

# **THE DEMENTIA CAREGIVER'S HANDBOOK FOR NURSING HOMES**

The nursing home that cares for your resident should provide a decent human environment for living and skilled nursing services to care for medical problems. The family member is responsible to monitor the care that a resident receives in the nursing home. Some regulatory agencies like The Division of Healthcare Facilities in the Alabama Department of Public Health or the Alabama Department of Senior Services ombudsman program help safeguard the human rights and quality of care for nursing home residents. These inspectors are in the nursing home once per year for brief periods of time. The family must monitor the rights and quality of care of the resident on a daily basis. The family member must know the right questions to ask. The nursing home staff is responsible to answer these questions. Families should treat nursing home staff with respect. Nursing home personnel should understand that concerned family members will ask questions. Families must make two types of decisions. When searching for a nursing home, the family must decide whether the nursing home has high quality care. Once the resident is admitted to the nursing home, the family must decide whether the care meets the resident's needs. This monitoring should be continuous because the quality of care can change with new staff or different ownership.

The family caregiver should always visit the nursing home prior to placing the resident in the facility. The family must consider four areas: 1) number and quality of nursing staff, 2) medical care, 3) quality and quantity of support staff, and 4) physical building structure.

## **NURSING STAFF**

There are three types of nurses in nursing homes: 1) Registered Nurses, 2) Licensed Practical Nurses, and 3) Certified Nursing Assistants. The Director of Nursing (i.e., DON) is the head nurse and this person should have experience in long-term care and detailed

knowledge about the nursing home. The quality of care is often determined by the competency and attitude of the DON. Every nursing home has a DON.

Registered nurses provide most supervision and management in nursing homes. The inspector's guidelines state that sufficient numbers of nurses must be present in each facility for each shift to meet the needs of the resident. Nursing homes should not operate with staff less than necessary to care for residents. LPN or nursing assistant cannot replace a registered nurse. The licensed practical nurse usually has a great deal of experience with fewer years of school. These individuals often administer medication and perform basic treatments like wound care.

The certified nursing assistant (CNA) is a person who undergoes about 70 hours of training to learn about basic care in the nursing home. The CNA spends more time with residents than any other professional. They should know the residents well and understand their behaviors. State law specifies that sufficient numbers of CNAs must be present to care for residents. Good nursing homes retain qualified CNAs through adequate salaries and a strong sense of professional achievement. High turnover rates indicate staff dissatisfaction and inexperience that will translate into poor care for your loved one. Families should always ask about turnover rates with certified nursing assistants.

## **NURSING HOME ADMINISTRATORS**

Each nursing home has a certified director who manages all aspects of the business. The administrator is responsible for management issues while the medical director and DON are responsible for clinical issues. The administrators come from many backgrounds but they all should have extensive expertise in long-term care.

## **DOCTORS**

Every nursing home has a medical director. This physician is responsible for the quality of medical care provided in the nursing home. Many residents in nursing homes keep their primary doctor but the medical director oversees the total care. Family should ask the name and credentials of the medical director. The medical director should visit the facility frequently and know most of the residents within the nursing home.

## **OTHER PROFESSIONALS**

There are many other professionals who are responsible for the care of the residents in nursing homes. Dietitians, recreational therapists and social workers are three important groups. The dietitian is trained in nutrition and manages the food service in the nursing home. Nursing home residents frequently lose weight. Dietitians must assess the resident, their dining habits, and modify the diet to maximize weight for the resident. The recreational therapist is trained to provide constructive activity for residents to prevent boredom or irritability. Social workers are trained professionals who understand insurance, legal matters and family stress.

Many other professionals can visit your resident in the nursing home and provide expert services. Many nursing homes have contracts with community mental health centers to provide mental health services in the nursing homes. Physical therapists can help with residents who fall or have difficulty walking. Speech pathologist can help residents who have lost the ability to speak clearly. The family member should ask the facility director about the availability of each service and the qualifications of the individuals who provide the service.

## **THE BUILDING**

The physical environment is very important in maintaining quality of life. Families should inspect day areas, personal rooms, bathrooms and dining facilities. Over-crowded facilities often cause residents to become agitated and distressed. Every nursing home is required to

have basic equipment for health care. The Public Health Hotline can inform you about the equipment.

## **COMMON PROBLEMS AND RECOMMENDED SOLUTIONS**

### **1. MY RESIDENT IS NOT CLEAN.**

Ask the director of nursing to check the bathing schedule and determine how often the resident is bathed. Determine whether there are problems with the bathing and which CNA is responsible

, fingernails

**Dementia Caregiver's Handbook for Nursing Homes**  
Dementia Education & Training Program – 1-800-457-45679

### **2. MY RESIDENT IS LOSING WEIGHT.**

Residents lose weight for many reasons. Ask the DON for a dietary assessment and the medical director for a medical assessment. Feed the resident yourself and determine how easily they eat and drink. Residents who refuse to eat for family usually have feeding problems that need assessment. Call 1-800-457-5679 for a guideline for weight loss in the dementia resident.

### **3. MY RESIDENT IS DOING POORLY.**

Many residents in nursing homes have serious medical problems that involve multiple organ systems. Ask the nurse and the doctor to reassess the resident to determine if medical treatment can be improved. Ask dietitian and the recreational therapist to assess the resident for oral intake and activities. The staff should be able to explain medical problems with layman's terms.

### **4. MY RESIDENT IS VERY UNHAPPY AND WANTS TO COME HOME.**

Most residents do not want to be in nursing homes but wish to remain at home with family. Most nursing home residents are incapable of being managed at home. The doctor, nurse and social worker can determine whether your resident can function at home with appropriate services. Ask the recreational therapist about your resident's daily activities. Inquire about whether mental health services may be appropriate to improve quality of care. Ask your pastor to visit the resident and have family visit on a regular schedule. Many residents are very lonely.

### **5. MY RESIDENT SEEMS CONFUSED AND IRRITABLE.**

Confusion is common in elderly nursing home residents. Confusion may result from delirium or dementia. Ask the DON to review the resident's medication to determine whether the confusion results from drugs. Ask the medical doctor to evaluate the resident for dementia.

You can get more information about dementia by calling 1-800-457-5679.

### **6. THE NURSING HOME TELLS ME THAT MY RESIDENT FIGHTS WITH THE STAFF AND RESISTS DURING CARE.**

Residents resist staff for many reasons. Ask the staff whether the resident is afraid, hungry, bored, confused, and unable to comply with verbal instructions or experiencing chronic pain.

Talk to the registered nurse and certified nursing assistant who provide daily care.

Determine whether the CNA knows your resident well or whether your resident is a stranger to the nursing staff. Call 1-800-457-5679 for a guideline on behavioral disturbance.

### **7. YOU NOTICE THE RESIDENT HAS FREQUENT FALLS.**

Ask the nurse to place your resident on falls precaution and perform a falls assessment. Ask for a physical therapy consultation to assess gait (i.e., steadiness). Inquire about whether the resident is receiving medicines that increase risks for falls. Call 1-800-457-5679 for a guideline on falls.

## **8. THE RESIDENT IS RESTRAINED BECAUSE OF ELOPEMENT, WANDERING, OR RUMMAGING BEHAVIORS.**

Physical restraints are limited to emergency management of dangerous situations. Ask the nurse or the DON about alternative interventions. Ask that the recreational therapist consult to increase programmed activities. The staff must use every possible behavioral intervention to prevent wandering and rummaging. Call the ombudsman or Public Health hotline if you are unsure about the quality of care.

## **9. THE ADMINISTRATOR CALLS YOU AND DEMANDS THAT YOU REMOVE YOUR RESIDENT FROM THE NURSING HOME. THE RESIDENT HAS BEEN FIGHTING AND IS RESISTIVE.**

Speak to the DON and determine the nature of the behavioral problem. Ask for a psychiatric assessment to exclude treatable causes of combativeness. Request a hospital inpatient evaluation to stabilize the resident and medications. Ask the medical director to exclude medical causes for aggressive or hostile behaviors. Call the ombudsman or nursing home inspectors to ask for assistance in mediating with the nursing home. Ask for a meeting with the treatment team to include nurse, recreational therapist, social worker, administrator and medical director to discuss problems and options. Organize your family to spend several days with the resident in shifts while the treatment team assesses the resident. Offer to feed, clothe, bathe or sit with the resident. If all else fails, refuse to move the resident until you receive a 30-day notice and the 30 days has expired.

# The S's of Success for Safe Nursing Home Placement for Dementia Residents

## Checklist

### STAFF TO CARE FOR THE RESIDENT

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are they sufficient?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is the staff trained and motivated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do they know their resident?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### SPACE

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does resident have enough space and choices to avoid other agitated or disruptive residents? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

### SCENERY

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is the unit bright and cheerful?                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are the painting and wall coverings age-appropriate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### SMELL

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the unit smell fresh and clean? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

### SHINE

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| 1. Is the unit clean?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are the residents clean? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### SAFETY

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is the staff alert to resident's needs and potential confrontations?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is the unit dementia-proofed (i.e., hallways clear of clutter, furniture, etc.) and well-lighted? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### SKILL

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is the treatment team knowledgeable about dementia (nurses, doctors, dietitians, social workers, recreational therapists, pharmacists)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is the unit quiet and reassured?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are the residents treated with respect and kindness?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### SCORE

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you know how the nursing home did on their last inspection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

## **SUPPORT GROUP**

1. Does the nursing home have an Alzheimer's support group or participate in a community support group?  YES  NO
2. Are families of other residents satisfied with care received?  YES  NO

## **SUPERVISION**

1. Are director of nursing, the administrator and the medical director knowledgeable concerning treatment of Alzheimer's disease?  YES  NO

## **SERVICES**

1. Does the nursing home use psychiatric specialists to assist with management of behavioral problems?  YES  NO

**More “No’s” mean more potential problems**

# General Principles

1. Every family caregiver must assess the nursing home before the resident is admitted to the facility.
2. Families must reassess nursing homes every year or anytime ownership or management changes.
3. Families must ask for annual inspection scores.
4. Families must visit residents on a weekly basis and know the CNA and registered nurse who cares for the resident.
5. Families should know nursing home ombudsman's telephone number (1-877-425-5788) and nursing home inspector's hotline telephone number (1-800-356-9596).