

Administration

Some facilities do not have government licenses. A licensed facility should have the license posted; this indicates that the facility is maintaining the minimal level of care required by the state. In addition, insurance carriers may not cover the care if the facility is not licensed (Horne, 1989, 44).

Nursing homes must on a regular annual basis pass a rigorous program of checks and balances regarding licensing for the nursing facility and Medicare and Medicaid certification through state inspections. Nursing homes are re-surveyed every 9-15 months depending on past compliance with the regulations. If the nursing home does not meet the federal and state standards, then the facility cannot operate. Regular inspections are surveys are required to be unannounced inspections, enabling the survey team to observe the normal daily operations of the facility. Each facility must also follow strict federal and state regulations regarding safety to further protect the residents from potential hazards (Bausell, Rooney, Inlander, 1988, 309).

The government, through a thorough inspection to ensure the minimum standards in housekeeping and maintenance, issues the license and standard of care such as the number of registered and licensed nurses on duty during the 24-hour period. Medicare and Medicaid certification involve the nursing home agreeing to certain conditions such as setting beds aside for Medicare and Medicaid residents, and accepting the prevailing rate set by these programs (Bausell, Rooney, Inlander, 1988, 4-5). It is important to choose a nursing home that is Medicare and Medicaid certified because of the long-term financial cost.

It is necessary for the administrator to be licensed so that the home is run according to the government standards and directions from the nursing home's governing board (Meshinsky, 1991, 31). The nursing home administrator's duty is to ensure the facility is in compliance with the state and federal regulations (Allen, 1992, 73). The administrator has to also be sensitive to the needs of the residents and to be able to carry out the multifaceted job (Meshinsky, 1991, 31).

For homes smaller than 100 beds, the administrator usually runs the nursing home without an administrator position. The administrator often turns to the director of nursing for support in various issues. When the administrator is not present, the director of nursing is in charge (Meshinsky, 1991, 31).

In addition, one should observe whether the facility has any affiliations with professional organization. Usually the facility will have membership in the Joint Commission on Accreditation of Health Care Organizations, the American Association of Homes for the Aging, or the American Nursing Home Association; such memberships

indicate a greater willingness of the home to comply voluntarily with professionally accepted standards (Salamon, 1990, 70).

Violations and Complaints

Neglect, abuse, and inadequate care sometimes happens in a nursing home, such as a resident not being properly bathed or developing bruises as a result of the roughness when transferred from a bed to a wheelchair. Unnecessary mental abuse can cause a resident to feel high levels of fear, anxiety, withdrawal, or emotional distress (Meshinsky, 1991, 113).

One can go to an ombudsman for any complaints. An ombudsman identifies, investigates, and resolves complaints made by or on the behalf of the residents. In most cases, the ombudsman can help resolve the problem. However, when it involves serious abuse or neglect, the complaint is referred to the appropriate agency (Meshinsky, 1991, 113).

Medicaid

As mention in the previous chapter, Medicaid is a state and federal program that pays most nursing home costs for people with limited income and assets. One can refer to Chapter 2, for details.

Medicare

As mentioned in the previous chapter, Medicare is a federally funded health insurance program for individuals over the age of 65. One can refer to Chapter 2, for details.

Rehabilitative Services

The nursing home may have in-house rehabilitative and therapeutic services or contract for outside services such as physical therapy, occupational therapy, and speech therapy (Horne, 1989, 41). The therapist provides treatment to improve and restore function to the resident's highest level of physical and mental well-being (Bausell, Rooney, Inlander, 1988, 38-41).

Physical therapists assist the residents to achieve muscle restoration when using walkers, parallel bars, slant boards, whirlpool, and moist hot packs (Bausell, Rooney, Inlander, 1988, 38-41). Some occupational programs are offered through the activity department such as sewing crafts. A physician must request speech therapy to restore any type of cognitive deficit or swallowing impairment (Bausell, Rooney, Inlander, 1988, 43).

In addition, there are other services and supplies such as dental care, podiatry care, optometrist services, pharmaceutical services, laboratory services, diapers, and special ambulatory devices that are not covered in the daily rate at the nursing home (Horne, 1989, 41).

Staff

Three levels of nursing serve the residents at the nursing home. The first level is the registered nurse (RN) who provides supervision and administration for all nursing services at the nursing home. The second level is the licensed practical nurse (LPN or LVN) who provides less-skilled nursing tasks, usually giving a great deal of bedside care

to the resident. Finally the nursing assistant (aide) who provides 90 percent of the hands-on care given to the residents (Horne, 1989, 41).

The Director of Nurses (DON) is an RN and the entire nursing department is under his or her direction. The DON's duties include supervising the staff and communicating with doctors, families, and residents. The most important duty of a DON is to interpret and clarify doctors' orders as needed (Meshinsky, 1991, 34-35). The DON works closely with the administrator and the medical director to assure that the nursing needs of each resident are met (Jacobsen, 1988, 306).

Nurse's aides are responsible for the daily assistance requirements. Many states have minimum training standards, which the aide must meet in order to be employed in long-term care (Jacobsen, 1988, 306).

