

Your Nursing Home Checklist

Nursing Home Name: _____ Address: _____
 Phone Number: _____ Overall Star Rating: ____ (Check usnews.com/nursinghomes)

Questions for a top administrator or director of nursing

Problems or special needs	
<input type="checkbox"/> How would your home deal with my father'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?	
Are many in diapers?	<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 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 home 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, or _____] diet?	
<input type="checkbox"/> How do you ensure that your meals meet high nutritional standards?	
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?	
Health inspections	
<input type="checkbox"/> Please show me your last three survey inspection reports.	
<input type="checkbox"/> How has your home 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?	
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 home arrange for regular hearing or vision screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If Mom has a medical need, who contacts the doctor?	
<input type="checkbox"/> If Mom needs to see her doctor, who arranges for transportation?	
<input type="checkbox"/> What hospital arrangements do you have for emergencies?	
Staffing	
<input type="checkbox"/> What is annual rate of your nurse and nurse aide turnover?	
<input type="checkbox"/> What do you do to try to 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 kinds of 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 houses of worship?	<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 found out about 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 do nightly bed checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> How often does the staff check on residents during the day?	
Overall direction	
<input type="checkbox"/> What improvements have you 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 we direct our questions and concerns if we were to enroll our dad here?	

Questions for the 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 home arrange outside activities for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples:
Can friends and family visit whenever they want?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get to suggest or plan activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your visitors ever bring pets with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing staff	
Do you like the nurses and 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

help, do you get it in time?		
Nourishment		
	Do you ever need help eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, do you always get help without waiting too long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you often thirsty? Do you have a special diet? (If yes:) Do you like the diet choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions for other families

Nursing staff		
<input type="checkbox"/>	What are your loved one's medical concerns? Does she get enough of the right kind of care?	
Falls		
	Has she ever had a fall here? (If so:) What happened, and were you satisfied with how 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?	
Toileting		
	Does he receive the help he needs to go to the restroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever come to visit and found him sitting in his 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 he get help? Does he have a good appetite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, does the nursing home do anything to help stimulate his 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 medication-related problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If he is drowsy, confused, or inattentive, do you believe he 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 Examples:
	Are there options beyond bingo and movies?	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples:
	Are there activities suited for different levels of cognition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples:

Do residents take excursions outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples:
<input type="checkbox"/> Is your loved one dressed in her own clothes when you visit, or is she wearing a hospital gown?	
Was your mom able to bring personal belongings, such as pictures or furniture, with her when she entered the home?	<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 home handled the problem?	
Personal evaluations	
Do you think this home will be able to meet my dad's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is there anything you know about this nursing home 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 other entertainers visit regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No Examples:
Do children or young adults from classrooms 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	
<input type="checkbox"/> Are residents dressed in hospital gowns or their own clothes?	

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 TV?	
<input type="checkbox"/> Do they appear groggy or unaware of their surroundings, or actively engaged with one another and with 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 home 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?	
Is smoking allowed? If so, is it restricted to certain areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 bedrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are private rooms available?	<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
Would residents be able to choose their roommates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can residents have a phone and TV in their rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If your loved one needed rehabilitative therapy, how extensive are the facilities that are provided?	
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 home?	<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 cleaners that may be covering up the smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff attitude	
<input type="checkbox"/> How do staff members treat you and your family?	
Do they knock before entering a resident's room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they busy helping and talking with residents, or standing apart and carrying on their own conversations?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
<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 in their rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the lights go out—meaning someone responded—in a reasonable amount of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Nourishment	
At mealtime, do residents get help from a staff member if needed? Or are trays dropped off and picked up even if untouched?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Is fresh drinking water readily available in the rooms and common areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekend staffing	
Staffing is usually lighter on Saturdays and Sundays, 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 Examples:

Your additional questions

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	