CONSUMER FACTSHEET: RESIDENT & FAMILY RECORD-KEEPING

There are many standards which nursing homes are required to follow in order to ensure that residents receive good care, have a good quality of life and treatment with dignity. The purpose of these factsheets is to help YOU use these standards as a basis for resident-centered advocacy. This fact sheet provides some information on why it is important to keep records, two kinds of records you might want to keep and easy forms (on second page) that you can use to get started.

Why Keep Records?

Going to a nursing home is difficult and stressful. Unfortunately, difficulties and stress can continue – or pop up again – when a resident living in the facility does not receive needed care or services, is treated poorly or is abused. These situations can be very tough to deal with. Typically, there is a problem, the resident or family brings the problem to the attention of a staff person and thinks that the problem will be addressed. All too often, that does not happen, or the “fix” doesn’t last and the problem happens again… and again.

Keeping records can help support your advocacy to overcome challenges and access better care and quality of life by providing a record, resource and reference on the resident, what he or she needs, and how those needs are – or are not – being met by the nursing home. This Fact Sheet describes two types of records that can be useful to support your advocacy.

What Kind of Records Should I Keep?

One or both of the following types of records may be useful to you, depending on your situation. On the back are two brief sample checklists that you can use or adapt. See Resources, below, for links to additional tools and resources that can be helpful.

1. Resident Preferences. Communication of a resident’s needs or preferences can be difficult in any situation. This is especially true for residents with dementia (or other conditions which impede communication). A record of preferences can make a world of difference as a resource on what a resident prefers, finds enjoyable or comforting. It can be especially useful to provide positive reinforcement and comfort for a resident with dementia to address (or better, avoid) distress, upset or agitation.

2. Overcoming Problems. Keeping even a basic record when there is a problem you are trying to resolve can be a valuable tool to substantiate – and hopefully resolve – the problem. While we believe that it is not fair to expect the resident/family member to have to do all of the work to get what is rightfully theirs, often that is the only way to overcome problems.

RESOURCES

• [WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC’s website includes information on the relevant standards for nursing home care and resources to help consumers, LTC ombudsmen & caregivers improve care and address problems in their facilities.

• [WWW.THECONSUMERVOICE.ORG](http://WWW.THECONSUMERVOICE.ORG). The Consumer Voice’s website has a variety of materials and resources for residents, family members and LTC Ombudsmen.
Preferences of ____________________________________________

Music: ___________________________________________________________

Snacks: Cookies __ Fruit __ Chocolate __ Juice __ Other ________________________

Bathing: Bath __ Shower __ Sponge bath __ Time of Day ______ Frequency ______

Animals: Dogs __ Cats __ Birds __ Stuffed Animals __ Other _______________ None __

Activities: Arts & Crafts ________________ TV ____________________________

Exercise ________________________ Other ______________________________

Foods: I Enjoy: _______________________________________________________

I Do NOT Enjoy: _____________________________________________________

Time of Day:

In the morning I like ________________________________________________

In the afternoon I like _______________________________________________

At night I like _______________________________________________________

Other Important Preferences: __________________________________________

_______________________________________________________________

Problem or Concern ________________________________________________

1. Date: ____ Communication to: _______________________________________
   Response/Outcome: ________________________________________________

2. Date: ____ Communication to: _______________________________________
   Response/Outcome: ________________________________________________

3. Date: ____ Communication to: _______________________________________
   Response/Outcome: ________________________________________________

4. Date: ____ Communication to: _______________________________________
   Response/Outcome: ________________________________________________

5. Date: ____ Communication to: _______________________________________
   Response/Outcome: ________________________________________________