Every skilled facility must have a medical director who is a general practitioner who oversees the medical care of the residents even if they have their own private physicians (Jacobsen, 1988, 306). The medical director or the resident's private physician is the only one able to make the medical decisions and provides patient care to the resident including admission and discharge from the nursing home. The medical director plays an active part in developing policies for the nursing home (Allen, 1992, 73).

Under the regulations of Omnibus Budget Reconciliation Act (OBRA), a nursing home with 120 or more beds needs to have one full-time social worker. The social worker is responsible for the emotional and social needs of the individual residents and acts as a liaison between the staff, family, and community services. Also, the social

worker provides support and assistance to residents who have any emotional problems or special difficulties such as financial crises or acute illness (Meshinsky, 1991, 39-40).

The most important contributor to a high quality of life in a nursing home is good interaction between residents and staff. The biggest problems in a nursing home are caused by rudeness, thoughtlessness, carelessness, or overworked staff. When consumers visit a nursing home, they should observe how the staff members communicate with to the residents (Meshinsky, 1991, 55).

Residents' Care

Residents at the facility maintain the same general civil and personal rights as a typical American. Residency in a nursing home does not mean giving up basic freedom. Due to this concern, a Resident's Council is established at most nursing homes. Residents elect officers and have a voice in the facility's affairs. In addition to the Resident's Council, Family Councils are becoming more common to provide excellent opportunities for families to voice their concerns about the management of the facility (Jacobsen, 1988, 309).

Maintaining a sense of personal identity is a challenge to the residents. Since we live in the outside world, we can eat, sleep, and work in different places. However, this is not true for the nursing home residents (Thomas, 1996, 12). Residents find it difficult to access the outside world whether via a telephone or trips away from home. Timing and conducting ordinary events such as getting up, going to bed, eating, and bathing can be difficult as well (Kane, Ladd, 1998, 163). The fundamental rule is that all nursing home

residents are treated alike. The typical day is completely managed so that the staff can predict what the resident will be doing at any time of day (Thomas, 1996, 12).

Many residents want to summon and interact with their physicians instead of through an intermediary or interpretive role of the nursing staff. The primary responsibility of the nursing staff is to provide residents with care according to the health care plan. Because of so many routines, the staff has little opportunity to individualize each resident. Personnel are the major cost in a nursing home and yet the staff feels overwhelmed and underpaid when extra nursing attention such as unscheduled trips to the toilet and getting in and out of bed upon requests (Kane, Ladd, 1998, 163). One should observe to see if there is good interaction between the staff and the residents because a home should be a comfortable place for the resident (Salamon, 1990, .71).

One should also observe the residents' appearance such as cleanliness. The appearance will indicate if the resident is being cared for. The residents' hair should also be combed and their clothes clean.

Some of the residents feel a sense of loss of their possessions. Before they came to the nursing home, they had a home, a car, furniture, and a nice wardrobe. In the nursing home, some residents feel as if they have nothing because they left all those items behind when they were admitted to the nursing home. They have to share a room with limited space for their personal belongings. In some nursing homes, residents wear the same clothes over and over again, or if the clothes are not marked properly with the residents' names, the residents can lose their clothes (Bennett, 1980, 78). In general, residents try to maintain their dignity by dressing neatly (Bennett, 1980, 81).

Another concern regarding residents' care is privacy. Privacy is nonexistent in homes unless the resident has a private room. To create an illusion of privacy, by regulation, nursing homes are to provide hanging curtains, which can be drawn around the beds to close them off from the view of people passing by. Sometimes the curtains can cause arguments with the roommate over the control of the curtains (Bennett, 1980, 87). The residents can never have private conversations. Family members are often seen taking their loved ones in a wheelchair to an obscure place to talk and visit. The lack of privacy can reduce the resident's will to live independent lives (Bennet, 1980, 89).

Another concern is the use of restraints on the residents. The nursing facility should exercise caution with the use of restraints on the residents; a staff shortage is never an acceptable reason for the use of restraints. If a majority of the residents are using restraints, then the nursing home may be experiencing a staffing problem (Bausell, Rooney, Inlander, 1988, 41).

Facility

The physical structure of the nursing home has effects on the quality of care and on the attitudes of the residents. One suggestion is to avoid the sterile institutional look of a nursing home. Many modern nursing homes provide an antiseptic environment. The use of skylights, ample windows and glass sliding doors can eliminate the "closed feeling" (Moss, Halamandaris, 1977, 206).

A huge central fireplace or solarium can make a cozy favorite place for the residents to congregate. It may assist residents from becoming withdrawn. In addition,

an open court with a fenced in backyard is nice for residents who want to go outside (Moss, Halamandaris, 1977, 206).

By law every nursing home must offer safety and security in an evacuation plan in the event of an emergency. Safety features in a nursing home such as heavy fire doors, emergency sprinkler system, call bells, handrails, and lighting are also required (Horne, 1989, 42). Many nursing homes invest a lot of money in decorating the lobby because that is where one gets a first impression of the home. Tours of the facility should include a look at the arrangement of the residents' rooms.

Wide doorways should easily accommodate wheelchairs and walkers. Make a note of how quickly the call lights are being answered from the staff. Check to see if the grounds are safe and well-maintained, and if the nursing home is clean and odor-free. This will also give you an idea of how the environment of the nursing home is being maintained (Salamon, 1990, 71). If there are any odor problems, it may indicate the nursing home is not taking care of the incontinence problems with the residents (Goldsmith, 1990, 139).

The housekeeping department is responsible for each room, and for keeping the facility clean and well kept. The maintenance department is responsible for the physical appearance and the functioning of the facility, from regulating the hot water temperature to trimming the hedges (Jacobsen, 1988, 306). Maintenance is also responsible for any repairs that need to be made at the nursing home, keeping the building free of rodents and insects, and providing a plan for the facility in case of utility failure (Meshinsky, 1991,45).

One should look to see how the grounds are maintained; which can be an indication of the home administration. However, beautiful grounds can be a distraction from safety and livability (Bausell, 1988, 35). Observe the atmosphere of the home (Bausell, Rooney, Inlander, 1988, 36-37). If the home is not safe, the resident may wind up having fractured bones or hips because of uneven sidewalks. Examine the posted emergency evacuation plan for smoke detectors, fire extinguishers, sprinkler systems and a well-defined emergency route. Check to see if the emergency exits are well marked (Bausell, Rooney, Inlander, 1988, 36).

Residents leaving their homes to come to a nursing home need to be comfortable. The room will become his or her castle. It is important to know what the room looks like and how one can decorate the room to make it home-like. Observe the room for comfort, safety, and atmosphere. Make sure the room is open to the hallway to accommodate medical emergencies. In the bathrooms, check to see if there are any grab bars beside the toilet, and nonslip surfaces in the bath tub (Bausell, Rooney, Inlander, 1988, 37-38).

Food Services

A vital part of the nursing home is the kitchen. The quality of the food, menu, preparation of the food, kitchen staff appearance, cleanliness of the kitchen, and availability of snacks are an important aspects of this category.

A consumer can ask the kitchen staff about the preparation of the meals, quality of the food, meal times, and how special diets are prepared. At this time, the consumer can observe the appearance of the kitchen staff and the organization of the kitchen (Jacobsen, 1988, 306).

The residents should also eat together on a regular basis. A consumer should observe the residents' interaction among themselves and observe to see if there are any groups formed among the residents, which is a good sign of friendship. In addition, the consumer can also purchase a meal, and dine with the residents to observe the atmosphere and sample the quality of the food during meal times (Salamon, 1990, 72).

The next chapter will describe the conceptual framework, the methods used in this research study, and the important categories that contributed to the nursing home checklist.

Chapter 4

Methodology

The purpose of this chapter is to describe and define the methodology chosen for this research study, field research, which is the natural technique for doing social research that involves going where the action is and observing it. In one form of this technique, participant observation, the researcher joins in the events under study and examines the study from the inside (Babbie, 1995, 8).

Conceptual Framework

This research conceptual framework is the practical ideal type. Shields (1998, 219) can view the practical ideal types as standards or points of reference. The categories organize this conceptual framework. The important categories developed from the literature review and state regulations formulated the conceptual framework of practical ideal type. Then the categories of what to observe in a nursing home are used in developing the nursing home checklist. See Appendix C.

Field Research

Field research is used in everyday life by all of us, taking place whenever one observes or participates in social behavior, or tries to understand human behavior--whether standing in line at the store, or watching people at the post office. Whenever someone reports observations, he or she is reporting efforts in field research (Babbie, 1995, 280).

Field research offers the advantage of probing social life in its natural habitat. Direct observation in the field can enable one to observe communication, and other events that might not be anticipated or measured otherwise. An interview is an integral part of the field research (Babbie, 1995, 280).

Reviewing the interview notes is also an important step toward understanding what has been observed and finding out what requires further observation; such a review also serves to detect what questions could have been asked, but were not (Babbie, 1995, 291).

There are various types of roles the observer plays in field research. For this research study, the researcher plays the role of an observer-as-participant and a complete observer. The observer-as-participant is one who identifies himself or herself as a researcher and interacts with the participants in the study, but makes no pretense of actually being a participant. For example, when touring the nursing home, one can interview the staff regarding patient care. On the other hand, the complete observer observes the study without becoming a part of it in any way. For example, one can observe the interaction between the staff and the residents in a nursing home to determine whether there is healthy interaction (Babbie, 1995, 284).

As mentioned previously, field research is a matter of going where the action is and watching and listening. The basic tools of field research are a notebook and a pencil. The greatest advantage of the field research method is the presence of an observing and thinking researcher at the scene of the action. Sometimes, it is appropriate to ask people questions and record their answers. Usually the interviews are unstructured in field research. An unstructured interview is an interaction between an interviewer and a

respondent in a conversation in which the interviewer establishes a general direction and the respondent does most of the talking (Babbie, 1995, 288).

As with any research method, there are strengths and weaknesses in such an approach (Babbie, 1995, 300). Table 1 below lists them (Babbie, 1995, 300).

TABLE 4.1
STRENGTHS AND WEAKNESSES OF FIELD RESEARCH

Strengths	Weaknesses
Flexibility	Qualitative
Inexpensive	Suggestive

This study utilizes the field research method of observation and asking questions to compose a nursing home checklist. The checklist (Table 4.2) consists of different categories developed through a literature review and state regulations; this is then used at two nursing homes to validate the items on the checklist. Such a list itself cannot really determine if the nursing home is good or bad. The objective is to assist one in choosing the nursing home that best fits the needs of the individual. However, if the nursing home is not state licensed, then the choice of that nursing home can be eliminated.

The checklist will assess two nursing homes that have 170 beds. One nursing home, which is located in north Austin, has a majority of private pay residents compared to the second nursing home in south of Austin that has a majority of residents on Medicaid and Medicare. These two nursing homes were chosen because of their differences in location, and one being heavily government funded while the other is not. The following table is the checklist that can assist consumers in choosing a good nursing home.

Table 4.2
Nursing Home Checklist

CATEGORIES	YES	NO	COMMENTS
<u>Administration</u>			
1) Does the nursing home have a license from the state licensing agency?			
2) Does the administrator have a license from the state?			
3) Is the home certified for Medicare and Medicaid program?			
4) Any recent violations/complaints ?			
5) Is there a waiting list?			
6) Any physical therapy, occupational therapy, and speech therapy ?			
<u>Residents Care</u>			
7) Are the residents clean, dressed, and well-groomed ?			
8) Are the residents interacting with staff and each other ?			
9) Are the residents placed in restraints ?			
10) Can a married couple share a room?			
11) Does each resident have a reading light, a comfortable chair, and a closet and chest of drawers for personal belongings?			
12) Are the resident's personal items and clothing labeled properly?			
13) Is there a resident's council ?			
<u>Staff</u>			
14) Is there good interaction between the staff and the residents?			
15) Does the staff knock and wait for a response before entering a room?			
16) Does the staff close doors and curtains for privacy of changing, bathing, and treatments?			
17) Is there one registered nurse (RN) or licensed practical nurse (LPN) on duty day and night for each 20 residents?			
18) Does the staff have adequate help to assist in bathing, dressing and attending to other residents' needs?			
19) Is there a social worker on staff?			
20) Is there a Medical Director for the facility?			
21) Are the nurse call buttons located at each resident's bed and in toilet and bathing facilities?			

Physical Environment

- 22) Is the nursing home **clean and orderly inside**?
- 23) Is the nursing home **clean and orderly outside**?
- 24) Is the home **well-lighted**?
- 25) Are the rooms **well-ventilated** and kept at a comfortable temperature?
- 26) Is the home free of unpleasant odors?
- 27) Are the **halls wide** enough for two wheelchairs to pass?
- 28) Is the home accessible with **handrails in the halls** and **grab bars** in the hall?
- 29) Is there a window in the room?
- 30) Are there **door alarms** on all exits and **smoke alarms**?

Food Services

- 31) Are at least **three meals** served each day?
- 32) Is there a **dietitian** on staff?
- 33) Are special meals prepared for residents on therapeutic or other diets?
- 34) Are **snacks** available?
- 35) Is the **menu posted**?
- 36) Are there any conversations among the residents during dinner?
- 37) Is the kitchen staff **well-groomed**?
- 38) Is the kitchen clean?

The following chapter, *Results*, illustrates the findings from this study.

Chapter 5

Results

The previous chapters discussed the literature review, state regulations, a checklist, and the methodology. The purpose of this chapter is to provide the results, based on the researcher's perception of two nursing home visits.

Administration

Both nursing homes complied with the Administration criteria developed in the checklist. Both the nursing home and the nursing home administrator are licensed from the state. If neither the nursing home nor the administrator is licensed, one does not need to look any further because this is required by the state. In both of the nursing homes, the administrator's license was in the main office and the facility's license was posted in the lobby area.

Regarding any violations or complaints against the nursing home, one can call the state and request that information. One would want to be careful in choosing a nursing home that has such a history.

The appearance of the lobby is a reflection of the rest of the nursing home. Both of the nursing homes in this study had clean and organized lobby areas.

Table 5.1
Administration Results

	Nursing Home One (NH1)	Nursing Home Two (NH2)
Home license	Yes	Yes
Admin. license	Yes	Yes
Medicare/Medicaid	Yes	Yes
Violations/Complaints	Yes	No
Waiting list	No	No
Rehabilitative Services	Yes	Yes

Residents' Care

The researcher needs to ask a staff member if there is a resident council. In this category, the researcher observes the residents' grooming, the residents' interaction with the staff, and the appearance of the residents' rooms.

The interaction between the staff and the residents is important because one would want to know how the residents are being treated living in the nursing home. Residents' grooming is important as an indicator of the general care of the residents.

