

# Protecting Your Loved One in an Iowa Nursing Home



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# Protecting Your Loved One in an Iowa Nursing Home

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## A. INTRODUCTION

Every year more Iowans are entrusting their health and safety to a nursing home. If your loved one is considering admission in a nursing home or resides in one already, they may well need your help to stay safe and in the best health possible. This book is intended as a guide to help you protect your loved one residing in an Iowa nursing home.

One of the main ways you can contribute to the safety of your loved one is to select the best nursing home for them, and you will see that a large portion of this book addresses nursing home selection. There is also information on what problems commonly arise in nursing homes and how best to deal with them. Finally, in the appendices, you will find a printable check list that you can take on your visit to the nursing home and a list of community resources.

## B. ALTERNATIVES TO NURSING HOME CARE



Nursing homes are best suited for those who cannot safely continue without full time nursing care. Before you admit your loved one into a nursing home, explore other options that might be appropriate and allow the individual to live more independently. Some examples of elder care options are listed below.

### 1. Community Services

A variety of community services exist throughout Iowa that help support seniors who need some assistance but are otherwise able to stay in their own

homes. Examples are meal programs like Meals-on-Wheels, senior centers, and volunteer visitor programs. For more information about community services available in your area, contact your local Area Agency on Aging (see Further Resources section below).

## **2. Home Care and Home Health Care**

Home care and home health care cover a wide range of services that help seniors stay in their homes as long as possible. Those services can include everything from cooking and cleaning to skilled nursing and physical therapy. Note that the term “home care” tends to include housecleaning and other chores, while the term “home health care” refers to services that are more medically oriented, such as helping a senior recover from an illness or injury.

## **3. Adult Day Services**

Adult day care centers provide care for adults who need assistance and supervision during the day. Programs offer family members and other caregivers time during the day to go to work or attend to other matters they could not accomplish while caring full time for their loved one. For many clients who have physical and/or psychological challenges, the adult day services delay or even prevent institutionalization. They also provide a community for seniors where they can socialize and participate in activities. The cost of adult day services is typically significantly less than nursing home care.

## **4. Elder Group Homes**

An elder group home provides room, board, and personal care to a group of seniors in a single-family residence setting. The home may also provide health-related services to three to five elders who are not related to the person providing the service. There are approximately seven elder group homes in Iowa, mostly in the southern half of the state.

## **5. Assisted Living Facilities**

Assisted living facilities provide housing for adults who need help with daily activities such as dressing, bathing, eating, and toileting, but who do not require intensive medical and nursing care. The cost of assisted living arrangements are less than nursing home care but still significant – about \$1,800

per month on average nationally. Assisted living facilities in Iowa are certified by the Iowa Department of Inspections and Appeals.

## 6. Continuing Care Retirement Communities

A continuing care retirement community (also called a “CCRC”) provides a comprehensive, lifetime range of services, including housing, residential care, and nursing care. In continuing care retirement communities, residents live in the type of housing that is more appropriate for their needs at that time, and residents can move from one type of care to another, while staying within the community. Continuing care retirement communities generally require a large initial payment, called an entry fee, before new residents move in. In addition, residents are charged a monthly fee.



## 7. Hospice Care

Hospice programs exist to help terminally ill patients live their remaining days in comfort and dignity. Hospice care may be provided in the home or in a residential setting. Hospice is a combination of services that address the medical needs of the patients, such as pain control and symptom management, as well as emotional and spiritual support for the patient and his or her family. The cost of hospice care is generally covered by Medicare, Medicaid, and private health insurance.

### WHO PAYS FOR NURSING HOME CARE?

Living in a nursing home can be very expensive. Most people who enter nursing homes begin by paying for their care from their own resources. Individuals may also have long-term care insurance that would cover a nursing home stay. Especially as a person’s financial resources diminish, they may become eligible for state Medicaid coverage. Medicare generally does not cover long-term stays in a nursing home. However, Medicare does cover some skilled nursing and rehabilitative care after a hospital stay.

## C. UNDERSTANDING BASIC INFORMATION ABOUT YOUR NURSING HOME OPTIONS

Nursing facilities, also called nursing homes, care centers or skilled care, provide 24-hour health-related care and/or rehabilitation for individuals who have chronic or acute health care needs. Healthcare, including administration of medication, is provided by nurses and certified nursing assistants. Iowa nursing homes are regulated by the Iowa Department of Inspections and Appeals' Health Facilities Division.



There are approximately 450 nursing homes in Iowa, with varied quality and levels of care. At the outset of your search, it is helpful to determine what nursing homes meet your basic requirements.

### 1. Find Nursing Homes in Your Area

There are several resources that can assist you in beginning your search for the right nursing home:

- Medicare's website, [www.medicare.gov](http://www.medicare.gov), offers a service called Nursing Home Compare, which allows users to search for nursing homes by name or location. It also offers a rating system, discussed in more detail below.
- The Iowa Department of Inspections and Appeals, Health Facilities Division, also provides a nursing home search capability on its website, <http://dia.iowa.gov>. It may be helpful to use the Medicare search first as the Iowa Department of Inspections and Appeals site is more complete, but also more complicated, than the federal Medicare site.
- Ask people in your community such as your or your loved one's doctor, family, friends, neighbors, or clergy if they have any personal information about area nursing homes. There is no substitute for a glowing

recommendation from someone you trust who has had in-depth experience with one of the nursing homes you are considering.

- If your loved one is in the hospital, ask the hospital's discharge planner or social worker for a list of local nursing homes. They should also be able to help you determine availability keeping in mind the discharge plans for your loved one.
- Contact your local Agency on Aging, Long-Term Care Ombudsman, or call the Eldercare Locator at 1-800-677-1116 (see Further Resources section below).



## **2. Location**

Choosing a facility that is in close proximity to family and friends of the resident will make it easier on visitors and potentially provide a better health outcome for the nursing home resident who will benefit from seeing frequent visitors.

## **3. Medicare Certified**

Under certain limited conditions, Medicare will pay some nursing home costs for Medicare beneficiaries who require skilled nursing or rehabilitative services. To be covered, your loved one must receive the skilled nursing or rehabilitative services after a qualifying hospital stay of at least three days. Almost all nursing homes in Iowa are Medicare-certified, but confirm that the homes you are interested in have this certification.

## **4. Medicaid Certified**

Most nursing home residents eventually run out of money because of the high costs of nursing home care. At that time, the residents apply to have the cost of their care paid for by Medicaid. So, even if you anticipate your loved one will

initially pay for nursing home care from their own private resources, it is important to have Medicaid coverage as an option down the road. The vast majority of Iowa nursing homes in Iowa are Medicaid certified.

## 5. Availability

You or a hospital discharge planner should check and see if any beds are available at the facilities you are considering in the timeframe needed. You should make sure to check that the available bed is within the appropriate part of the facility, as many facilities provide different levels of care. The terms skilled nursing care, intermediate nursing care, and custodial/residential care refer to different levels of care suited to different needs of the resident, as discussed below.



## 6. Levels of Care

*Skilled nursing care* is for conditions which need around-the-clock medical attention by trained nurses, therapists, or other health professionals. Skilled care includes one or more professional nursing procedures performed for the patient's benefit on a daily basis. It might include such things as changing IVs or physical, occupations, or speech therapy. Skilled nursing care is expected to result in some significant improvement in the patient's medical condition that will aid the patient in convalescing from a sickness or injury.

*Intermediate care* is for people whose condition is stable and does not demand 24-hour attention, but who nonetheless need daily care.

Intermediate care provides the patient, on a periodic basis, with one or more procedures that cannot be done without professional skill or training. Examples include giving injections or changing bandages. It also involves assistance in performing daily routine tasks, such as bathing and eating, if needed. A person is seldom in skilled and/or intermediate care for longer than six months. The patient usually returns home or enters custodial care within 120 to 180 days of skilled or intermediate care.

*Custodial care* is designed to help people who need assistance with eating, bathing, dressing, walking, getting in and out of bed, and taking medication. Custodial care workers generally do not need special medical training as they are merely assisting with the normal activities of daily life.

If your loved one has a special care need, such a locked dementia unit, rehabilitation needs, or use of a ventilator, check which facilities can support those special needs.

## **HOW ARE NURSING HOMES IN IOWA INSPECTED?**

### Annual Inspections

Nursing homes certified by Medicare and Medicaid under go an unannounced inspection about once a year. The inspectors, which must include among them one registered nurse, look to see whether the nursing home is meeting the minimum requirements set by the government. The inspectors look at how the residents are doing, how the staff interacts with the residents, and what the environment of the nursing home is like. The inspectors look at clinical and facility records. The inspectors also interview some of the residents and their families, as well as caregivers and administrative staff.

### Fire Safety Inspections

As well as the quality of the home, the inspectors must review fire safety standards in the nursing home.

### Deficiency Citations

If the nursing home does not meet one of the many minimum standards, the inspectors will issue a deficiency citation, which often is accompanied by a fine or other consequence. If the nursing home does not correct the problem, it can lose its Medicare and Medicaid certification.

### Complaint Inspections

Iowa law also requires an inspection in response to most nursing home complaints.

## E. NARROWING THE FIELD: CHOOSING THE MOST PROMISING NURSING HOME OPTIONS FOR YOU

Once you have a feel for what nursing homes in your area meet your minimum requirements and have availability, it is time to do more thorough research on the facilities.

### 1. Medicare Nursing Home Compare

Medicare has created a relatively simple tool called Nursing Home Compare, which are available on its website, <http://medicare.gov>. The Five-Star Quality Rating System on Nursing Home Compare is designed to help consumers sift through nursing home options and compare them to each other. All facilities included in Nursing Home Compare (1) are Medicare-certified, (2) are Medicaid certified, and (3) provide skilled nursing care (see section(D)(6), above). Medicare assigns each nursing home a star rating, from one to five stars, based on the overall quality of the home. Here is what the ratings mean:

★ ★ ★ ★ ★	Much above average
★ ★ ★ ★	Above average
★ ★ ★	Average
★ ★	Below average
★	Much below average

The overall rating is based on health inspections, staffing, and quality measures and each category is assigned a separate star rating.

#### a. Health Inspections

The health inspection rating is based on the three most recent annual inspections, and is weighted in favor of the most recent surveys. It also includes all complaint health inspections within the past three years. The rating system also considers the number and scope and severity of deficiencies.



## **b. Staffing**

The staffing rating is based on the number of hours of care on average provided to each resident each day. This rating takes into account the differences in the level of need of care of residents of different nursing homes. A nursing home with residents who have more severe needs would be expected to have more nursing staff than a nursing home where the residents do not need as comprehensive care.

## **c. Quality Measures**

The quality measures rating is based on the how well the residents of the home are doing on measures of well being. Those measures are:

### Prevalence in Long-Term Stays

1. ADL change
2. Mobility change
3. High-risk pressure ulcers
4. Long-term catheters
5. Physical restraints
6. Urinary tract infections
7. Pain

### Prevalence in Short-Term Stays

8. Delirium
9. Pain
10. Pressure ulcers



## **d. Special Focus Facilities (SFF)**

A Special Focus Facility (or “SFF”) is a nursing home with a recent history of persistently poor quality of care, as shown by state or federal nursing home inspection officials. Medicare will rate a facility to be an SFF when over the past three years it has repeatedly gotten bad reports from its inspections by outside teams.

## **e. Two Things You Should Know When Using Medicare’s Five-Star Quality Rating System**

There are two things that you should know about the Medicare Five-Star Quality Rating System:

First, the ratings are on a “curve” in each state. The top 20% of nursing homes get five stars, the bottom 20% of nursing homes get one star, and so on. The rating simply compares options within a given state and does not tell you anything about the quality of the homes in Iowa versus other states.

Second, some of the information used by Medicare in the Five-Star Quality Rating System is based on the nursing homes’ self-reporting, that is, the nursing homes rate themselves and provide this information to Medicare. The health inspection information is based on state officials’ inspections of the facility, however, the staffing and quality measures ratings are exclusively based on the nursing home’s rating of itself. Therefore, the staffing and quality measures ratings could be inflated by nursing homes incorrectly reporting their own performance.

While the Nursing Home Compare tool should not be the exclusive method for finding the right nursing home for you, it is relatively simple and easy to use. It gives you a “snap shot” of the nursing homes in your area and allows you to compare ratings between them. It is a good place to start narrowing your list of potential facilities.



## **2. Iowa Department of Inspections and Appeals Entity Search**

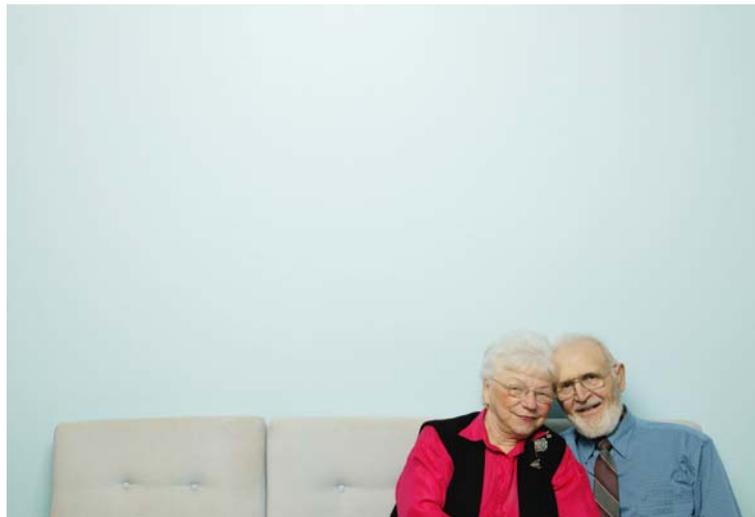
The Iowa Department of Inspections and Appeals posts detailed information about nursing homes at its website, <http://dia.iowa.gov>. In the Health Facilities Division portion of the website, there is an entity search option.

Because the entities included in the site include many different types of facilities besides nursing homes, it may be easiest to search homes you are focused on by name instead of searching by location. You can view in depth information on any certified nursing home on the website, including the full reports of inspections of the facilities and complaints made about the nursing home and how they were resolved.

The Health Facilities Division entity search is an excellent tool to use to learn more about the nursing homes you are considering. The amount of information can be quite extensive, so you may want to use the Medicare Nursing Home Compare tool first to get a list of several possibilities in your area that have generally good ratings and then go to the Iowa Department of Inspections and Appeals, Health Facilities Division site to learn specific information about the deficiencies that nursing home has had in recent years. Not all deficiencies are created equal, so it is good to learn not only the number of deficiencies but also the nature of those deficiencies and the measures taken by the nursing home to fix the problem.

### **3. Advice From Members of Your Community**

Once you have focused on a number of nursing homes in your area that might be suitable, it is again a good time to seek the opinion of those who might have some experience with those nursing homes. Ask family, friends, neighbors, doctors, clergy, etc. if they have any insight on the



homes you are considering. If you have not done so already, contact your local Agency on Aging or Long-Term Care Ombudsman to see what information they have about the facilities on your list.

## **F. VISITING YOUR SHORT LIST OF FACILITIES**

Once you have your “short list” of nursing homes that look most promising on paper (or online), it is time to make in-person visits to those facilities. This will be the time that you can get a feel for the nursing home and gauge how comfortable you would be admitting your loved one there. Before you go, consider what features are most important to you and your loved one—this could be anything from whether they serve a particular favorite food to when the loved one could have contact with a special pet.

Here are a few tips to keep in mind when planning your visits:

- **Go Unannounced.** You want to know what the nursing home will be like on a typical day, when visitors are not expected. If the nursing home requires that you make an appointment or only visit during certain hours, this could be a cause for concern.
- **Ask Questions.** You might not be used to the sights, sounds, and smells of nursing homes. If there is something you don't understand, for example, a resident becoming upset and calling out, ask the staff to explain. The resident might need immediate assistance, or he or she might be confused and easily upset.
- **Get a Contact.** Make sure you write down who you spoke with and their phone number.
- **Visit at Mealtime and Eat the Food.** It is important to observe a mealtime so you can see the staff interact with the residents. Make sure the residents are getting the help they need eating and drinking and are given enough time to eat and drink their fill. Eat a meal at the facility if possible so you can gauge the quality of the food.
- **Get a Fee Schedule.** Make sure you understand the cost of care at the facility, and what is included in the base cost versus what is paid for separately.
- **Visit, Then Visit Again.** If you remain interested in a nursing home after your initial visit, go back unannounced on a different day of the week and at a different time of day. This will allow you to see what the environment is like when different staff are present. If you went on a weekday the first time, try to visit on a weekend the next time.



- **If Possible, Take Your Loved One.** Most nursing home residents are anxious about the transition to institutional care. If at all possible, take your loved one for a visit before moving him or her in and include him or her in the decision-making process.

In **Appendix A** of this book, you will find a **Nursing Home Checklist**. Bring a copy of the checklist to each facility you visit so you can take notes, make sure to ask the important questions, and keep the information you learn organized.

## G. STAYING INVOLVED AFTER MOVE IN

Once your loved one is living in a nursing home, your continued involvement will be essential to his or her ongoing health and happiness.



### 1. Visit Often and Encourage Others to Visit

Nursing home residents benefit significantly from frequent visits from family and friends. Under the Nursing Home Reform Act of 1987, a resident's family may visit the resident at any time, unless the resident refuses.

### 2. Get to Know Staff Members

Get to know the staff at the facility as much as possible. It is very important to introduce your loved one to them and to share their life story and what makes them unique. Let the staff members know the resident's likes, dislikes, and routines. If you have concerns about the care your loved one is receiving, speak up immediately. Don't forget to pass along compliments too: if you see

someone doing a good job, let them know how much you appreciate their work.

### 3. Participate in the Care Plan

Participate in the creation of your loved one's *care plan*, and all planning conferences. The care plan is a strategy for how staff will help the resident on a daily basis. The care plan serves as a guide for the resident's progress. Care plan reviews are held quarterly or whenever there is a major change in a resident's condition. Stay informed about your loved one's care plan and how he or she is progressing. If new needs arise, make sure the care plan is changed to include how those needs will be addressed.

## H. WHEN YOU MAY NEED TO SPEAK WITH AN ATTORNEY

Selecting a nursing home and moving your loved one into the facility is a difficult process, certainly hard enough without having to plan for the worst: serious problems such as abuse and neglect in the nursing home. However, it is better to be aware of – and therefore at least somewhat prepared for – the problems that can arise in nursing homes before they occur so you know when and how to seek help if necessary. This section gives a brief description of some of the types of problems that can occur in nursing homes. If any of these serious situations happen to your loved one, you should speak with an attorney with experience in nursing home issues.

### 1. Falls, Fractures, and other Injuries

Falls, fractures, and other injuries are a major cause of disability and death among the elderly. Experts estimate that more than 50% of nursing home residents fall each year, and about 40% fall more than once. About 11% of falls result in serious injuries such as a hip fracture. Serious



fractures in the elderly often result in immobility, pressure sores, and death within one year.

Two main responsibilities of nursing homes are to maintain mobility and prevent falls. Sometimes nursing homes do not take adequate measures to prevent falls and other injuries among their residents. Residents in nursing homes are there because they need assistance with daily activities, such as moving around. If the nursing home does not recognize that the resident needs help moving around or does not provide adequately for it, the person's risk of falling increases. In addition, if the nursing home leaves obstacles in the residents' way – such as lunch or cleaning carts – it makes it hard for the residents to move around in the hallways, adding to the risk of falls.

### **RISK FACTORS FOR FALLS**

- The person taking medications such as sedatives, anticonvulsants, diuretics, antihypertensives, and narcotics
- Chronic disease processes such as arthritis, neurological impairments, and orthopedic disorders
- Decreased ability to walk
- Altered sensory perception (e.g. blindness, deafness, decreased vision)
- Elimination problems (e.g. diarrhea, incontinence, and frequency)
- Depression
- Confusion
- Dizziness or vertigo
- History of substance abuse
- History of falls

## **2. Pressure Ulcers (Bed Sores)**

Nursing home residents are at risk of pressure ulcers, also called pressure sores, bed sores, or decubitus ulcers. The ulcers develop in damaged areas of the body and can cause infections and other problems. Nationally, about 10% of nursing home residents develop pressure ulcers, but this rate varies widely depending on the facility. Almost 20% of nursing homes have problems with skin care, according to Medicare and Medicaid Services.

