30 Questions: Good Answer vs Follow-Up

Listen for specific people, steps, written terms and costs. A vague answer means “ask again,” not automatically “unsafe.”

ASK ABOUT	A CLEAR ANSWER	FOLLOW UP IF
Night-shift staff on floor	Good: actual on-duty count and shift roster.	Ask again: only a daytime headcount or vague ratio.
Caregiver absence at 2 a.m.	Good: named backup role and handover.	Ask again: “someone will manage.”
Bathing, toileting and transfers	Good: assigned roles and supervised training.	Ask again: “everyone knows” with no orientation.
Walker/wheelchair safe assistance	Good: observed practice and task limits.	Ask again: experience alone is the proof.
Nurse/doctor and after-hours cover	Good: schedule, night contact and backup.	Ask again: “available” with no time or cover.
Duty roster (privacy-protected)	Good: a redacted sample or clear verification method.	Ask again: cannot explain how coverage is tracked.
First actions after a fall	Good: who attends, calls clinician/ambulance and family.	Ask again: “we will call you” only.
Hospital, transport and escort	Good: destination, transport plan, escort and costs.	Ask again: “tie-up” with no practical details.
Family contact after incident	Good: named caller and backup if family not reached.	Ask again: no clear owner or record.
Fire evacuation for residents	Good: site plan, assistance roles and staff practice.	Ask again: extinguishers are the whole answer.
Power failure: lift/call bell	Good: backup power or alternate call/check plan.	Ask again: assumes outage will be brief.
Hospital discharge handover	Good: written update, named person and next-shift brief.	Ask again: family must repeat changes to everyone.
Dose given and recorded	Good: responsible role and dose/exception record.	Ask again: relies on memory or verbal reminder.
Medicine change reaches shifts	Good: written current instruction and read-back/confirmation.	Ask again: message sent with no confirmation.
Refused or missing medicine	Good: document and seek appropriate advice.	Warning: hide it in food or alter dose without checking.

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Medicine storage and expiry	Good: named stock owner and appropriate storage.	Ask again: mixed supplies/no one checks dates.
Family supplements/OTC medicines	Good: check against current instructions and record.	Ask again: leave them with staff without review.
Medicine/nursing/supply fees	Good: points to written schedule and included items.	Ask again: answer differs from the fee sheet.
Private complaint route	Good: resident-accessible route outside person complained about.	Ask again: complaint only goes to that staff member.
Complaint owner and follow-up	Good: named recipient, process and update.	Ask again: cannot say who reviews it.
Escalation after disagreement	Good: senior contact or next step is named.	Ask again: same person is the only route.
Routine family updates	Good: agreed cadence and consent-based contact list.	Ask again: family hears only after a problem.
Rough handling/missing items	Good: record, follow-up owner and resident safeguards.	Ask again: dismisses it without checking.
Speak with resident/family	Good: asks permission and explains a privacy-respecting option.	Ask again: only selected testimonials; no process.
Full monthly fee	Good: written breakup for room, meals, care and services.	Ask again: starting price with unclear extras.
Common extra charges	Good: current rates for relevant extras.	Ask again: “we will decide later.”
Fee increase and notice	Good: written trigger and notice clause.	Ask again: verbal assurance only.
Hospital stay charges	Good: explains room, meals, care and bed-hold separately.	Ask again: “we will adjust” with no method.
Deposit deductions/refund	Good: written deductions, amount and return process.	Ask again: promise conflicts with agreement.
Take agreement home	Good: time to read before payment/signing.	Warning: pressure to pay immediately.

Visit notes / answers to verify: