Checklist Provided by ***GetCare.com***

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 :**_____

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

Staff

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

Physical Environment

- ❑ ❑ Do bedrooms open onto a corridor and have windows?
- ❑ ❑ Are there handrails in the hallways and grab bars in the bathrooms?
- ❑ ❑ Are the hallways, dining room, bathrooms and other areas convenient for wheelchairs?
- ❑ ❑ Are there private areas for visits with family, friends or physicians?
- ❑ ❑ Are there areas for activities or social events?
- ❑ ❑ Are there outdoor areas that are accessible for residents to use?
- ❑ ❑ Is the facility clean and well-maintained?
- ❑ ❑ In the kitchen, are food preparation areas separate from dishwasher and garbage areas?
- ❑ ❑ Is there an automatic fire alarm system and sprinklers?
- ❑ ❑ Are residents provided a supervised place in which to smoke?
- ❑ ❑ Are the exits clearly marked and unobstructed?

Yes No

- ❑ ❑ Is there an emergency response system or call buttons?
- ❑ ❑ Is there an adequate security system?

Credentials

- ❑ ❑ Does the facility have a current operating license from the state?
- ❑ ❑ Does the administrator have an up-to-date state license?
- ❑ ❑ 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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