If your loved one has any of the following conditions, they are at an increased risk of developing pressure sores:

- (a) incontinence
- (b) immobility
- (c) weight loss
- (d) peripheral vascular disease
- (e) use of restraints
- (f) desensitized skin
- (g) a history of pressure ulcers

If your loved one develops pressure sores, be vigilant to see they are treated properly.

### **3. Abuse**

There are both federal and state standards that seek to protect nursing home residents from abuse. Federal law says that all nursing home residents have “the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.” Iowa law states that each nursing home resident “shall receive kind and considerate care at all times and shall be free from mental and physical abuse.”

Despite these laws, one recent study found that 30% of U.S. nursing homes were cited for abuse over a two-year period, and the percentage of facilities where abuse occurred is likely substantially greater because abuse tends to be underreported. Unfortunately, it appears that the incidence of nursing home abuse in the U.S. is rising every year. Abuse of nursing home residents can take many forms, and if one exists often it is in combination with the others. Abuse can be perpetrated by nursing home staff, other residents of the nursing home, or other people.

Nursing home abuse is generally divided up into the following categories:

#### **a. Physical Abuse**

*Physical abuse* includes obviously abusive behaviors such as hitting, slapping, shoving, scratching, or pinching the resident. It may also involve behaviors such as force feeding, rough handling while moving the resident, using overly hot or cold water, twisting limbs, and pulling hair. Corporal

punishment and use of restraints as a punishment are also physical abuse. If you suspect physical abuse is occurring, make sure the resident is safe, document the situation thoroughly, and seek the advice of a nursing home attorney. Take photos with a real camera (not a cell phone) of any injuries that you observe.

**b. Mental Abuse**

*Mental abuse* includes humiliation, harassment, belittling, ridiculing, ignoring, cursing, or threatening to punish the resident. While we most commonly think of mental abuse perpetrators as staff members of the nursing homes, it is not uncommon for a fellow resident or a frequent visitor to be verbally abusive.



**c. Sexual Abuse**

*Sexual abuse* is improperly touching the resident or coercing him or her to perform sexual acts. Again, the abuser could be a staff member, nursing home resident, or visitor to the facility. Even if the contact is not physically forced upon the resident, it is still abuse if the nursing home resident does not have adequate mental facilities to consent to the sexual behavior.

**d. Financial Abuse**

*Financial abuse* is the improper use of the resident's money or other resources, e.g. billing fraud and other financial fraud.

Nursing homes are required to prevent and protect their residents from abuse. This means the home must have policies and procedures in place to prohibit mistreatment of residents and their property. It also means that a nursing home must screen potential employees and not employ people who have abused others in the past. If abuse is discovered at the facility, it cannot cover it up; it has to report it, investigate it, and take prompt corrective action. If you believe that your loved one is being abused in a nursing home, make sure they are safe and contact an attorney immediately.

#### 4. Neglect

Neglect is when the nursing home fails to properly care for a resident in a way that can cause harm or pain. It can also be the failure to react to a potentially harmful situation. Neglect can be intentional or unintentional.

Some examples of neglect are:

- Not positioning the resident correctly so that the resident develops pressure sores
- Not keeping the resident clean, fed, and hydrated
- Not helping the resident walk or move around when they need the assistance
- Not assisting the resident to eat and drink
- Not responding to call bells or cries for help
- Not obtaining medical attention for the resident when needed

#### 5. Malnutrition/Dehydration

Malnutrition and dehydration are one of the top causes of serious problems for nursing home residents. Malnutrition and dehydration can be caused by neglect or by other factors such as the food not being palatable.

Some causes of malnutrition and dehydration are:

- Medication side effects such as nausea, vomiting, and constipation
- Psychiatric disorders that interfere with eating such as anorexia nervosa and depression
- Medical conditions that decrease appetite
- Medical conditions with an increased need for calories, such as hyperthyroidism
- Difficulties (a) handling food and eating caused by stroke, tremors, paralysis, etc., (b) chewing caused by dentures that do not fit, lack of dentures, or mouth ulcers, and (c) swallowing due to stroke, dementia, or Parkinson's disease



- Unappealing food, food preparation, or eating environment
- Not enough time for eating and drinking provided

It is the nursing home's responsibility to make sure that the residents are staying well fed and well hydrated. The nursing home should regularly weigh all residents and report weight loss to the resident's physician. If the resident is losing weight, a plan should be put in place to address the weight loss.

### CONCERNING FINDINGS ABOUT MEALTIMES

Researchers in a recent study interviewed residents in 23 nursing homes about nutrition and hydration. Here were some of their results:

**70%** of residents said there were not enough staff members to help everyone who needed it at mealtimes.

**77%** of residents said those needing assistance at mealtimes did not get enough to eat or drink.

**64%** of residents said they did not like the food served at the nursing home.

**54%** of residents said that food was not served on time.

**56%** of residents said that the food was not served at the right temperature (hot foods were not served hot and cold foods were not served cold).

## 6. Eviction

Some nursing homes evict residents without good cause because they view them as undesirable or think they can make more money taking a different resident instead. This is sometimes referred to as patient “dumping” and it is illegal. There are only six reasons that a nursing home can lawfully evict a resident. The nursing home can evict, discharge, or transfer the resident because:

- (1) it is necessary for the resident’s welfare as the resident’s needs cannot be met in the facility;
- (2) it is appropriate because the resident’s health has improved sufficiently that the resident no longer needs the services provided by the facility;
- (3) the safety of individuals in the facility is endangered by the presence of the resident;
- (4) the health of individuals in the facility would be endangered unless the resident is discharged;
- (5) the resident has failed to pay (given the facility’s charges are appropriate and the resident has been given “reasonable and appropriate notice” asking them to pay); or
- (6) the facility ceases to operate.

## I. CONCLUSION

Hopefully this book has been a helpful resource in your selection of an Iowa nursing home. Of course, this book is only a starting point, and many important issues are not covered here. This guide is not meant to be legal advice, and the information here is by no means a substitute for thoughtful and detailed advice of an experienced attorney. For further information, see **Appendix B, Further Resources** or call Brady & O’Shea, P.C. at 319-866-9277.

Appendix A  
Nursing Home Checklist

# Nursing Home Checklist

Name of the Nursing Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

My contact person: \_\_\_\_\_ Their position: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Background					
	Yes	No		Yes	No
The nursing home is Medicaid-certified.	<input type="checkbox"/>	<input type="checkbox"/>	A bed available in right level of care.	<input type="checkbox"/>	<input type="checkbox"/>
The nursing home is Medicare-certified.	<input type="checkbox"/>	<input type="checkbox"/>	The facility is close enough for family & friends to easily visit.	<input type="checkbox"/>	<input type="checkbox"/>
Notes					

Resident Appearance					
	Yes	No		Yes	No
Residents are clean and well-groomed (shaved, hair combed, nails trimmed and clean).	<input type="checkbox"/>	<input type="checkbox"/>	Residents are free from restraints whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>
Residents are out of bed and dressed for the day.	<input type="checkbox"/>	<input type="checkbox"/>	Residents appear alert, content, and occupied.	<input type="checkbox"/>	<input type="checkbox"/>
Residents' clothes are clean.	<input type="checkbox"/>	<input type="checkbox"/>	Residents appear to recognize staff.	<input type="checkbox"/>	<input type="checkbox"/>
Notes					

Staff					
	Yes	No		Yes	No
Staff members appear to be warm, polite, and welcoming.			Staff members respond in a timely manner to requests for assistance from residents.		
Staff members knock on the door before entering a resident's room.			Nursing staff to resident ratio is acceptable.		
Staff members refer to residents by name.			All staff members wear name tags.		
The nursing home does background checks on all staff.			There is a full-time social worker on staff.		
There are licensed nursing staff 24 hours a day, including a Registered Nurse ("RN") at least 8 hours a day.			Staff members speak the language of the potential resident.		
The nursing home consistently assigns the same team of staff to the same resident.			The nursing home offers training and continuing education for all staff.		
The nursing home's management team (including the Director of Nursing and the Administrator) has worked together for at least 1 year.			There is a licensed physician on staff who is on site frequently and can be reached at all times.		
The staff will provide transportation to doctor and dentist visits.			Staff members have and use email to communicate with residents' families.		
Notes					

Residents' Rooms					
	Yes	No		Yes	No
Residents may have personal belongings and/or furniture in their rooms.			Residents have access to a personal telephone and television.		
Each resident has sufficient storage space in his or her room.			There are policies and procedures to protect residents' belongings.		
Each bedroom has a window.			Residents have choice of roommates.		
Call buttons are accessible to residents.			Fresh water is within reach of residents.		
Notes					

Facility Environment					
	Yes	No		Yes	No
The nursing home is free from overwhelming unpleasant odors (including air freshener).			The noise levels in the dining room and other common areas are comfortable.		
The nursing home appears to be clean and well-kept.			Furnishings are comfortable, sturdy, and attractive.		
The temperature is comfortable for the residents.			The nursing home has good lighting.		
Exits are clearly marked.			Hallways are clear of obstacles.		
There are handrails in the corridors and grab bars in the bathrooms.			There areas available for visitors with enough space and a quiet place to talk.		
The floor plan is easy to navigate with a wheel chair.			The dining area is pleasant, clean, and comfortable.		
Wireless Internet is available.					
Notes					

Menus and Food					
	Yes	No		Yes	No
Residents have a choice of food items at each meal.			Nutritious snacks are available upon request.		
Staff help residents eat and drink at mealtimes if needed.			A menu for the week and the following week is posted.		
Assistive devices available for those who can feed themselves with help of devices.			Food appears and smells appetizing.		
Sufficient time is taken with each resident so they can eat and drink their fill.			Food is nutritious and fresh foods are used, not mostly frozen or canned.		
Food is served at appropriate temperatures.			Residents appear to enjoy the food.		
Meal times are flexible.			I tried and liked the food.		
Notes					

Activities					
	Yes	No		Yes	No
All residents, including those confined to their rooms, can participate in a variety of activities.			Residents are able to attend the religious services of their choice.		
Outdoor areas are available for resident use.			Birthdays and holidays are recognized.		
The facility has an active volunteer program.			There is an active resident council.		
The facility will provide					
Notes					

Health and Safety					
	Yes	No		Yes	No
Residents get preventative care, e.g. a yearly flu shot.			Care meetings are held with residents and family members at convenient times.		
Residents are able to see their personal doctors.			An emergency evacuation plan is in place and regular fire drills are conducted (including bed-bound residents).		
The nursing home has a hospital it works with on an emergency basis.			The nursing home has corrected all deficiencies on its last state inspection report.		
Notes					

Overall Impressions

# Appendix B

## Further Resources

This book is only a starting point; many other resources exist to help you learn about nursing homes and related issues. Below is a list of resources. For each, the list shows:

- **Who** they are,
- **What** they do,
- **Where** you can find them, and
- **Why** they might be able to help.

<b>Who</b>	Centers for Medicare and Medicaid Services (“CMS”)
<b>What</b>	The federal agency that administers Medicare, Medicaid, and the Children’s Health Insurance Program.
<b>Where</b>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850 Phone: 1-800-MEDICARE (1-800-633-4227) TTY/TDD Phone: 1-877-486-2048 Website: <a href="http://www.medicare.gov">http://www.medicare.gov</a> Website: <a href="http://www.medicare.gov/NHCompare">http://www.medicare.gov/NHCompare</a> (Nursing Home Compare search)
<b>Why</b>	To compare nursing homes or get answers to questions about Medicare providers and coverage

<b>Who</b>	Eldercare Locator
<b>What</b>	A national service connecting seniors with resources in their communities.
<b>Where</b>	Phone: 1-800-677-1116 TDD/TTY Phone: Call 711 and asked to be connected with Eldercare Locator at 1-800-677-1116 Website: <a href="http://www.eldercare.gov">http://www.eldercare.gov</a>
<b>Why</b>	To locate a variety of services for seniors in your community.

<b>Who</b>	Iowa Long Term Care Ombudsman
<b>What</b>	The state office that acts as an advocate for residents of nursing homes, residential care facilities, assisted living programs, and elder group homes. It receives and investigates complaints about nursing homes and other facilities.
<b>Where</b>	Long-Term Care Ombudsman

	<p>A Division of the Iowa Department on Aging          603 E 12th Street, 5th Floor          Des Moines, IA 50319          Phone: 866-236-1430          Fax: 515-725-3313          Hotline to reach your local ombudsman: 1-866-236-1430          Website: <a href="http://www.aging.iowa.gov/advocacy/ombudsman.html">http://www.aging.iowa.gov/advocacy/ombudsman.html</a></p>
<b>Why</b>	To research the complaint history of a nursing home you are considering; to submit a complaint about a nursing home.

<b>Who</b>	Iowa Department of Inspections and Appeals, Health Facilities Division
<b>What</b>	The state agency responsible for inspecting and licensing facilities such as nursing homes.
<b>Where</b>	<p>Iowa Department of Inspections and Appeals          Health Facilities Division          Lucas State Office Building          321 East 12<sup>th</sup> Street          Des Moines, IA 50319-4115          Phone: 515-281-4115          Fax: 515-242-5022  <a href="https://dia-hfd.iowa.gov/DIA_HFD/Home.do">https://dia-hfd.iowa.gov/DIA_HFD/Home.do</a></p>
<b>Why</b>	To learn about licensing of nursing homes and complaints that have been made against nursing homes.

<b>Who</b>	Area Agencies on Aging (see full list below)
<b>What</b>	Thirteen agencies located across Iowa that do needs assessment and referrals to appropriate services for seniors.
<b>Where</b>	<p>Iowa Department on Aging          Jessie M. Parker Building          510 E 12<sup>th</sup> Street, Suite 2          Des Moines, IA 50319-9025          Phone: 1-800-532-3213          TTY Phone: 515-725-3302          Website: <a href="http://www.aging.iowa.gov">http://www.aging.iowa.gov</a>          Email: <a href="mailto:contactida@iowa.gov">contactida@iowa.gov</a></p>
<b>Why</b>	To get connected with services such as adult day, chore, companion and respite care, meals, employment assistance, health-care aides, home repairs, and transportation.

<b>AREA AGENCIES ON AGING</b>	
<b>NORTHLAND AGENCY ON AGING</b>	
Counties served	Allamakee, Clayton, Fayette, Howard and Winneshiek
Contact information	808 River Street Decorah, IA 52101 Phone: 563-382-2941 Toll Free: 800-233-4603 Fax: 563-382-6248 Email: <a href="mailto:mail@northlandaging.com">mail@northlandaging.com</a> Website: <a href="http://www.northlandaging.com">www.northlandaging.com</a>
<b>ELDERBRIDGE AREA AGENCY ON AGING</b> Offices located in Mason City, Fort Dodge and Carroll, IA.	
Counties served	Audubon, Calhoun, Carroll, Cerro Gordo, Crawford, Floyd, Franklin, Greene, Guthrie, Hamilton, Hancock, Humboldt, Kossuth, Mitchell, Pocahontas, Sac, Webster, Winnebago, Worth, and Wright
Contact information	22 North Georgia, Suite 216 Mason City, IA 50401 Phone: 641-424-0678 Toll Free: 800-243-0678 Fax: 641/424-2927 Fort Dodge: 515-955-5244 or 1-800-543-3280 Carroll: 712-792-3512 or 1-800-543-3265 Email Address: <a href="mailto:Elderbridge@elderbridge.org">Elderbridge@elderbridge.org</a> Website: <a href="http://www.elderbridge.org">www.elderbridge.org</a>
<b>NORTHWEST AGING ASSOCIATION</b>	
Counties served	Buena Vista, Clay, Dickinson, Emmett, Lyon, O'Brien, Osceola, Palo Alto, and Sioux
Contact information	714 10th Avenue East Spencer, IA 51301 Phone: 712-262-1775 Toll Free: 800-242-5033 Fax: 712-262-7520 Email Address: <a href="mailto:naa@nwaging.org">naa@nwaging.org</a> Web site: <a href="http://www.nwaging.org">www.nwaging.org</a>

