

## Nursing Home Checklist

Carry this checklist with you when you visit nursing homes (simply print out one checklist per nursing home you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting the facilities use the checklists to compare one provider with another.

**Name of Nursing Home:** \_\_\_\_\_

**Owner/Administrator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Website or E-Mail :** \_\_\_\_\_

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### Who is Served?

**Yes**   **No**

- Can the nursing home provide the level of assistance you require, given your medical condition?
- Are there medical conditions the facility will not accept? If yes, what are these conditions? \_\_\_\_\_

### Services

- Does the physician and nursing staff meet with residents and their families to assess residents' needs and develop individualized care plans?
- Is there a physician available on site for emergencies?
- Does the facility have an arrangement with a nearby hospital?
- Are physical, speech and/or occupational therapy available?
- Is confidentiality of medical records assured?
- Are private rooms available?
- Can the facility consider personal food likes and dislikes when planning meals?
- Can meals be delivered to residents' rooms?
- Are snacks available around the clock?

**Yes**   **No**

- Is assistance available at meal times for those who need it?

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## Checklist Provided by *GetCare.com*

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there a variety of activities tailored to residents' individual needs and interests? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have an active resident and family council?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there 24-hour access by telephone?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are visiting hours restricted in any way?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have a program to restrict the use of physical restraints?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a stated policy identifying residents' individual rights?                       |

### Staff

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do there appear to be an adequate number of staff?<br>What is the staff-to-resident ratio? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the staff know the residents by name?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff credentialed? What are these credentials? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an in-house training program for staff?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility require criminal record checks for employees?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff members trained in emergency procedures?   |

### Physical Environment

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do bedrooms open onto a corridor and have windows?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there handrails in the hallways and grab bars in the bathrooms?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the hallways, dining room, bathrooms and other areas convenient for wheelchairs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there private areas for visits with family, friends or physicians?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there areas for activities or social events?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there outdoor areas that are accessible for residents to use?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility clean and well-maintained?   |
| <input type="checkbox"/> | <input type="checkbox"/> | In the kitchen, are food preparation areas separate from dishwasher and garbage areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic fire alarm system and sprinklers?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents provided a supervised place in which to smoke?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the exits clearly marked and unobstructed?   |
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an emergency response system or call buttons?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an adequate security system?  |

### Credentials

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have a current operating license from the state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the administrator have an up-to-date state license?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have Medicare and Medicaid certification?        |

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- Can the facility provide a list of references?  
How many years has the facility been in operation? \_\_\_\_\_

### Cost

- Is a written fee schedule provided?  
Approximately, what would the basic monthly or daily rate be for you?  
\_\_\_\_\_
- Do you know what the basic monthly or daily rate does and doesn't include?  
Includes: \_\_\_\_\_  
Doesn't include: \_\_\_\_\_
- Is the resident or the resident's family informed, in writing, of fee increases?
- Do you understand what would happen in the event that you should run out of money ?

### Overall Quality

**Rate the nursing home in the following areas on a scale from one to ten, with ten being a perfect score:**

- |  |                      |
|--|----------------------|
| Are meals served attractively and are they tasty?                  | 1 2 3 4 5 6 7 8 9 10 |
| Are the bedrooms pleasant, with room for personal items?           | 1 2 3 4 5 6 7 8 9 10 |
| Does the staff respond quickly to residents' calls for assistance? | 1 2 3 4 5 6 7 8 9 10 |
| Is the facility homey and comfortable?                             | 1 2 3 4 5 6 7 8 9 10 |
| Do staff and residents seem happy?                                 | 1 2 3 4 5 6 7 8 9 10 |
| Is the facility convenient for family and/or friends to visit?     | 1 2 3 4 5 6 7 8 9 10 |

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