

Nursing Home Checklist

| Name of nursing home: |
|-----------------------|
| Address: |
| Phone number: |
| Date of visit: |

| Basic Information | Yes | No | Notes |
|---|-----|----|-------|
| Is the nursing home Medicare certified? | | | |
| Is the nursing home Medicaid certified? | | | |
| Does the nursing home offer specialized services, like a special care unit for a resident with dementia, ventilator care or rehabilitation services? | | | |

| Resident Appearance | Yes | No | Notes |
|---|-----|----|-------|
| Are the residents clean, well groomed, and appropriately dressed for the season or time of day? | | | |
| Do residents appear comfortable and content? | | | |

Notes: _____



Nursing Home Checklist

| Staff | Yes | No | Notes |
|---|-----|----|-------|
| Does the relationship between staff and residents appear to be warm, polite and respectful? | | | |
| Is there a licensed nursing staff 24 hours a day, including a Registered Nurse (RN) present at least 8 hours per day, 7 days a week? | | | |
| Is there a person on staff that will be assigned to meet my social service needs? | | | |

| Safety & Care | Yes | No | Notes |
|--|-----|----|-------|
| Are care planning meetings held with residents and family members at times that are convenient and flexible whenever possible? | | | |
| Does the facility have quality assurance improvement processes in place? | | | |
| Does the facility have proper equipment to care for residents such as lifts, extra wide beds, etc? | | | |

Notes:



Nursing Home Checklist

| Menus & Food | Yes | No | Notes |
|---|-----|----|-------|
| Do residents have a choice of food items at each meal? (Ask if your favorite foods are served.) | | | |
| Can the nursing home provide for special dietary needs (like low-salt or no-sugar added diets)? | | | |
| Are nutritious snacks available upon request? | | | |

| Activities | Yes | No | Notes |
|---|-----|----|-------|
| Can residents, including those who are unable to leave their rooms, choose to take part in a variety of activities? | | | |
| Do residents help plan or choose activities that are available? | | | |
| Does the nursing home have an active volunteer program? | | | |

| Nursing Home Living Spaces | Yes | No | Notes |
|---|-----|----|-------|
| Is the nursing home free from overwhelming unpleasant odors? | | | |
| Does the nursing home appear clean and well kept? | | | |
| Are the noise levels in the dining room and other common areas comfortable? | | | |
| Does the nursing home have good lighting? | | | |



Nursing Home Checklist

| Residents' Rooms | Yes | No | Notes |
|--|-----|----|-------|
| Can residents have personal belongings and furniture in their rooms? | | | |
| Does each resident have storage space (closet and drawers) in his or her room? | | | |
| Does each resident have a window in his or her bedroom? | | | |
| Do residents have access to a personal phone and television? | | | |
| Are there policies and procedures to protect residents' possessions, including lockable cabinets and closet? | | | |

| Hallway, Stairs, Lounges & Bathrooms | Yes | No | Notes |
|--|-----|----|-------|
| Are exits clearly marked? | | | |
| Are there quiet areas where residents can visit with family and friends? | | | |
| Are the doorways designed for wheelchair use? | | | |

Notes: