



LONG TERM CARE HOMES

CHECKLIST

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Concerned Friends is a volunteer, registered charity advocating for a quality long-term care system that meets the needs of residents, families and staff.

LONG-TERM CARE HOMES CHECKLIST

The Purpose of this checklist is to assist those choosing a Long-Term Care Home.

Before assuming that a long-term care home is the "best place" to be, however, inquire about alternative services such as Home Care, Home Support, and Supportive Housing.

If you do opt for a provincially regulated long-term care home, here are some preliminary steps to take before making a choice.

- Obtain a list of homes from your local Community Care Access Centre.
- Examine homes closely before agreeing to the admission of oneself, a relative or a friend.
- Resist pressure from either hospitals or the placement coordinator to admit someone to the first available bed. Take the time to thoroughly investigate the options.
- If you have internet access, you may want to visit Reports on Long-term Care Homes on the Ministry of Health and Long term Care website. For further information visit www.health.gov.on.ca.
- Also, you may want to visit www.concernedfriends.ca for information about the inspection reports and performance of individual homes or call us at 416-489-0146 or (toll-free) 1-855-489-0146.

GENERAL INFORMATION

- All long-term care homes (Nursing Homes, Municipal Homes and Charitable Homes for the Aged) are provincially regulated and accountable to the Ministry of Health and Long-Term Care (MOHLTC). As of July 1, 2010, they are regulated under the Long-Term Care Homes Act (2007). This Act includes an expanded Residents' Bill of Rights, regulations about Family and Residents' Councils, as well as the responsibilities of the operator of the home.
- The MOHLTC is responsible for ensuring that all long-term care homes comply with the applicable acts, regulations, terms and conditions of the Long-term Care Homes Act (2007). A resident, family member or advocate who is concerned about the care or conditions in a home and has been unsuccessful in resolving the problem with the home, should contact the applicable Service Area Office, or call the Action Line, to make a complaint. Concerned Friends will also try to advise and support anyone experiencing issues or difficulties in a long-term care home.

- Inspectors from the Ministry of Health and Long-term Care monitor the Homes' compliance with the LTCH Act and regulations. The Act states that every home must be inspected at least once a year.
 - Inspectors are required to visit a home when:
 - a complaint is received;
 - a Critical Incident is reported; and,
 - to follow up on a previous report
- ⑧ The Resident Quality Inspection (RQI), is similar to the previous annual inspections, but is a more comprehensive and in-depth inspection.

You may wish to obtain legal advice regarding the Admission Contract with the Long-Term Care Homes Act (2007). In particular, check that you are not signing away rights and services that would be covered under the Act. You are not at present obligated to sign a contract, because without doing so, the provisions of the Act apply. Only sign the contract if it enhances your rights, not if it diminishes them.

INITIAL VISIT TO FACILITY

- Meet with the Administrator and, if possible, the Director of Care.
- Obtain written and verbal information about the home using the attached questionnaire. See page 5.
- Request to see copies of: 1) Admission Contract;
2) Recent Inspection Reports; and,
3) Residents' Bill of Rights.
- Ask if there is a functioning Family Council.
- Look for the Residents Council and Family Council Bulletin boards in the lobby.
- Attempt to talk with families of current residents, either in the home or arrange to meet them off the premises for feedback on their experiences and observations.

IMPORTANT PHONE NUMBERS

Ministry of Health and Long-Term Care
General Inquiry 1-800-268-1153 TTY 1-800-387-5559

Long-term Care ACTION Line 1-866-434-0144
(7 days a week, from 8:30 a.m. to 7:00 p.m.)

To contact the Inspector for a home, call the Long-term Care Action Line, or the Service Area Office for your area. The province is divided into 5 Service Areas as listed below.

London Service Area Office
231 Dundas St., 2nd Floor
London, ON N6A 1H1
Phone: (519) 675-7680
1-800-663-3775

Sudbury Service Area Office
159 Cedar St., 5th Floor
Sudbury, On P3E 6A5
Phone: (705) 565-3130
1-800-663-6965

Hamilton Service Area Office
119 King St. W., 11th Floor
Hamilton, ON L8P 4Y7
Phone: (905) 546-8294
1-800-461-7137

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa, ON K1S 3J4
Phone: (613) 569-5602
1-877-779-5559

Toronto Service Area Office
5700 Yonge St., 5th Floor
Toronto, ON M2M 4K5
Phone: (416) 327-8984
1-866-311-8002

**Senior Managers - Performance
Improvement and Compliance**
South and West Regions
Phone (416) 327-7116
East and North Regions
(705) 564-7489

**Ontario's 14 Community Care Access Centres
Head Offices**

Erie St. Clair
Chatham-Kent 519-436-2222
Toll-free 1-888-447-4468

South East
Kingston 613-544-7090
Toll-free 1-800-869-8828

South West
London 519-473-2222
Toll-free 1-800-811-5146

Champlain
Ottawa 613-745-5525
Toll-free 1-800-538-0520

Waterloo Wellington
Kitchener 519-748-2222
Toll-free 1-88-883-3313

North Simcoe Muskoka
Barrie 705-726-0039
Toll-free 1-888-721-2222

**Hamilton Niagara Haldimand
Brant**
Brant 519-759-7752
Toll-free 1-800-810-0000

North East
Sudbury 705-522-3461
Toll-free 1-800-461-2919

Central West
Brampton 905-796-0040
Toll-free 1-888-733-1177

North West
Thunder Bay 807-345-7339
Toll-free 1-800-626-5406

Mississauga Halton
Mississauga 905-855-9090
Toll-free 1-877-336-9090

Central East
Whitby 905-430-3308
Toll-free 1-800-263-3877

Toronto Central
Toronto 416-506-9888
Toll-free 1-866-243-0061

Central
Newmarket 905-895-1240
Toll-free 1-888-470-2222

WEBSITE RESOURCES

Ministry of Health and Long-term Care – www.health.gov.on.ca
Advocacy Centre for the Elderly – www.advocacycentreelderly.org
Family Council Program - www.familycouncils.net
Ontario Association of Resident Councils – www.residentscouncils.ca
Concerned Friends - www.concernedfriends.ca

QUESTIONNAIRE

The following is a list of questions that will assist you in choosing a long-term care home. Most deal with rights legislated in the Long-term Care Homes Act (2007), but the questions will clarify these rights for both you and the home.

Upon your initial visit, you may find it helpful to take the questionnaire with you and also a list of your own questions to ask the administrator.

Be sure to take notes of what you learn on your visit.

- 1) What is the application procedure?
- 2) What are the accommodation fee co-payments?
- 3) What services are included in the fees, e.g. personal supplies?

- 4) For what services is the resident/family responsible?
- 5) How and when are residents/families notified of a change in fees/service?
- 6) What is the home's policy on restraints and medication?
- 7) What is the home's policy on cardiopulmonary resuscitation? It is not necessary to sign a DNR (Do Not Resuscitate) form on admission?
- 8) Can you continue receiving care from your family doctor after admission to the facility?
- 9) Is the staff physician a geriatrician?
- 10) Is a physician on call 24 hours a day?
- 11) Are the physicians and/or medical director available to take calls from families?
- 12) Is the staff physician or doctor on call willing to spend time talking to family members regarding medical care of the resident?
- 13) Are individual preferences recognized by the home? For example, do residents have a choice of showering or bathing? Do residents have the option of having breakfast in their room?
- 14) If English is not the resident's first language, will an interpreter be available when necessary?
- 15) If applicable, are there programs and services available to meet the diverse cultural needs of the residents?
- 16) Inquire about residents' assessments and care plans.
 - a) How often do case conferences occur?
 - b) Are residents and representatives (substitute decision makers) involved in the case conferences and planning for the resident's care?
 - c) Are the assessment information and care plans available to residents and family (or substitute decision makers)? How often are the care plan review meetings?
- 17) Is there free access to the facility? At what times? Are people encouraged to visit?
- 18) Is there a volunteer program in the facility?
- 19) Are residents' religious representatives encouraged to visit?

