

NURSING FACILITY CHECKLIST

Nursing Facility Name: _____

Address: _____ Phone: _____

Overall Star Rating (check <http://health.usnews.com/best-nursing-homes>): _____

QUESTIONS FOR A TOP ADMINISTRATOR OR DIRECTOR OF NURSING:

| Problems or Special Needs | |
|--|--|
| <input type="checkbox"/> How would your nursing facility deal with my loved one's [dementia, weight loss, disability following stroke, or _____]? | |
| Toileting | |
| <input type="checkbox"/> How do you handle incontinence? | |
| <input type="checkbox"/> How often do staff members help incontinent residents use the restroom? | |
| Do many residents use incontinence products? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you ever use catheters? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nutrition | |
| <input type="checkbox"/> How flexible is your menu – can residents make choices and are all Monday meals the same, for instance? | |
| <input type="checkbox"/> How do you identify residents who are losing weight? | |
| <input type="checkbox"/> What do you do to make sure residents are eating, especially those who have lost interest in food? | |
| Can residents eat meals whenever they want, or are meals only served at scheduled times? | <input type="checkbox"/> Flexible <input type="checkbox"/> Scheduled |
| Are healthy snacks available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your facility honor religious or cultural dietary restrictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Could you show me a sample menu of a [gluten-free, dairy-free, Kosher, low-salt, vegetarian, or _____] diet? | |

| Falls | |
|--|--|
| <input type="checkbox"/> What do you do to prevent falls? | |
| <input type="checkbox"/> How often do residents fall? | |
| <input type="checkbox"/> What do you do when there's a fall? | |
| Is therapy available to residents who fall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there programs that help cover therapy costs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Inspections | |
| <input type="checkbox"/> Please show me your last three survey inspection reports. | |
| <input type="checkbox"/> How has your facility fixed any problems that were identified? | |
| <input type="checkbox"/> How quickly were the problems addressed? | |
| Medical Care | |
| <input type="checkbox"/> How often is a doctor on site? | |
| Can my loved one use his/her family doctor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are dental services available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> How do you keep track of residents' medical records? | |
| If you have computerized health records, have you ever had any problems with the system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do residents receive preventive care, such as annual flu and pneumonia shots? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your facility arrange for regular hearing or vision screening? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> If my loved one has a medical need, who contacts the doctor? | |
| Will I be notified of any changes or concerns regarding my loved one's health? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> If my loved one needs to see the doctor, who arranges for transportation? | |
| <input type="checkbox"/> Who pays for transportation to medical appointments or emergency medical care? | |
| <input type="checkbox"/> What hospital arrangements do you have for emergencies? | |
| Staffing | |
| <input type="checkbox"/> What is the annual rate of your nurse and nurse aide turnover? | |
| <input type="checkbox"/> What do you do to try and improve turnover? | |
| <input type="checkbox"/> How often do you use agency temp nurses? What proportion of families would you say hire private nurses to supplement your staff nurses? How often do nurses update doctors on residents' health status? | |
| <input type="checkbox"/> What background checks do you perform prior to hiring? | |

| | | |
|---|------------------------------|-----------------------------|
| Do you have volunteer programs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a relationship with local schools or churches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Worrisome or Missing Data | | |
| <input type="checkbox"/> I would like to discuss a few problems I've discovered, such as [a high percentage of residents with moderate to severe pain; NA entries; etc.]. | | |
| Safety | | |
| Do you have an emergency evacuation plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you hold regular fire drills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Who helps residents with bathing? | | |
| Do you complete nightly bed checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your facility set up to accommodate a resident with wandering tendencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you lock the doors at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have specific visiting hours? If so, can exceptions be made to visiting hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is smoking allowed? If so, are there designated areas for smoking and is supervision provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> How often does the staff check on residents during the day? | | |
| Payment and Insurance | | |
| Does your facility accept Medicaid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your facility accept Medicare? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your facility accept VA payment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> How are medications paid for? | | |
| If my loved one has long-term care insurance, can you help submit claims? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If my loved one becomes eligible for Medicaid, can someone help with the application process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are private rooms available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overall Direction | | |
| <input type="checkbox"/> What improvements have been put in place in the past year? | | |
| <input type="checkbox"/> What other improvements are planned? | | |
| Do you often have to put residents on a waiting list? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Where would I direct my questions and concerns if I enroll my loved one here? | | |

QUESTIONS FOR NURSING STAFF:

| Workload | |
|--|--|
| <input type="checkbox"/> How many residents do you care for? | |
| <input type="checkbox"/> Is that too many or about right? | |
| <input type="checkbox"/> About how much time do you try to spend with each resident? | |
| Employee Feedback | |
| Do you like working with older people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a good place to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you get training and continuing education? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> What do you get if you take part? | |

QUESTIONS FOR RESIDENTS:

| Quality of Life | |
|--|--|
| Do you have friends here? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you as busy as you want to be? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility arrange outside activities for you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you leave the facility when you want to go out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you get to suggest or plan activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can friends or family visit whenever they want? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do your visitors ever bring pets with them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you receive phone calls through the facility number? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you have a phone or television in your room? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you choose your roommate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nursing Staff | |
| Do you like the nurses and the aides? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Do you have the same ones most of the time or do they change a lot? | |
| Do they help you to the bathroom and, if you need help, do you get it in time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nourishment | |
| Do you ever need help eating and, if so, do you get help without waiting too long? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a special diet and, if so, do you like the choices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> How often do you receive fresh ice water in your room? | |