SIOUXLAND AGING SERVICES	
Counties served	Cherokee, Ida, Monona, Plymouth, and Woodbury
Contact information	2301 Pierce Street Sioux City, IA 51104 Phone: 712-279-6900 Toll Free: 800-798-6916 Fax: 712-233-3415 Email: <a href="mailto:siouxlandaging@siouxlandaging.org">siouxlandaging@siouxlandaging.org</a> Website: <a href="http://www.SiouxlandAging.org">www.SiouxlandAging.org</a>
HAWKEYE VALLEY AREA AGENCY ON AGING	
Counties served	Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Grundy, Hardin, Marshall, Poweshiek, and Tama
Contact information	Address: 2101 Kimball Avenue Suite 320 Waterloo, IA 50702 Phone: 319-272-2244 Toll Free: 800-779-8707 Fax: 319-272-2455 Email: <a href="mailto:hvaaa@hvaaa.org">hvaaa@hvaaa.org</a> Website: <a href="http://www.hvaaa.org">www.hvaaa.org</a>
SCENIC VALLEY AREA VIII AGENCY ON AGING	
Counties served	Delaware, Dubuque, and Jackson Counties
Contact information	Address: 3505 Stoneman Road Suite 4 Dubuque, IA 52002-5218 Phone: 563-588-3970 Fax: 563-588-1952 Email Address: <a href="mailto:scenicaaa@aol.com">scenicaaa@aol.com</a> Web Site: <a href="http://www.scenicvalley.org">www.scenicvalley.org</a>
GENERATIONS AREA AGENCY ON AGING	
Counties served	Clinton, Muscatine, and Scott
Contact information	935 E 53rd Street Davenport, IA 52808-3788 Phone: 563-324-9085 Fax: 563-324-9384 Email: <a href="mailto:cmerritt@genage.org">cmerritt@genage.org</a>

	Website: <a href="http://www.genage.org">www.genage.org</a>
<b>HERITAGE AREA AGENCY ON AGING</b>	
Counties served	Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington
Contact information	6301 Kirkwood Blvd., SW PO Box 2068 Cedar Rapids, IA 52406 Phone: 319-398-5559 Toll Free: 800-332-5934 Fax: 319-398-5533 Website: <a href="http://www.heritageaaa.org">www.heritageaaa.org</a>
<b>AGING RESOURCES OF CENTRAL IOWA</b>	
Counties served	Boone, Dallas, Jasper, Madison, Marion, Polk, Story and Warren
Contact information	5835 Grand Avenue Suite 106 Des Moines, IA 50312-1437 Phone: 515-255-1310 Toll Free: 800-747-5352 Fax: 515-255-9442 Email: <a href="mailto:agingres@aol.com">agingres@aol.com</a> Website: <a href="http://www.agingresources.com">www.agingresources.com</a>
<b>SOUTHWEST 8 SENIOR SERVICES, INC.</b>	
Counties served	Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, and Shelby
Contact information	300 West Broadway, Suite 240 Council Bluffs, IA 51503 Phone: 712-328-2540 Toll Free: 800-432-9209 Fax: 712-328-6899 Website: <a href="http://www.southwest8.org">www.southwest8.org</a>
<b>AREA XIV AGENCY ON AGING</b>	
Counties served	Adair, Adams, Clarke, Decatur, Ringgold, Taylor, and Union
Contact information	215 East Montgomery

	<p>Creston, IA 50801  Phone: 641-782-4040  Fax: 641-782-4519  Email: <a href="mailto:areaxiv@iowatelecom.net">areaxiv@iowatelecom.net</a>  Website: <a href="http://www.arexivaaa.org">www.arexivaaa.org</a></p>
<p>SENECA AREA AGENCY ON AGING</p>	
Counties served	<p>Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska,  Monroe, Van Buren, Wapello and Wayne</p>
Contact information	<p>117 North Cooper Street  Suite 2  Ottumwa, IA 52501  Phone: 641-682-2270  Toll Free: 800-642-6522  Fax: 641-682-2445  Email: <a href="mailto:seneca@seneca-aaa.org">seneca@seneca-aaa.org</a>  Website: <a href="http://www.seneca-aaa.org">www.seneca-aaa.org</a></p>
<p>SOUTHEAST IOWA AREA AGENCY ON AGING, INC.</p>	
Counties served	<p>Des Moines, Henry, Lee and Louisa</p>
Contact information	<p>509 Jefferson Street  Burlington, IA 52601-5427  Phone: 319-752-5433  Toll Free: 800-292-1268  Fax: 319-754-7030  Website: <a href="http://www.southeastiowaaaa">www.southeastiowaaaa</a></p>