- 20) Are married couples housed together?
- 21) Are physiotherapy, speech therapy, and occupational therapy training available?
Who arranges for these?
- 22) Are staff trained to work with the visually impaired and hearing impaired residents?
- 23) Are dentists and dental hygienists available to provide dental care? Who arranges for this?
- 24) Are social work services available at the residents' request?
- 25) How many residents live in the facility?
- 26) How many floors are there?
- 27) How many elevators are there?
- 28) Are there regular fire drills for all staff (including part-time)?
- 29) Does the local fire inspector make regular visits?
- 30) Does the staff have training in managing difficult/aggressive behaviour?

You may have a list of your own questions to ask.

LONG TERM CARE HOME CHECKLIST

Following your initial visit, review all the material given to you. Make arrangements for an informal visit. Before going for your second visit, review the Long-Term Care Home Checklist provided below.

Name of Home: _____

Address: _____

Date of Visit: _____ Time _____

Care of residents	YES	NO
1. Residents are clean. (nails, hair, skin, teeth)	()	()
2. Residents receive proper mouth care. (breath smells fresh, mouth clean)	()	()
3. Residents are free from odour.	()	()
4. Residents are properly dressed.		
a) Residents are wearing clothing which is clean and in good repair.	()	()
b) Residents' clothing fits and looks neat.	()	()
c) Residents are wearing shoes and stockings that fit and match their clothing.	()	()
5. Residents are wearing daytime apparel in the day, and night-time apparel at night.	()	()
6. Residents appear well groomed. (Men are shaved; residents have clean hair, cut and trimmed.)	()	()
7. Residents are dry and not soiled.	()	()
8. Residents seem to be properly fed (not too thin and frail).	()	()
9. Residents are receiving sufficient fluids at meal times and with all snacks.	()	()
10. Residents speak freely and openly with visitors.	()	()

11. Most residents are free from restraints. (Restraints include chairs with trays, bed sheets and jacket restraints.) () ()
12. Staff help residents change their positions in chairs or beds regularly. (Residents are not left slumped over or sliding from chairs.) () ()
13. Residents are awake and not in bed mid-day. () ()
14. Residents appear alert. () ()
15. Residents' eyes are clear; speech is not slurred. (Eyes are not blurry or "far away" which might signal overmedication.) () ()
16. Residents are free from decubitus ulcers. (bedsores) () ()
17. Residents' feet, ankles and legs are free from swelling and ulcerations; or, if swollen, are properly elevated. () ()
18. Residents are free from evidence of injury (bruising, swelling, lacerations, stitches, casts, etc.) () ()

Staff

1. Sufficient staff are in evidence at nursing stations and on the floor. () ()
2. Staff seem to be properly trained and address residents' needs in a caring and professional manner. () ()
3. Staff smile, appear cheerful and show a caring attitude towards residents. () ()
4. Staff treat residents, family and other staff with courtesy, dignity, and respect. () ()
5. Staff are well groomed. () ()
6. Staff are willing to answer questions and discuss needs of residents with family members. () ()

General surroundings

1. Residents in wheelchairs are not lined up in the hallways. () ()
2. The facility is totally accessible to wheelchairs, e.g. wide corridors and doors, ground level access, specially designed bathrooms. () ()
3. There are enough elevators, i.e. residents don't have to line up for a long time to go to and from the dining room. () ()
4. Floors and walls are clean, in good repair, and the decor is cheerful. () ()
5. The home looks and smells clean. () ()
6. The home is free of evidence of cockroaches and rodents. () ()
7. There are bright, pleasant lounge areas. () ()
8. There is soft, pleasant music or activity in lounge areas. () ()
9. Confused residents have secure areas in which to wander both inside and outside the home. () ()
10. Residents have access to attractive outdoor surroundings with areas to sit or walk. () ()
11. There are private areas for residents and visitors. () ()
12. Other visitors are in evidence. () ()
13. There is coffee, tea and juice available for residents and visitors. () ()
14. Residents' rooms are bright and home-like, with personal belongings in evidence. () ()
15. Residents can control the light in their bedrooms. () ()
16. There provisions for privacy for residents who share a room. () ()
17. There is a call bell at each bed and within easy reach of each resident. () ()

18. There is an easy chair for every resident in each bedroom. () ()
19. Closets in bedrooms are spacious and easily accessible to resident. () ()
20. Residents can have a phone, cable television or a computer in their rooms. () ()
21. There are a sufficient number of washrooms for residents. () ()
22. Bathrooms are clean and odour free. () ()
23. Bathing areas are clean and in good repair; tiles are not chipped. () ()
24. There is sufficient clean linen and towels for residents' use. () ()
25. Wheelchairs, trays and other equipment are clean and in good condition, () ()
26. The home has the Residents' Bill of Rights, Inspection Reports, and Resident and Family Council information posted for public viewing in a conspicuous place. () ()
27. Staff converse pleasantly with residents and visitors. () ()
28. Residents' privacy is respected, e.g. staff knock before they enter and leave when visitors arrive; privacy curtains () ()
29. Residents feel secure and do not appear to fear harm by staff or other residents, or theft of their belongings. () ()
30. There is an active residents' council. () ()
31. There is an active, independently run Family Council. () ()

Rehabilitation/Restorative Care

1. Age appropriate activity programs are in evidence, e.g. bridge games, poker, gardening, chess, woodworking, ceramics, painting, music, etc. () ()

2. Individual orientation programs are in evidence for confused residents. () ()
3. There are exercise programs for residents. () ()
4. The majority of residents seem busy and occupied in a meaningful activity during the day. () ()
5. There is a tuck shop. () ()
6. The home has a library or visiting library service. () ()
7. Organized activities are posted for month. () ()

Dietary

1. Snacks are served between meals and choices of beverages and snacks are available. () ()
2. Meals appear appetizing and attractive. () ()
3. Family members are welcome to join the resident at meal time. () ()
4. There are culturally appropriate foods available. () ()
1. There are sufficient staff available to assist residents with eating when necessary. () ()
6. Food meets any therapeutic needs residents may have, e.g. diabetic, salt free, chopped, pureed. () ()
7. Food seems to be good nutritional value. () ()
8. Fresh fruit and vegetables served, and there is adequate fibre. () ()
9. Portions are large enough and residents are offered second helpings. () ()
10. Residents do not appear hungry and do not indicate that they are hungry or thirsty when asked. () ()
11. Juices are served in 6-ounce glasses rather than 4-ounce glasses and water is offered between snacks. () ()

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| 12. | Residents are encouraged to eat and drink. | () () |
| 13. | Aides sit to assist residents with eating rather than standing over them. | () () |
| 14. | Residents are fed individually, not in assembly-line fashion. | () () |
| 15. | Dietary staff respect residents' individual eating habits; i.e. clean up after meals is not rushed. | () () |
| 16. | Residents are not segregated at meal time according to individual diets, e.g. puree, diabetic, etc. | () () |
| 17. | Menus are displayed in clear view on all floors and offer an alternative choice. | () () |
| 18. | Staff oversee residents as they eat, whether in dining room, own room or corridors. | () () |
| 19. | Dining room is attractive, pleasant and appropriately decorated. | () () |

Scoring

To score this checklist, count one for every "yes" answer.

71 to 81	very well operated facility
61 to 70	has reasonable amenities for residents
below 61	facility should not be considered

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