The first nursing home did not have as much interaction with the residents as the second nursing home. The residents' room in both nursing homes were clean and in order. Both nursing homes had a resident council, essential in protecting the rights of the residents.

Table 5.2
Residents' Care Results

	NH1	NH2
Residents' Grooming	Yes	Yes
Residents' Interaction	No	Yes
Use of restraints	No	Yes
Married Couples	Yes	Yes
Comfortable Setting in Room	Yes	Yes
Personal belongings	Yes	Yes
Residents' council	Yes	Yes

Staff

This section of the checklist reveals if the staff respects the residents' privacy and if the nursing facility has the appropriate staff on duty according to state regulation. Both nursing homes complied with the Staff section of the checklist; however, one nursing home did not have a social worker.

Both nursing homes respected the residents' privacy by knocking on the door before entering the room and closing curtains when the staff is attending the residents. Both nursing homes had a registered nurse on duty. Each of the nursing homes had a Medical Director that came in once a week to review the residents' care plans.

Table 5.3
Staff Results

	NH1	NH2
Good Interaction with residents	Yes	Yes
Staff knock on door	Yes	Yes
Close door and curtains	Yes	Yes
RN, LVN, or LPN on duty	Yes	Yes
Adequate assistance	Yes	Yes
Social worker	No	Yes
Medical director	Yes	Yes
Call buttons	Yes	Yes

Facility

Both facilities adequately met the needs of the residents and state regulations.

However, odors were present in the second nursing home, which could represent a problem.

Table 5.4
Physical Environment Results

	NH1	NH2
Clean inside	Yes	Yes
Clean outside	Yes	Yes
Lighting	Yes	Yes
Ventilation	Yes	Yes
Odors	Yes	No
Width of hallway	Yes	Yes
Handrails	Yes	Yes
Windows	Yes	Yes
Door alarms	Yes	Yes

Food Services

In this section of the checklist, the researcher observes the staff, the residents, and the kitchen area. The researcher needs to ask a kitchen staff member regarding the availability of snacks for the residents and frequency of meals. This category identifies the importance of the quality and kind of foods, frequency of meals, and the maintenance of the kitchen area according to state regulations.

Both nursing homes complied with the Food Services criteria developed in the checklist list. The kitchen area and the kitchen staff were both clean and organized. In the first nursing home, there were interactions among the residents during mealtime, while in the second nursing home there was hardly any interaction among the residents.

Table 5.5
Food Services Results

	NH1	NH2
Frequency of meals	Yes	Yes
Dietian on staff	Yes	Yes
Special meals	Yes	Yes
Snacks	Yes	Yes
Menu	Yes	Yes
Interaction among the residents	Yes	No
Kitchen staff	Yes	Yes
Kitchen cleanliness	Yes	Yes

Conclusion

The checklist appears problematic because it did not really clarify the distinctions between two the nursing homes. If a consumer like Ann had to choose between these two nursing homes, which one would she pick? While visiting nursing homes, one may

develop an instinct for something that cannot be measured on the checklist. The checklist needs to be redesigned to make further distinctions.

Chapter 6

Conclusion

As previously mentioned in Chapter One, consumers like Ann Lance want to find a good nursing home for their loved ones. The purpose of this research study is to formulate a checklist to assist consumers like Ann in choosing a good nursing home. The checklist is derived from a literature review and state regulations in long-term care.

After the checklist was developed, the researcher used the checklist at two different nursing homes. After visiting the two nursing homes, researcher reviewed the results and made recommendations on improving the research for further study.

Recommendations

Both of the nursing homes adequately met the needs of the residents and the state regulations. The use of the checklist is adequate enough to assist one in choosing a nursing home, however, there are some recommendations that can enhance the effectiveness of the checklist.

Administration The skilled administrator of a nursing facility is a person capable of organizing the resources and finances available to best meet the needs of the residents. The nursing facility administrator is responsible for assuring that forecasting, planning, organizing, staffing, directing, evaluating, controlling, innovating, marketing, and providing leadership to the facility. Therefore, the Administration section of the checklist should include an interview with the nursing home administrator.

Residents' Care An interview with the residents and their families may give more insight about the nursing home. After the interviews, compare the comments from other residents.

Residents' Council Interview the residents who serve on the council. Ask them what kind of issues the council had to deal with and the solutions to these issues.

Residents' personal items For this section, ask the residents or their families how often their personal items are lost or stolen. Also ask the residents if they feel that there is a problem with regard to keeping an inventory of their personal items.

Staff An interview with the social worker, medical director, and dietitian is also advised. Ask these professionals about their experiences, credentials, and how their job affects the residents at the nursing home. The staff within the nursing home makes the greatest difference in the quality of life for the residents.

Food Services If possible, purchase a meal and eat with the residents. During mealtime, interact with the residents and ask the residents what they think of the nursing home.

The question on the checklist, "Are the residents given enough food?" should be changed to "Is there a dietitian on staff?" The dietitian can assure the quantity and quality of food served to the residents.