QUESTIONS FOR OTHER FAMILIES:

| Nursing Staff | |
|--|--|
| <input type="checkbox"/> What are your loved one's medical concerns? Does he/she get enough of the right kind of care? | |
| Falls | |
| Has your loved one ever had a fall here? If so, what happened and were you satisfied with the way it was handled? | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: |
| <input type="checkbox"/> How confident are you that it won't happen again? | |
| <input type="checkbox"/> If your loved one needed rehabilitative therapy, how extensive were the services offered or provided? | |
| Toileting | |
| Does your loved one get the help he/she needs to go to the restroom? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever come to visit and found your loved one sitting in his/her own waste? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nutrition | |
| Does your loved one need assistance eating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your loved one get the help he/she needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your loved one have a good appetite? If not, does the facility do anything to stimulate his/her interest in food? | <input type="checkbox"/> Yes <input type="checkbox"/> No Example: |
| Medications | |
| <input type="checkbox"/> How well do you think the staff here manages your loved one's prescriptions? | |
| Have there been any medication-related problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If your loved one is drowsy, confused or inattentive, do you believe he/she may be receiving too many drugs or the wrong ones, or too much of one or more drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: |
| Quality of Life | |
| Does your loved one participate in activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there options beyond bingo and movies? | <input type="checkbox"/> Yes <input type="checkbox"/> No Example: |
| Are there activities suited for different levels of cognitvity? | <input type="checkbox"/> Yes <input type="checkbox"/> No Example: |
| Do residents take excursions outside the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No Example: |
| <input type="checkbox"/> Is your loved one dressed in his/her own clothes when you visit or is he/she wearing a hospital gown? | |
| Was your loved one able to bring personal belongings, such as pictures or furniture, when he/she entered the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there enough storage space, such as closets? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Ratings | |
|---|--|
| <input type="checkbox"/> Can you help me understand some aspects of the ratings or the health inspections that aren't clear? | |
| <input type="checkbox"/> How significant is _____ violation? How would you evaluate the way the facility handled the problem? | |
| Personal Evaluation | |
| Do you think this facility will be able to meet my loved one's needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Is there anything you know about this facility that you think would help me make my decision? | |

QUESTIONS YOU CAN ANSWER ON YOUR OWN:

| Visitors | |
|---|---|
| Is the parking lot full? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are grandchildren or family and friends around? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resident Engagement | |
| Are there lots of activities available? | <input type="checkbox"/> Yes <input type="checkbox"/> No Examples: |
| Is the facility creative, regularly offering outings to museums or baseball games, art classes or gardening on the grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No Examples: |
| Do volunteer musicians and entertainers visit regularly? | <input type="checkbox"/> Yes <input type="checkbox"/> No Examples: |
| Do children or young adults from schools or youth groups come to do crafts, perform or participate in other activities with residents? | <input type="checkbox"/> Yes <input type="checkbox"/> No Examples: |
| Is there a beauty salon or barbershop? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Quality of Life | |
| Are residents dressed in hospital gowns or their own clothes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are they clean and well-groomed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Are residents out of their rooms and doing things, or are they just lying in bed or gathered around a television? | |
| <input type="checkbox"/> Do they appear groggy or unaware of their surroundings, or are they actively engaged with one another and the staff? | |
| Are there quiet rooms where residents can visit with friends or relatives? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can residents lock up their valuables? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an outside area, such as a courtyard? Do staff members help residents go outside? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Appearance | |
|---|--|
| Is the facility clean and well-kept? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the temperature comfortable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> What kind of lighting is present? | |
| <input type="checkbox"/> What is the noise level? | |
| Are the furnishings pleasing, comfortable, clean and in good condition? Are chairs and other furniture sturdy and stable? | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: |
| Are there windows in the residents' rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If rooms are shared, are they divided by a curtain or other means? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Safety | |
| Are fire exits clearly marked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are sprinklers and smoke detectors installed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are handrails and grab bars available throughout the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all areas wheelchair accessible? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Incontinence | |
| Do you smell urine or strong antiseptic cleansers that may be covering up the smell? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Staff Attitude | |
| <input type="checkbox"/> How do staff treat you and your family? | |
| Do staff knock before entering a residents' room? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Are they busy helping and talking with residents, or standing apart and carrying on their own conversations? | |
| <input type="checkbox"/> What tone does the staff use with residents? | |
| Are residents addressed politely, by name? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are call lights on or blinking because residents need help? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do the call lights go out – meaning someone responded – in a reasonable amount of time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nourishment | |
| At meal times, do residents get help from staff, if needed, or are trays dropped off and picked up even if left untouched? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is fresh drinking water readily available in the rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekend Staffing | |
| Staffing is usually lighter on weekends, but do residents still have the help they need? | <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: |
| Are weekend activities scheduled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |