

Nursing Home Evaluation Checklist

Print one checklist for each nursing home you'll visit and take it with you as you visit. Fill it out as you visit. Use the answers to help you compare facilities.

Name of Nursing Home: _____

Address: _____

Telephone Number; _____

Visits:

First visit Second Visit Date(s) Visited: _____

Morning Afternoon Evening

Day of the Week: Mon. Tue Wed Thur Fri Sat Sun

The Basics

	Yes	No
Is the nursing home Medicare certified?		
Is the nursing home Medicaid certified:		
Has its license ever been revoked?		
Is it accepting new patients?		
Is there a waiting period for admission?		
Are background checks conducted on all of the staff?		
Is transportation available so the resident can visit the doctor?		
Are the care planning meetings held at times that are easy for residents and their family members to attend ?		
Does the nursing home have an active family council?		
How many licensed nurses are on duty at each shift? RN's _____ LPNs _____		
What is the Patient to staff ratio? _____ Nurse to patient? _____ Aide to patient? _____		
What is the visiting policy?		
What is the discharge policy?		

Safety

	Yes	No
Are stairs and hallways well lighted?		
Are exits well marked		
Do the hallways have handrails?		
Do rooms and bathrooms have grab bars and call buttons?		
Are there safety locks on the doors and windows?		
Are there security and fire safety systems?		
Is there an emergency generators or alternate power source?		
Is the floor plan logical and easy to follow?		
Other:		

Care Issues

	Yes	No
Does the home have a fresh smell?		
Are residents clean and well groomed?		
Do staff interact well with residents?		
Are residents participating in activities and exercise?		
Do the residents have the same caregivers on a daily basis?		
Does the staff respond quickly to calls for help?		
Is there fresh water available in the rooms?		
Does the food look and smell good?		
Are the residents offered choices of food at mealtimes?		
Are the residents who need assistance eating or drinking receiving it?		
Are there nutritious snacks available throughout the day and evening?		
Is physical therapy available for as long as the resident needs it?		
Does the staff have special training to deal with dementia?		
Are there special units, programs, or services for special needs, such as Alzheimer's?		
Other:		

Quality of Life

	Yes	No
Are resident's rights posted?		
Does the staff knock before entering a resident's room?		
Are the doors shut when a resident is being dressed or bathed?		
Is the location of facility easy for family and friends to visit?		
Does the nursing home meet cultural, religious, or language needs?		
Does the nursing home have outdoors areas for residents and help		

for residents who want to spend time outside		
Are the residents allowed to make choices about daily routine (for example, when to go to bed, when to get up, when to bathe, or when to eat)?		
Are the residents allowed to have personal articles and furniture in their rooms?		
Is the staff friendly, considerate, and helpful?		
Does the facility have a friendly, home-like environment?		
Other:		

You may want to attach the facility's cost sheet for easier comparison.