YOUR HEALTH

A Nursing Home That Feels Like Home

JUDY LYN Sweetland, 71, likes to sleep in and go to bed when she wants. Sweetland, who uses a wheelchair, also looks forward to her daily stretching exercises, a weekly art class and excursions to a nearby day-care center to read to children.

Sounds unremarkable, right? It would be if not for the fact that Sweetland lives in Providence Mount St. Vincent, an innovative nursing home in Seattle.

At Providence Mount St. Vincent, more than 400 residents live in cozy “neighborhoods” rather than in rooms along drab hallways. Each resident’s personal schedule and individual preferences for bedtime, food and activities are documented in a care plan. Even pets are allowed. “They are very caring and very responsive to individual needs,” says Sweetland, who moved in three years ago after a debilitating nerve condition prevented her from living independently.

If you or a loved one needs nursing-home care, the chances are better than ever that you’ll land in a facility with some of the high-quality features of Providence.

“Nursing homes have made dramatic improvements from 20 years ago,” says Carol Benner, executive director of Advancing Excellence in America’s Nursing Homes. “The culture in nursing homes has changed.”

Providence began its transformation more than a decade ago after studies showed that residents, on average, napped or sat idle nearly three-fourths of the day and interacted with others only 7% of the day. Charlene Boyd, Providence’s administrator, says the nursing home set out to replace its traditional, regimented approach with a model that offered “choice and autonomy” for its residents.

Nine neighborhoods of about 20 residents each replaced four floors of skilled-nursing units. The center of each neighborhood is a dining room, lounge and spacious kitchen where residents can get their favorite foods and snacks. The idea is to provide the same warm environment as a home. Residents participate in intergenerational arts and music activities, Nintendo Wii bowling, card games, horseshoes and field trips.

Staff members are assigned to specific neighborhoods. Like family members, they pitch in when something needs to be done. For instance, a nurse may serve meals as well as administer medications. Being regularly cared for by the same aide is essential to quality of care and life, experts say. Such consistency also makes the staff happier. Providence has cut its staff-turnover rate to 15%, from 50%, a year.

Consistent staffing was a key criterion for Matt Marino of Clifton Park, N.Y., when he was searching for a nursing home for his mother in 2009. Marino selected Albany’s Teresian House because of the close relations between staff and residents. “She calls
a number of staff her guardian angels,” he says.

Marino says his mother is more active than she was before she entered the nursing home. She does Tai Chi, plays bingo, dances, attends daily mass, and takes trips to Lake George and other locales. “We work around their schedules, they don’t work around ours,” says Teresian House nursing aide Amanda Isabella.

Like Providence, Teresian is using the neighborhood model. Private rooms have WiFi access, but residents can also use the computers in the “cyber cafe.” Residents eat in neighborhood dining rooms rather than in a large communal dining hall, and food is available around the clock.

**Finding a Cutting-Edge Nursing Home**

The Web site of Advancing Excellence is a good place to start looking for a high-quality nursing home and those working on culture change. You can look at data that shows how a particular facility is performing on its quality-improvement projects. (Go to [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org), click “About the Campaign” and then click “Find Nursing Home Participants.”)

You can also compare nursing homes at Medicare.gov. The Nursing Home Compare tool allows you to look at a number of quality measures, such as staff levels, health inspections, and how well the staff prevents and treats skin ulcers.

The Advancing Excellence site provides guidance to consumers on what to ask facilities and how to monitor ongoing care. Click “Resources” and then “Consumer Fact Sheets.”

The best way to keep tabs on your loved one’s care, says Benner, is to “visit as often as you can.” Get to know the caregivers and the other residents and their families.

The top-notch nursing homes understand that the more a caregiver knows about a person’s routine, medical condition and preferences, the better the care. “It’s not just acceptable to give good care, we need to build relationships,” says Steve LeMoine, chief executive officer of Westminster-Thurber, a Columbus, Ohio, nursing home that has transformed its approach.

Benner suggests that you ask facility managers whether the facility provides ongoing training related to caring for residents with Alzheimer’s disease and other forms of dementia. For example, you can ask what the staff does when a resident wanders off or if a resident yells a lot. The staff should be trained to understand what such behaviors mean.

Also find out about the nursing home’s policy for preventing pressure ulcers, which can affect residents with limited mobility or dementia. You’ll want to know how often the staff turns high-risk residents and whether the staff inspects a resident’s skin daily. Make sure the schedule for moving or turning patients is documented in the resident’s care plan.

Consumers should also ask about the facility’s pain-management plan. Among the questions: How do you measure pain, and how often? Do you keep a written record of each resident’s pain? How do you treat pain, and how do you know that the treatment is working?

According to Advancing Excellence guidelines, consumers should make sure the staff asks residents to describe pain and whether the pain is unrelenting or comes and goes. Family members should also find out whether the staff observes how the resident walks and moves from the bed to a chair. During your visit, ask whether a loved one’s pain is regularly assessed and treated. Keep an eye out for signs of pain, perhaps grimacing or shouting.

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