NURSING HOME CHECKLIST

When you visit a nursing home, you should carry this checklist with you. It will help you to compare one facility with another, but remember to compare facilities certified in the same category; for example, a skilled nursing facility with another skilled nursing home. Because nursing homes may be licensed in more than one category, always compare similar types of service among facilities.

| Home A Home B | | | | | | |
|--------------------|--|---------------|--|------------------|--|--|
| Look at Daily Life | | Home A YES NO | | Home B YES NO | | |
| 1. | Do residents seem to enjoy being with staff? | | | | | |
| 2. | Are most residents dressed for the season and time of day? | | | | | |
| 3. | Does staff know the residents by name? | | | | | |
| 4. | Does staff respond quickly to resident calls for assistance? | | | | | |
| 5. | Are activities tailored to residents' individual needs and interests? | | | | | |
| 6. | Are residents involved in a variety of activities? | | | | | |
| 7. | Does the home serve food attractively? | | | | | |
| 8. | Does the home consider personal food likes and dislikes in planning meals? | | | 34 | | |
| 9. | Does the home use care in selecting roommates? | | | | | |
| 10. | Does the nursing home have a resident's council? If it does, does the council influence decisions about resident life? | | | | | |
| 11. | Does the nursing home have a family council? If it does, does the council influence decisions about resident life? | | | | | |
| 12. | Does the facility have contact with community groups, such as pet therapy programs and Scouts? | | | | | |
| Look | at Care Residents Receive | | | | | |
| 1. | Do various staff and professional experts participate in evaluating each resident's needs and interests? | | | | | |

| | | Home A | | Home B | |
|---|---|--------|----|--------|----|
| | | YES | NO | YES | NO |
| 2. | Does the resident or his or her family participate in developing the resident's care plan? | | | | |
| 3. | Does the home offer programs to restore lost physical functioning (for example, physical therapy, occupational therapy, speech and language therapy)? | | | | |
| 4. | Does the home have any special services that meet your needs? For example, special care units for residents with dementia or with respiratory problems? | | | | |
| 5. | Does the nursing home have a program to restrict the use of physical restraints? | | | | |
| 6. | Is a registered nurse available for nursing staff? | | | | |
| 7. | Does the nursing home have an arrangement with a nearby hospital? | | | | |
| Look at How the Nursing Home Handles Payment | | | | | |
| 1. | Is the facility certified for Medicare? | | | | |
| 2. | Is the facility certified for Medicaid? | | | | |
| 3. | Is the resident or the resident's family informed when charges are increased? | | | | |
| Look | at the Environment | | | | |
| 1. | Is the outside of the nursing home clean and in good repair? | | | | |
| 2. | Are there outdoor areas accessible for residents to use? | | | | |
| 3. | Is the inside of the nursing home clean and in good repair? | | | | |
| 4. | Does the nursing home have handrails in hallways and grab bars in bathrooms? | | | | |
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