



Dementia Care Checklist

Environment

- Is the facility calm and quiet?
- Does the facility use soft music and/or natural scents to create a soothing atmosphere?
- Is the facility well lighted? Adequate natural light?
- Are there complex patterns on carpets or walls?
- Can staff easily observe the facility's common areas? Outside areas?
- Can staff easily observe the residents' rooms?
- How does the environment promote resident functioning, e.g., a picture of a toilet on the bathroom door?
- Does the facility have a wander alert system?
- Are the doors equipped with a system to delay exit?
- Is there a locked or secured outside area for walking?

Philosophy of Care

- Is the facility's philosophy for caring for persons with dementia consistent with your beliefs?
- Does facility provide services to persons at all stages of the disease process?
- What conditions or behaviors determine whether a facility will either admit or retain someone with dementia?
- Is dementia care provided in a separate unit or as an integral part of the facility's services?
- Is the facility's philosophy and practice of handling "difficult behaviors" compatible with your views? (Give a few examples and ask staff how they would handle the situation.)
- What is the facility's philosophy in using physical restraints to deal with certain behaviors?*
- Does the facility recommend the use of psychoactive drugs to treat behaviors?*

*Note: Residential Care Facilities for the Elderly have severe restrictions on the use of restraints and the use of psychoactive medications. Psychoactive drugs are often contraindicated for elderly people with dementia and should only be used as a last resort, if ever. For more information, go to <http://www.canhr.org/stop-drugging/>

Services

- Are there activities specially designed for persons with dementia?
- Do activity programs operate throughout the day? In the evening? And on weekends?
- Are activities individualized for each resident?
- Does the facility operate a "Safe Return" program (e.g., residents registered with police) for all residents?
- Does the facility provide nutritious finger foods?
- Are water and decaffeinated beverages available throughout the day?
- Does the facility do periodic night checks? Number of staff who are awake during the night?

Continued on page 2

Staff

- Does a person(s) with special knowledge and training about dementia coordinate the assessment and care planning process?
- What role does direct care staff have in the care planning process?
- What role does the resident and family or legal representative play in the care planning process?
- Does a person(s) with special training plan and coordinate the activity program? Is this person full-time? Have assistants?
- Does the activity coordinator design customized activities for each resident? Who does one-on-one activities?
- Is staff assigned to work with the same residents?
- What is the ratio of direct care staff to residents at each shift?
- What type of specialized dementia training does direct care staff receive initially and on an on-going basis? Content? Number of hours?
- Specifically, what type of training does direct care staff receive in handling difficult behaviors? Content? Number of hours? Frequency?
- Who supervises staff? What are their qualifications?
- What special training does the administrator and supervisors receive in dementia care? Content? Number of hours? Frequency?

Other

- Is the facility in contact with experts in dementia care like the Alzheimer's diagnostic centers, Alzheimer's Associations, or regional Caregiver Resource Centers?
- Does the facility have a family support group or refer to community-based groups?
- Does the facility meet all of the licensing standards to provide dementia care? (Ask to review the plan of operation submitted to the licensing agency. The plan should contain information about the philosophy of care, special services and staff training.)
- What does the facility charge for special dementia services? Is there a basic rate that covers all services? Are there additional charges for changing care needs? How and who determines the rate changes?

Note: Dementia care is often characterized by locked doors or otherwise secured perimeters to prevent residents from leaving the facility unsupervised. California law requires the resident's or a court-appointed conservator's consent before he or she may be placed in a locked or secured perimeter facility. (22 CCR § 87705(l); Health and Safety Code § 1569.698(f)) No other person may give consent. That includes a family member, responsible party, or an agent named in an Advance Health Care Directive. Even a conservator cannot authorize a locked-door admission unless a court has granted specialized dementia powers regarding placement. (Probate Code § 2356.5)