



# The Nursing Home Checklist

**Use the Nursing Home Checklist when you visit a nursing home.**

Take a copy of the Nursing Home Checklist when you visit to ask questions about resident life, nursing home living spaces, staff, residents' rooms, hallways, stairs, lounges, bathrooms, menus and food, activities, safety, and care.

Use a new checklist for each nursing home you visit. You can photocopy the checklist or print additional copies available at [www.medicare.gov/NHCompare](http://www.medicare.gov/NHCompare).

Name of Nursing Home: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

| Basic Information                                                                                                                                            | Yes | No | Comment |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| Is the nursing home Medicare-certified?                                                                                                                      |     |    |         |
| Is the nursing home Medicaid-certified?                                                                                                                      |     |    |         |
| Does the nursing home have the level of care I need?                                                                                                         |     |    |         |
| Does the nursing home have a bed available?                                                                                                                  |     |    |         |
| Does the nursing home offer specialized services, such as a special unit for care for a resident with dementia, ventilator care, or rehabilitation services? |     |    |         |
| Is the nursing home located close enough for friends and family to visit?                                                                                    |     |    |         |

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## The Nursing Home Checklist

| Resident Appearance                                                                             | Yes | No | Comment |
|-------------------------------------------------------------------------------------------------|-----|----|---------|
| Are the residents clean, well groomed, and appropriately dressed for the season or time of day? |     |    |         |

| Nursing Home Living Spaces                                                        | Yes | No | Comment |
|-----------------------------------------------------------------------------------|-----|----|---------|
| Is the nursing home free from overwhelming unpleasant odors?                      |     |    |         |
| Does the nursing home appear clean and well kept?                                 |     |    |         |
| Is the temperature in the nursing home comfortable for residents?                 |     |    |         |
| Does the nursing home have good lighting?                                         |     |    |         |
| Are the noise levels in the dining room and other common areas comfortable?       |     |    |         |
| Is smoking allowed? If so, is it restricted to certain areas of the nursing home? |     |    |         |
| Are the furnishings sturdy, yet comfortable and attractive?                       |     |    |         |



## The Nursing Home Checklist

| Staff                                                                                                                                                                                                                                                | Yes | No | Comment |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| Does the relationship between the staff and residents appear to be warm, polite, and respectful?                                                                                                                                                     |     |    |         |
| Does the staff wear name tags?                                                                                                                                                                                                                       |     |    |         |
| Does the staff knock on the door before entering a resident's room? Do they refer to residents by name?                                                                                                                                              |     |    |         |
| Does the nursing home offer a training and continuing education program for all staff?                                                                                                                                                               |     |    |         |
| Does the nursing home check to make sure they don't hire staff members who have been found guilty of abuse, neglect or mistreatment of residents; or have a finding of abuse, neglect, or mistreatment of residents in the state nurse aid registry? |     |    |         |
| 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?                                                                                                                 |     |    |         |
| Will a team of nurses and Certified Nursing Assistants (CNAs) work with me to meet my needs?                                                                                                                                                         |     |    |         |
| Do CNAs help plan the care of residents?                                                                                                                                                                                                             |     |    |         |
| Is there a person on staff that will be assigned to meet my social service needs?                                                                                                                                                                    |     |    |         |
| If I have a medical need, will the staff contact my doctor for me?                                                                                                                                                                                   |     |    |         |
| Has there been a turnover in administration staff, such as the administrator or director of nurses, in the past year?                                                                                                                                |     |    |         |

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## The Nursing Home Checklist

| Residents' Rooms                                                                                              | Yes | No | Comment |
|---------------------------------------------------------------------------------------------------------------|-----|----|---------|
| 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?                                                  |     |    |         |
| Do residents have a choice of roommates?                                                                      |     |    |         |
| Are there policies and procedures to protect residents' possessions, including lockable cabinets and closets? |     |    |         |

| Hallway, Stairs, Lounges, and Bathrooms                                         | Yes | No | Comment |
|---------------------------------------------------------------------------------|-----|----|---------|
| Are exits clearly marked?                                                       |     |    |         |
| Are there quiet areas where residents can visit with friends and family?        |     |    |         |
| Does the nursing home have smoke detectors and sprinklers?                      |     |    |         |
| Are all common areas, resident rooms, and doorways designed for wheelchair use? |     |    |         |
| Are handrails and grab bars appropriately placed in the hallways and bathrooms? |     |    |         |



## The Nursing Home Checklist

| Menus and Food                                                                                  | Yes | No | Comment |
|-------------------------------------------------------------------------------------------------|-----|----|---------|
| 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?                                                   |     |    |         |
| Does the staff help residents eat and drink at mealtimes if help is needed?                     |     |    |         |

| Activities                                                                                                          | Yes | No | Comment |
|---------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| Can residents, including those who are unable to leave their rooms, choose to take part in a variety of activities? |     |    |         |
| Do residents have a role in planning or choosing activities that are available?                                     |     |    |         |
| Does the nursing home have outdoor areas for resident use? Is the staff available to help residents go outside?     |     |    |         |
| Does the nursing home have an active volunteer program?                                                             |     |    |         |



## The Nursing Home Checklist

| Safety and Care                                                                                                                                                | Yes | No | Comment |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| Does the nursing home have an emergency evacuation plan and hold regular fire drills (bed-bound residents included)?                                           |     |    |         |
| Do residents get preventive care, like a yearly flu shot, to help keep them healthy? Does the facility assist in arranging hearing screenings or vision tests? |     |    |         |
| Can residents still see their personal doctors? Does the facility help in arranging transportation for this purpose?                                           |     |    |         |
| Does the nursing home have an arrangement with a nearby hospital for emergencies?                                                                              |     |    |         |
| Are care plan meetings held with residents and family members at times that are convenient and flexible whenever possible?                                     |     |    |         |
| Has the nursing home corrected all deficiencies (failure to meet one or more state or Federal requirements) on its last state inspection report?               |     |    |         |



## The Nursing Home Checklist

### Go to a resident council or family council meeting

While you're visiting the nursing home, ask a member of the resident council if you can attend a resident council or family council meeting. These councils are usually organized and managed by the residents or the residents' families to address concerns and improve the quality of care and life for the resident.

If you're able to go to a meeting, ask a council member the following questions and take notes:

- What improvements were made to the quality of life for residents in the last year? \_\_\_\_\_
- What are the plans for future improvements? \_\_\_\_\_
- How has the nursing home responded to recommendations for improvement? \_\_\_\_\_
- Who does the council report to? \_\_\_\_\_
- How does membership on the council work? \_\_\_\_\_
- Who sets the agendas for meetings? \_\_\_\_\_
- How are decisions made (for example, by voting, consensus, or one person makes them)? \_\_\_\_\_

### Visit again

It's a good idea to visit the nursing home a second time. It's best to visit a nursing home on a different day of the week and at a different time of day than your initial visit. Staffing can be different at different times of the day and on weekends.

Notes on second visit: \_\_\_\_\_

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