The following is the checklist with the recommendations noted in italics.

Table 6.1
Checklist with Recommendations

CATEGORIES	YES	NO	COMMENTS
<u>Administration</u>			
1) Does the nursing home have a license from the state licensing agency?			
2) Does the administrator have a license from the state?			<i>[interview with administrator]</i>
3) Is the home certified for Medicare and Medicaid program?			
4) Any recent violations/complaints?			
5) Is there a waiting list?			
6) Any physical therapy, occupational therapy, and speech therapy?			
<u>Residents Care</u>			
7) Are the residents clean, dressed, and well-groomed?			<i>[interview with the residents and</i>
8) Are the residents interacting with staff and each other?			<i>family members about the home]</i>
9) Are the residents placed in restraints?			
10) Can a married couple share a room?			
11) Does each resident have a reading light, a comfortable chair, and a closet and chest of drawers for personal belongings?			
12) Are the resident's personal items and clothing labeled properly?			<i>[ask the residents/family if there is a problem regarding personal items being lost or stolen]</i>
13) Is there a resident's council?			<i>[interview the residents who are on the council and ask about issues they have to deal with]</i>
<u>Staff</u>			
14) Is there good interaction between the staff and the residents?			
15) Does the staff knock and wait for a response before entering a room?			
16) Does the staff close doors and curtains for privacy of changing, bathing, and treatments?			
17) Is there one registered nurse (RN) or licensed practical nurse (LPN) on duty day and night for each 20 residents?			<i>[interview the social worker, medical director, and dietitian]</i>
18) Does the staff have adequate help to assist in bathing, dressing and attending to other residents' needs?			
19) Is there a social worker on staff?			

- 20) Is there a Medical Director for the facility?
- 21) Are the nurse call buttons located at each resident's bed and in toilet and bathing facilities?

Physical Environment

- 22) Is the nursing home clean and orderly inside?
- 23) Is the nursing home clean and orderly outside?
- 24) Is the home well-lighted?
- 25) Are the rooms well-ventilated and kept at a comfortable temperature?
- 26) Is the home free of unpleasant odors?
- 27) Are the halls wide enough for two wheelchairs to pass?
- 28) Is the home accessible with handrails in the halls and grab bars in the hall?
- 29) Is there a window in the room?
- 30) Are there door alarms on all exits and smoke alarms?

Food Services

- 31) Are at least three meals served each day?
- 32) Are the residents given enough food? [*Change to "Is there a dietitian on staff?"*]
- 33) Are special meals prepared for residents on therapeutic or other diets?
- 34) Are snacks available?
- 35) Is the menu posted? [*Purchase a meal and eat with the residents. Interact with the residents*]
- 36) Are there any conversations among the residents during dinner?
- 37) Is the kitchen staff well-groomed?
- 38) Is the kitchen clean?

Further Study

Perhaps home health care can be an alternative option to nursing home care. One could conduct research to find out if home health care is more economical or a better choice than being placed in a nursing home. If a family exercises the option to keep someone at home, various community agencies can provide support in the form of The Meals-on-Wheels program, visitors, transportation, and chore services.

In this study, the activity department is not included but one could research the importance of the activity department in choosing a nursing home. Also, one could further research the cultural make-up of the nursing homes. This may indicate a difference in family values within other cultures. It would be beneficial to review the general cultural make-up of any nursing home to ensure the residents' social needs are met.

Another option for research is to take a survey of the residents and their families regarding the nursing home. One could even conduct a research study regarding long-term care on the state level. Perhaps with more in depth research, the checklist can become a stronger instrument for determining the quality of the facility.

APPENDIX A

NURSING HOME CHECKLIST

Name of the facility: _____
Address: _____
Telephone Number _____
Number of Beds: _____ private _____ other
Present occupancy: _____ %
Ownership: __non-profit__ for-profit __semi-private__ other
Hospital affiliations: _____
Name of the nursing home administrator: _____

CATORGORIES	YES	NO	COMMENTS
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Administration

- 1) Does the nursing home have a license from the state licensing agency?
- 2) Does the administrator have a license from the state?
- 3) Is the home certified for Medicare and Medicaid program?
- 4) Any recent violations/complaints?
- 5) Is there a waiting list?
- 6) Any physical therapy, occupational therapy, and speech therapy?

Residents Care

- 7) Are the residents clean, dressed, and well-groomed?
- 8) Are the residents interacting with staff and each other?
- 9) Are the residents place in restraints?
- 10) Can a married couple share a room?
- 11) Does each resident have a reading light, a comfortable chair, and a closet and chest of drawers for personal belongings?
- 12) Are the resident's personal items and clothing labeled properly?
- 13) Is there a resident's council?

Staff

- 14) Is there good interaction between the staff and the residents?
- 15) Does the staff knock and wait for a response before

entering a room?

