



## Nursing Home Checklist

Name of nursing home: \_\_\_\_\_ Date of visit: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person: \_\_\_\_\_

Note: Not all of the following are facility requirements, but markers of good care.

| General Information  | Yes | No | Comments: |
|--|-----|----|-----------|
| Medicare certified?<br>Medicaid (called Medi-Cal in CA) certified?   |     |    |           |
| Offers the needed level of care (skilled, custodial, etc.) or special services in a separate unit (dementia, ventilator, rehabilitation)   |     |    |           |
| Bed available?   |     |    |           |
| Located close enough for friends and family to visit.  |     |    |           |
| Is the nursing home listed on The National Nursing Home Watch List. The url for the state-by-state list of nursing homes is<br>The url for the California Watch List is<br><a href="http://www.memberofthefamily.net/ca.htm">www.memberofthefamily.net/ca.htm</a>                |     |    |           |
| Check the violation status of any California nursing home at Nursing Home Guide<br>( <a href="http://www.nursinghomeguide.org/NHG/nhg_txt_home.lasso">http://www.nursinghomeguide.org/NHG/nhg_txt_home.lasso</a> ) created by the California Advocates for Nursing Home Reform™. |     |    |           |

|   |            |           |                 |
|---|------------|-----------|-----------------|
|   |            |           |                 |
|   |            |           |                 |
| <b>Appearance of Residents</b>  | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| Residents are clean, appropriately dressed for the season or time of day and well groomed       |            |           |                 |
| <b>Nursing Home Living Spaces</b>   | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| The nursing home is free from overwhelming, unpleasant odors                                    |            |           |                 |
| The nursing home appears clean and well kept.   |            |           |                 |
| The temperature in the nursing home is comfortable for residents.                               |            |           |                 |
| The nursing home has good lighting.   |            |           |                 |
| Noise levels in the dining room and other common areas are comfortable.                         |            |           |                 |
| Smoking is not allowed or is restricted to certain areas of the nursing home.                   |            |           |                 |
| Furnishings are sturdy, yet comfortable and attractive.   |            |           |                 |
|   |            |           |                 |
| <b>Staff</b>  | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| The relationship between the staff and the residents appears to be warm, polite and respectful. |            |           |                 |
| All staff wears nametags.   |            |           |                 |
| Staff knocks on the door before entering a resident's room and refers to residents by name.     |            |           |                 |
| The nursing home offers a training and continuing education program for all staff.              |            |           |                 |
| The nursing home does background checks on all staff.   |            |           |                 |
| The guide on your tour knows the residents by names and is recognized by them.                  |            |           |                 |

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|--|------------|-----------|-----------------|
| There is a full-time registered nurse (RN) in the nursing home at all times other than the administrator or director of nursing. |            |           |                 |
| The same team of nurses and certified nursing assistants (CNAs) work with the same resident 4 to 5 days per week.                |            |           |                 |
| CNAs work with a reasonable number of residents.   |            |           |                 |
| CNAs are involved in care planning meetings.   |            |           |                 |
| There is a full-time social worker on staff.   |            |           |                 |
| There is a licensed doctor on staff. Is he or she there daily? Can he or she be reached at all times?                            |            |           |                 |
| The nursing home's management team has worked together for at least one year.  |            |           |                 |
|  |            |           |                 |
| <b>Residents' Rooms</b>  | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| Residents may have personal belongings and/or furniture in their rooms.  |            |           |                 |
| Each resident has storage space (closet and drawers) in his or her room.   |            |           |                 |
| Residents have access to a personal telephone and television.  |            |           |                 |
| Residents have a choice of roommates.  |            |           |                 |
| Water pitchers can be reached by residents.  |            |           |                 |
| There are policies and procedures to protect resident's possessions.   |            |           |                 |
|  |            |           |                 |
| <b>Hallways, Stairs, Lounges and Bathrooms</b>   | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| Exits are clearly marked.  |            |           |                 |
| There are quiet areas where residents can visit with friends and family.   |            |           |                 |
| The nursing home has smoke detectors and sprinklers.   |            |           |                 |

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|--|------------|-----------|-----------------|
| All common areas, residents' rooms, and doorways are designed for wheelchair use.                                      |            |           |                 |
| There are handrails in the hallways and grab bars in the bathrooms.  |            |           |                 |
|  |            |           |                 |
| <b>Menus and Food</b>  | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| Residents have a choice of food items at each meal. (Ask about whether favorite foods are served.)                     |            |           |                 |
| Nutritious snacks are available upon request.  |            |           |                 |
| Staff helps residents eat and drink at mealtimes, if help is needed.   |            |           |                 |
|  |            |           |                 |
| <b>Activities</b>  | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities.    |            |           |                 |
| The nursing home has outdoor areas for resident use and staff helps residents go outside.                              |            |           |                 |
| The nursing home has an active volunteer program.  |            |           |                 |
|  |            |           |                 |
| <b>Safety and Care</b>   | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
| The nursing home has an emergency evacuation plan and holds regular fire drills.                                       |            |           |                 |
| Residents get preventive care, like a yearly flu shot, to keep them healthy.   |            |           |                 |
| Residents may still see their personal doctors.  |            |           |                 |
| The nursing home has an arrangement with a nearby hospital for emergencies.  |            |           |                 |
| Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible. |            |           |                 |

|  |  |  |  |
|--|--|--|--|
| The nursing home has corrected all deficiencies (failure to meet one or more federal or state requirements) on its last state inspection report. |  |  |  |
|  |  |  |  |
| <b>Financial Considerations</b>  |  |  |  |
| Cost per month   |  |  |  |
| Insurance contribution   |  |  |  |
| Medicare contribution  |  |  |  |

**Other observations or comments:**