

## Hospice in Facility Checklist

### Services

- \_\_\_\_\_ What services will you provide me?
- \_\_\_\_\_ What services will you provide my family and friends?
- \_\_\_\_\_ What will my room look like?
- \_\_\_\_\_ What are the facility's visiting hours and policies?
- \_\_\_\_\_ May a friend or family member stay with me overnight? Is there a charge?
- \_\_\_\_\_ May my pets come to the facility for visits?

### Dining and Food Service

- \_\_\_\_\_ Does the facility accommodate special diets?
- \_\_\_\_\_ When are meals served?
- \_\_\_\_\_ How often does the menu change?
- \_\_\_\_\_ Are meals/snacks available any time?
- \_\_\_\_\_ Are my guests allowed to have meals with me? What is the cost?

### Care Plan

- \_\_\_\_\_ Is there a written care plan for each patient?
- \_\_\_\_\_ Will you include my family and me in designing this plan?

### Staffing

- \_\_\_\_\_ How many staff members are on duty each shift?
- \_\_\_\_\_ What training and qualifications are required for staff?
- \_\_\_\_\_ Observe staff interactions with patients. Are they positive and courteous?
- \_\_\_\_\_ Does the facility have a volunteer program? If yes, what types of activities do the volunteers perform?

### Payment

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\_\_\_\_\_ Will you help me determine whether my private health insurance or long-term care insurance will cover hospice care?

\_\_\_\_\_ Are you Medicare certified?

\_\_\_\_\_ Will you assist me in finding a source of payment for your services?

\_\_\_\_\_ Are there additional costs for certain goods or services?

\_\_\_\_\_ How much money will I have to pay out of pocket?

### Inspections

\_\_\_\_\_ Is the facility licensed?

\_\_\_\_\_ When was the facility last inspected?

\_\_\_\_\_ May I see the results of the inspection?

### References

\_\_\_\_\_ Who owns the facility?

\_\_\_\_\_ Will you provide me with a list of doctors and other health care professionals who are familiar with your services?

### Complaints

\_\_\_\_\_ Whom should I call with a question or complaint?