- 16) Does the staff close doors and curtains for privacy of changing, bathing, and treatments?
- 17) Is there one registered nurse (RN) or licensed practical nurse (LPN) on duty day and night for each 20 residents?
- 18) Does the staff have adequate help to assist in bathing, dressing and attending to other residents' needs?
- 19) Is there a social worker on staff?
- 20) Is there a Medical Director for the facility?
- 21) Are the nurse call buttons located at each resident's bed and in toilet and bathing facilities?

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- 28) Is the home accessible with handrails in the halls and grab bars in the hall?
- 29) Is there a window in the room?
- 30) Are there door alarms on all exits and smoke alarms?

Food Services

- 31) Are at least three meals served each day?
- 32) Is there a dietitian on staff?
- 33) Are special meals prepared for residents on therapeutic or other diets?
- 34) Are snacks available?
- 35) Is the menu posted?
- 36) Are there any conversations between the residents during dinner?
- 37) Is the kitchen staff well-groomed?
- 38) Is the kitchen clean?

APPENDIX B

GLOSSARY

AIDE, DIETARY: Food service attendant. Reports on eating habits, dietary problems, dietary needs.

AIDE, NURSING: Nursing care attendant responsible to the charge nurse and supervisor of nurses. Duties include patient-care less than professional care.

AMBULATION: Mobility factor of caring for the aged. Problems occur because of loss of sensory acuity, stability, loss of kinesthetic sense.

AMORTIZATION: Payments made for assets.

ANXIETY: Apprehension or excessive worry. Among the elderly, it is usually the result of chronic illness.

AVERAGE DAILY COST: Cost per patient day. In Medicare, an interim reimbursement method.

BENEFIT PERIOD: Medicare. Begins at admission in a hospital and ends when a patient has been in the hospital or in a nursing home for sixty consecutive days.

BOARD OF DIRECTORS: The governing or controlling board of the non-profit organization or a corporation.

COST PER PATIENT DAY: Allocation of all costs for caring for a single patient for a single day.

DAILY LIVING HABITS: The on-going physical functions of the body that are related to daily living.

DIET, MODIFIED: A special diet altered on orders of a physician for medical purposes.

DOMICILIARY FACILITIES: Institutional living facilities.

ELIGIBILITY: Medicare. Person must establish eligibility to receive benefits.

EXTENDED CARE FACILITIES: A separate or distinct part of a facility engaged in skilled nursing care and restorative services and is "in compliance" with Medicare.

EXTERIOR: Lawn, walks, sprinklers, patios, shrubs, etc...

GRAB BARS: Safety devise.

HAND RAILS: Safety devise required in traffic areas, for psychological and physical reasons. for greater freedom in ambulation of the handicapped.

HOUSEKEEPING: Maintenance of the facility and furnishings for purposes of sanitation, aesthetics, preservation of investment.

HYGIENE: Maintenance of good health by prevention of infection.

INCONTINENCE: Term used in the nursing home to denote loss of bowel and bladder control.

INFECTION CONTROL: Prevention of contagion through sanitation, hygiene, sterilization, housekeeping, and handwashing.

KINESTHETICS: Awareness of the position and movement of the body. Reduced kinesthetic sense makes one accident prone.

LEVEL OF CARE: Progressive stages of illness. In the nursing home, the patient may be classified residential, custodial, intermediate, moderate, skilled, or extended care facility patients.

LICENSING AGENCY: State Department of Health or legal agency empowered to license a nursing home for operation.

LIFE SAFETY CODE: Voluntary code or requirement to promote safety in construction and operation of a nursing home.

LVN, LPN: Licensed vocational nurse; licensed practical nurse.

MEICAID: Title XIX, Social Security Act as amended 1966, assistance for the medically indigent, aged, blind, disabled, dependent children.

OCCUPANCY: Percentage of patient beds occupied during a period of time.

OCCUPATIONAL THERAPY: Utilizing activities as therapeutical devices to encourage patient recovery.

PHYSICAL THERAPY: Treatments of exercise, massage, heat, hydro-therapy, and ultraviolet light prescribed by the physician and given by a trained physical therapist.

PODIATRY: Foot treatment.

PROGNOSIS: Forecast of outcome ie., illness.

REGISTERED NURSE: RN. Registered professional nurse.

RESTORATIVE: To renew, to rehabilitate. (physical, mental, and social)

RESIDENTS COUNCIL: Organization of patients for self-discipline, activity, assessment of services. May be appointed by administrator or elected by patients.

SOCIAL WORKER: Professional worker skilled in dealing with the social-medical aspects of patient care.

SPEECH THERAPY: Restorative measures to reestablish one's ability to communicate through speech.

STAFF TURNOVER: Loss of personnel and their replacement.

STERILE SUPPLY: Keeping supplies and materials free of infectious bacteria and microorganisms.

UTILITY ROOM: All purpose room for cleaning, sanitation.

VISITING NURSE: Home health agency service.

