

Nursing Home Visit Checklist

From ElderCare Online (tm)
<http://www.ec-online.net>

This checklist is designed to help you evaluate and compare the nursing homes that you visit. It would be a good idea to make several copies of this checklist, so that you will have a new checklist for each home you visit. After you have completed checklists on all the nursing homes you plan on visiting, compare your checklists. Comparisons will be helpful in selecting the nursing homes that might be the best choice for you.

Part 1 - Basic Information

Name of Nursing Home:

Phone Number:

Address: _____

Date and Time Visited:

Contact Person 1 (Administrator):

Contact Person 2 (Social Worker):

Religious or Cultural Affiliation:

Medicaid Certified?	Yes	No
Medicare Certified?	Yes	No
Admitting New Residents?	Yes	No
Convenient Location?	Yes	No
Is home capable of meeting your special care needs?	Yes	No

For parts 2-5, rate the nursing home on a scale from one to ten, with ten highest.

Part 2 - Quality of Life

1. Are residents treated respectfully by staff at all times?	1 2 3 4 5 6 7 8 9 10
2. Are residents dressed appropriately and well-groomed?	1 2 3 4 5 6 7 8 9 10
3. Does staff make an effort to meet the needs of each resident?	1 2 3 4 5 6 7 8 9 10
4. Do the residents appear to be engaged in meaningful activities?	1 2 3 4 5 6 7 8 9 10
5. Is there a variety of activities to meet the needs of individual residents (<i>e.g. gardening, books, trips, etc.</i>)?	1 2 3 4 5 6 7 8 9 10
6. Is the food attractive and tasty? (sample a meal if possible)	1 2 3 4 5 6 7 8 9 10
7. Are resident rooms decorated with personal articles?	1 2 3 4 5 6 7 8 9 10
8. Is the home free of unpleasant odors?	1 2 3 4 5 6 7 8 9 10
9. Is the home's environment homelike?	1 2 3 4 5 6 7 8 9 10
10. Do common areas and resident rooms contain comfortable furniture?	1 2 3 4 5 6 7 8 9 10
11. Are there pleasant areas for the family to visit?	1 2 3 4 5 6 7 8 9 10
12. Does the facility have a family and residents' council?	1 2 3 4 5 6 7 8 9 10
13. Does the facility have contact with outside groups of volunteers?	1 2 3 4 5 6 7 8 9 10

Part 3 - Quality of Care

14. Does staff encourage residents to act independently?	1 2 3 4 5 6 7 8 9 10
15. What is the staff to resident ratio?	
16. Is there permanent assignment of staff to residents?	1 2 3 4 5 6 7 8 9 10
17. Do nursing assistants attend and contribute to resident's care plans?	1 2 3 4 5 6 7 8 9 10
18. How are smokers and non-smokers accommodated?	1 2 3 4 5 6 7 8 9 10
19. Does facility staff respond quickly to calls for assistance?	1 2 3 4 5 6 7 8 9 10
20. Are residents and family involved in resident care planning?	1 2 3 4 5 6 7 8 9 10
21. Does the home offer appropriate therapies (<i>physical, speech, foot care, etc.</i>)?	1 2 3 4 5 6 7 8 9 10
22. Does the nursing home have an arrangement with a nearby hospital?	1 2 3 4 5 6 7 8 9 10

Part 4 – Safety

23. Are there enough staff to appropriately provide care to residents?	1 2 3 4 5 6 7 8 9 10
24. Are there handrails in the hallways and grab bars in bathrooms?	1 2 3 4 5 6 7 8 9 10
25. Is the inside of the home in good repair and exits clearly marked?	1 2 3 4 5 6 7 8 9 10
26. Are spills and other accidents cleaned up quickly?	1 2 3 4 5 6 7 8 9 10
27. Are the hallways free of clutter and well-lit?	1 2 3 4 5 6 7 8 9 10

Part 5 - Other Concerns

28. Does the home have outdoor areas (patios, etc.) for resident use?	1 2 3 4 5 6 7 8 9 10
29. Does the facility or the family provide furniture and TV sets?	1 2 3 4 5 6 7 8 9 10
30. Does the home provide an updated list of references?	1 2 3 4 5 6 7 8 9 10
31. Are the latest survey reports and lists or resident rights posted?	1 2 3 4 5 6 7 8 9 10
32.	1 2 3 4 5 6 7 8 9 10
33.	1 2 3 4 5 6 7 8 9 10

Additional Comments (*e.g., observations, comparisons, etc.*):