

# *Your Way!* Questionnaire

## Summary Sheet for Nursing Home Questions

**Directions:**

- Make copies of this form for each Nursing Home that you are going to visit for a tour.
- Number each Nursing Home so that you can correlate this number on the Nursing Home Comparisons Summary Sheet on page 49. Make sure you place this number on the top of each page so that you can easily keep track of the information.

Nursing Home Comparison Number:		
Name: _____		
Address: _____		
Phone: _____		
Contact: _____		
Notes		
Evaluation Area	Nursing Home Score (number of “yes” responses in each category on the attached Questionnaire)	Comments
Care Practices		
Environment		
Dining		
Everyday Life		
Culture Change		

## Your Way! Questionnaire

<b>Nursing Home Comparison Number:</b>			
<b>Care Practices</b>			
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Is the same Nursing Assistant consistently assigned to care for the Resident?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ When the regular Nursing Assistant is not scheduled to work, is a substitute Assistant consistently assigned to care for the Resident?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the same Nurse consistently assigned to care for the Resident?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ When the regular Nurse is not scheduled for work, is a substitute Nurse consistently assigned to care for the Resident?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all the staff work for the Nursing Home and not for an outside agency?	<input type="checkbox"/>	<input type="checkbox"/>	
Can Residents decide when to go to bed and wake up in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	
Can Residents get a bath or shower as often as they would like?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Can Residents select between a bath or shower?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the staff meet with the Resident, and/or the family, to discuss concerns whenever they would like?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Observations</b>	<b>Yes</b>	<b>No</b>	
Do the Residents look well cared for?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you observe that Nurse call bells or lights are not ringing or flashing for excessive periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you observe staff smiling and saying hello to Residents, each other and visitors?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Care Practice Totals</b>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Nursing Home Comparison Number:</b>			
<u>Environment</u>			
Questions	Yes	No	Comments
Is visiting time unrestricted?			
Does the Home have a garden/outdoor space that the Residents can access without staff and is wheelchair accessible?			
Is there space available for families and visitors to visit in private besides just the Resident's room?			
Can Residents decorate their own rooms with bedding and pictures?			
<b>Bonus:</b> Can Residents bring in their own furniture to decorate their room?			
Observations	Yes	No	Comments
Do the Resident rooms look pleasant and comfortable?			
Is the Home free of objectionable odors as you walk through the hallways?			
Does the Home appear clean?			
Are hallways uncluttered so that people and wheelchairs can move about freely?			
Ask to see where Residents bathe. Does this space look clean, comfortable and safe?			
Is there no overhead paging going on throughout the hallways?			
<b>Environment Totals</b>			

<b>Nursing Home Comparison Number:</b>			
<u><b>Dining</b></u>			
Meal time Hours:			
Breakfast:	Lunch:	Dinner:	
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Are meal times for at least 2 hours?			
Can Residents eat a full meal any time between these hours ?			
If someone doesn't want to eat at the time of the meal, can they eat later?			
Is there restaurant, buffet, or family style type of dining?			
Can Residents select from at least two choices for their main entree?			
Can families/visitors dine with the Resident if they choose? (at a cost or for free)			
Are snacks and drinks available 24-hours a day at no additional cost?			
<b>Observations</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Are Residents eating without trays?			
Are Residents sitting at the same table served their food about the same time?			
Are Resident's mealtime requests provided in a prompt manner?			
Do staff give individual assistance to those that need it?			
Is there a pleasant aroma in the dining room?			
Sample the food. Does it taste good?			
Does the dining room have a comfortable feel to it ?			
<b>Dining Totals</b>			

Nursing Home Comparison Number:			
<u>Everyday Life</u>			
Questions	Yes	No	Comments
Are Resident birthdays celebrated on the actual date and not just at a group celebration every month?			
Do children come into the Home to interact with the Residents?			
Is there a store, gift shop or cart available where Residents can purchase items?			
Are there outings into the community?			
Do Residents have access to a computer and internet?			
Will the Home accommodate specific daily interests of the individual such as religious, educational, and <i>fun</i> things?			
Does the Home have any pets?			
<b>Bonus:</b> Are Residents allowed to bring their own dog or cat to <i>live</i> with them in the Home?			
<b>Bonus:</b> Do Residents have access to washers and dryers to do their own laundry if they would like?			
Observations	Yes	No	Comments
Are Residents smiling?			
Are families smiling?			
Look at the Activity Calendar. Are there a variety of activities being offered?			
Are programs offered in the evenings?			
Are programs offered on the weekends?			
<b>Everyday Life Totals</b>			

**Nursing Home Comparison Number:**

**Culture Change**

<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Are you a Culture Change Nursing Home?			
➤ Have Staff have received training in culture change and person centered/directed care?			
➤ Other than Resident Council, do you hold meetings where the Residents/families provide suggestions and ideas.			
➤ Do you measure staff satisfaction ?			
➤ Do you measure Resident/family satisfaction?			
<b>Culture Change Totals</b>			

**What other things do you do to consider yourself a Culture Change Nursing Home?**



<b>Nursing Home Comparison Number:</b>	
<b>Other Important Questions</b>	
<b>Questions</b>	<b>Response</b>
What is your percentage of Nursing Assistant Turnover?	
How long has the Administrator worked here in this position?	
How long has the Director or Nursing worked here in this position?	
How many Residents does each Nursing Assistant care for during a shift?	
How many Residents does each Nurse care for during a shift?	
How many violations did you receive on your last survey? Ask to see the report.	
Whom do I go to if I have a problem:	

<b>Supplemental Questions for Specific Concerns</b>	
<b>Concern</b>	<b>Notes</b>
<p>Therapy services:</p> <ul style="list-style-type: none"> <li>• Types of therapy offered <ul style="list-style-type: none"> <li>○ Physical</li> <li>○ Occupational</li> <li>○ Speech</li> </ul> </li> <li>• Number of days per week treatment offered</li> <li>• Hours of service</li> </ul> <p>Physician:</p> <ul style="list-style-type: none"> <li>• Expected number of visits</li> <li>• How selected</li> <li>• Can my own physician follow me?</li> <li>• Transportation for appointments</li> </ul> <p>Room selection:</p> <ul style="list-style-type: none"> <li>• Private verses shared rooms</li> <li>• Maximum number of Residents sharing rooms</li> <li>• How are roommates decided upon?</li> </ul> <p>Special Services you may require such as:</p> <ul style="list-style-type: none"> <li>• Dialysis treatment</li> <li>• Alzheimer's/dementia care</li> <li>• Psychiatric</li> <li>• Skin Care</li> <li>• Chronic Pain</li> </ul>	