Appendix C

Developing the Checklist: Linkages to the Literature/Regulations And the Conceptual Framework

LITERATURE/REGULATIONS	CONCEPTUAL FRAMEWORK	CHECKLIST
	Administration	
Bausell, p. 2-5, 38-41, 43; Meshinsky, p.31, 38-41, 113; Jacobsen, p. 309; Allen, p. 73; Salamon, p. 70, 74-75; Horne, p. 41.		Is there a waiting list ? Any recent violations or complaints ?
§19.901 Administration LTC/NFR 92-1		
§19.1921 General Requirements for Nursing Facility LTC/NFR 92-1	Facility licensing	Does the nursing home have a license from the state licensing agency?
§19.1902 Governing Body LTC/NFR 92-1	Administrator's license	Does the administrator have a license from the state licensing agency?
§19.2002 Participation Requirements LTC/NFR 92-1	Medicare/Medicaid	Is the home certified for Medicare and Medicaid program?
§19.2003 Additional Participation Requirements LTC/NFR 93-1		
§19.1101 Provision of Specialized Rehabilitative Services LTC/NFR 93-3	Rehabilitative services	Any physical therapy , occupational therapy , and speech therapy ?
	Residents' Care	
Horne, p. 43; Meshinsky, p. 38-41; Salamon, p. 71-74; Jacobsen, p. 309; Bausell, Rooney, Inlander, p. 41; Bennett, p. 78; Thomas, p. 12; Kane, Kane, Ladd, p. 163.		Are the residents interacting with staff and each other ?
§19.701 Quality of Care LTC/NFR 92-2	Residents' appearance	Are the residents clean , dressed , and well-groomed ?
§19.401 Resident Behavior and Facility Practice LTC/NFR 93-3	Restraints	Are the residents in restraints ?
§19.215 Married Couples LTC/NFR 93-5	Couple share rooms	Can married couple allowed to share a room?

§19.214 Personal Property LTC/NFR 93-5	Residents' personal items	Are the resident's personal items and clothing label properly?
§19.202 Exercise of Rights LTC/NFR 92-2	Residents' council	Is there a resident's council ?
	Staff	
Bausell, p. 39-40; Meshinsky, p. 34-35, 37, 39-40, 55; Horne, p. 41; Jacobsen, p. 306; Allen, p. 73.		Does the staff knocks and wait for a response before entering a room? Is there good interaction between the staff and the residents?
§19.801 Nursing Services LTC/NFR 92-2	Nursing	
§19.804 Director of Nursing Services LTC/NFR 92-1	Director of Nursing	Is there one registered nurse or licensed practical nurse on duty day and night?
§19.802 Additional Nursing Services Staffing Requirements LTC/NFR 92-1		
§19.2011 Licensure, Registration, or Certification of Personnel LTC/NFR 93-2		
§19.1907 Medical Director LTC/NFR 92-2	Medical Director	Is there a Medical Director for the facility?
§19.206 Privacy and Confidentiality LTC/NFR 92-2		
	Facility	
Salamon, p. 71; Jacobsen, p. 306; Meshinsky, p. 45; Moss, Halamadaris, p. 206; Bausell, p. 35; Horne, p. 42; Goldsmith, p. 139; Bausell, Rooney, Inlander, p. 37-38.		Is the home free of unpleasant odors ? Are the halls wide enough for two wheelchairs to pass? Is there a window in the room? Are there door alarms on all exits and smoke alarms?
§19.505 Environment LTC/NFR 92-2	Lighting	Is the home well- lighted ?
	Appearance of inside of	Is the nursing home

	the home	clean and orderly inside?
	Food Services	
Meshinsky, p. 43-44; Salamon, p. 72; Jacobsen, p. 306.		Is there a dietitian on staff? Is the kitchen clean? Is the kitchen staff well-groomed?
§19.910 Frequency of Meals LTC/NFR 92-1	Meals per day/snacks	Are at least three meals served each day? Are snacks available?
§19.909 Food Intake LTC/NFR 92-1		
§19.908 Food LTC/NFR 92-2	Quality of the food on the menu	
§19.907 Menus and Nutritional Adequacy LTC/NFR 92-1	Menu	Is the menu posted?
§19.901 Dietary Services LTC/NFR 92-2	Special assistance in eating	Are special meals prepared for residents on therapeutic or other diets?
§19.902 Staffing LTC/NFR 92-2	Dietician on staff	Is there a dietician on staff?
§19.906 Hygiene LTC/NFR 92-2	Staff well-groomed	Is the kitchen staff well-groomed?

Resources

**Abuse, Exploitation, Neglect in Nursing Facilities (Texas Department of Health):
1-800-458-9858**

**Area Agency on Aging Referral:
1-800-252-9240**

**Long-Term Care Ombudsman:
1-800-252-2412**

**Adopt-a-Nursing Home:
1-800-889-8595**

**Citizens Advocate (Texas Department of Human Services):
1-800-252-8016**

**NF Administrator Complaints (Texas Department of Health):
1-800-942-5540**

**Nursing Home Complaints (Texas Department of Human Services):
1-800-458-9858**

**Long Term Care Ombudsman (Texas Department on Aging):
1-800-252-2412**

**Texas Medical Examiners:
1-800-248-4062**

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Health and Safety Code, <http://fru;ebgate.access.gpo>.

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