



OANHSS

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS
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CHECKLIST OF QUESTIONS TO CONSIDER WHEN VISITING LTC HOMES:

The following are some questions you might want to consider getting answers to as you visit homes to help you in your decision making process:

1. a) Who governs the home? _____
b) Does it operate on a not-for-profit or a for-profit basis? Not-for-profit: _____
For-profit: _____
c) What is its mission statement? _____
2. Is it convenient for friends and family to visit? Yes: _____
No: _____
3. Is there a welcoming atmosphere when I enter the building? Yes: _____
No: _____
4. Do residents appear well groomed and appropriately dressed? Yes: _____
No: _____
5. a) How do I see staff reacting toward residents and among themselves? _____

b) Do they appear to know residents' names? _____

6. a) Is the facility clean? Yes _____ No _____
b) Is it free of offensive odours? Yes _____ No _____
7. a) Are resident rooms well appointed? Yes _____ No _____
b) Is furniture in good repair? Yes _____ No _____
c) Is a call bell or some communication device or system within easy reach? Yes _____ No _____

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- d) What personal belongings may the resident bring? Yes ____ No ____
8. a) Is there privacy in the resident's room? Yes ____ No ____
- b) Are areas provided in the home for private visits with residents? Yes ____ No ____
9. Visit during a meal time. Check the menus and the choices provided.
- a) Is the dining area clean and inviting? Yes ____ No ____
- b) Do the meals look appetizing? Yes ____ No ____
- c) Are special diets provided? Yes ____ No ____
- d) Is a dietician involved with meal planning and assessment of residents? Yes ____ No ____
- e) Are family members or friends able to have an occasional meal with the resident? Yes ____ No ____
10. a) Is there a special secured area for the safety of residents who might wander away? Yes ____ No ____
- b) Are those residents included in activities with the rest of the residents? Yes ____ No ____
11. a) How is the community involved with the home? _____

- b) Is there a volunteer or auxiliary group? Yes ____ No ____
12. Are there any restrictions about visiting? Yes ____ No ____

13. a) What activities are provided for the residents? _____

- b) Are there provisions for services to improve mobility rehabilitation? Yes ____ No ____
- c) Are there activities away from the home in which the residents may participate? Yes ____ No ____
14. a) Is there at least one Registered Nurse on duty at all times? Yes ____ No ____
- b) What other staff are employed at this home? _____

15. a) Who are physicians attending this home? _____

- b) How often do they visit? _____
16. Are safe outdoor areas easily available to the residents? Yes ____ No ____