

Checklist for Choosing a Nursing Facility (print out)

Cleanliness

Is the facility as clean as you set your personal standards? Yes__ No__

Is the facility free of unpleasant odors? Yes__ No__

Patient Rights /Autonomy

Does the facility have a written description of patient rights and responsibilities? If so ask for a copy. Yes__ No__

Is staff trained to protect patient dignity and privacy? Yes__ No__

Is use of restraining devices minimal? Yes__ No__

If restraining devices are used, has every effort been made to seek alternatives? Yes__ No__

Does the facility have an advanced directives policy? Yes__ No__

Care Planning

Are patients and families involved in developing their own care plan? Yes__ No__

Does the facility provide services for terminally ill patients and their families? Yes__ No__

Does the facility have an Alzheimer's disease program? Yes__ No__

Does the facility have an AIDS program? Yes__ No__

Does the facility have a subacute care program? Yes__ No__

Staff Attitudes

Does staff show interest in, affection, and respect for individual patients? Yes__ No__

Is staff courteous? Yes__ No__

Does staff respond quickly to patient calls for assistance? Yes__ No__

Does staff interact respectfully and in a friendly manner with other staff? Yes__ No__

Is the administrator available to answer questions, hear complaints, or discuss problems? Yes__ No__

Licensure and Certification

Does the facility have a current license from the state? Yes__ No__

Does the administrator have a current license from the state? Yes__ No__

If needed by the individual, is the facility certified to provide Medicare and/or Medicaid coverage? Yes__ No__

Is the latest state survey available for review? Yes__ No__

Does the facility have a formal quality assurance program? Yes__ No__

Location

Is the facility convenient for frequent visits of family and friends? Yes__ No__

Is the facility near a cooperating hospital? Yes__ No__

Is the facility convenient for the patient's personal physician? Yes__ No__

Is the facility near a hospital where the patient's personal physician practices? Yes__ No__

Costs

Are all the services the patient requires covered in the basic daily charge? Yes__ No__

If not, is a list of specific services not covered in the basic rate available? (Some facilities have schedules covering therapies, beautician services, specialty foods, etc.) Yes__ No__

Are advanced payments returned if the patient leaves the facility? Yes__ No__

Medical

Is a physician available in an emergency? Yes__ No__

Are personal physicians allowed? Yes__ No__

Is regular medical attention assured? Yes__ No__

Are medical records and plans of care kept? Yes__ No__

Is confidentiality of medical records assured? Yes__ No__

Are other medical services (dentists, podiatrists, optometrists) available? Yes__ No__

Will the patient's personal physician be notified in an emergency? Yes__ No__

Does the facility periodically report to the patient's personal physician? Yes__ No__

Hospitalization

Does the facility have an arrangement with a nearby hospital? Yes__ No__

Is emergency transportation readily available? Yes__ No__

Does the facility make accommodations for holding beds when patients are hospitalized. Yes__ No__

Pharmacy

Are routine and emergency drugs available? Yes__ No__

Does a pharmacist review patient drug regimen? Yes__ No__

Is a pharmacist available for staff and patients? Yes__ No__

Therapy Program

Is there a physical therapy program available under the direction of a qualified physical therapist? Yes__ No__

Are services of an occupational therapist and speech pathologist available? Yes__ No__

Activities Program

Are patient preferences observed? Yes__ No__

Are group and individual activities available? Yes__ No__

Are patients encouraged to participate? Yes__ No__

Are patients involved with the surrounding community? Yes__ No__

Do volunteers work with patients? Yes__ No__

Are outside trips planned? Yes__ No__

Social Services

Is a social worker available to assist patients and families? Yes__ No__

Accident Prevention

Is the facility well lighted inside? Yes__ No__

Is the facility free of hazards underfoot? Yes__ No__

Are chairs sturdy and not easily tipped? Yes__ No__

Are warning signs posted on freshly waxed floors? Yes__ No__

Are handrails in hallways and grab bars in bathrooms? Yes__ No__

Fire Safety

Does the facility meet federal and/or state codes? Yes__ No__

Are exits clearly marked and unobstructed? Yes__ No__

Are written emergency evacuation plans posted with floor plans throughout the facility? Yes__ No__

Are fire drills conducted? Yes__ No__

Are exit doors unlocked on the inside? Yes__ No__

Are doors to stairways kept closed? Yes__ No__

Bedrooms

Do bedrooms open on to the hall? Yes__ No__

Does each patient's room have a window? Yes__ No__

Are rooms limited to four beds? Yes__ No__

Is there a privacy curtain for each bed? Yes__ No__

Is there a nurse call bell by each bed? Yes__ No__

Is fresh drinking water beside each bed? Yes__ No__

Is there at least one comfortable chair per patient? Yes__ No__

Is there a clothes closet or separate set of drawers for each patient? Yes__ No__

Is there room for a wheelchair to maneuver? Yes__ No__

Is care used in selecting roommates? Yes__ No__

Is there easy access to each bed? Yes__ No__

Are patients encouraged to decorate rooms with personal items such as pictures, crafts, etc.? Yes__ No__

Lobby

Is the atmosphere welcoming? Yes__ No__

Is the furniture attractive and comfortable? Yes__ No__

Is there a bulletin board with the activities schedule? Yes__ No__

Are certificates and licenses on display? Yes__ No__

Hallways

Are halls large enough for two wheelchairs to pass easily? Yes__ No__

Do halls have hand grip railings? Yes__ No__

Are halls well lighted? Yes__ No__

Dining Room

- Is the dining area attractive and inviting? Yes__ No__
- Are tables convenient for those in wheelchairs? Yes__ No__
- Is food tasty and attractively served? Yes__ No__
- Is there adequate time to eat meals? Yes__ No__
- Do meals match posted menu? Yes__ No__
- Are those needing help receiving it? Yes__ No__

Kitchen

- Is the food preparation area separate from the dish washing and garbage areas? Yes__ No__
- Is food needing refrigeration not standing on counters? Yes__ No__
- Does kitchen help observe sanitation rules? Yes__ No__

Activity Rooms

- Are rooms available for patient activities? Yes__ No__
- Is equipment (such as games, easels, yarn, kiln, etc.) available? Yes__ No__
- Are residents using equipment? Yes__ No__

Special Purpose Room

- Are rooms set aside for physical examinations or therapy? Yes__ No__

Isolation Room

- Does the facility have at least one bed and bathroom for patients with contagious illness? Yes__ No__

Toilet Facilities

- Are toilets convenient to bedrooms? Yes__ No__
- Are they easy for a wheelchair patient to use? Yes__ No__
- Is there a sink in each bathroom? Yes__ No__
- Are nurse call bells near each toilet? Yes__ No__
- Are hand grips on or near toilet? Yes__ No__
- Do bathtubs and showers have non-slip surfaces and hand grips? Yes__ No__

Grounds

- Is there easy access for the handicapped? Yes__ No__
- Is outdoor furniture available for residents and visitors? Yes__ No__
- Are walkways free of hazardous objects? Yes__ No__
- Is there adequate parking? Yes__ No__

Religious Observances

- Are arrangements made for patients to worship as they please? Yes__ No__

Food

- Does a dietician plan menus for patients on special diets? Yes__ No__
- Are personal likes and dislikes taken into consideration? Yes__ No__
- Does the menu vary from meal to meal? Yes__ No__

Is plenty of time allowed for each meal?

Yes__ No__

Are snacks available?

Yes__ No__

Is food delivered to patients unable or unwilling to eat in the dining room?

Yes__ No__

Are warm foods served warm?

Yes__ No__

Does staff assist patients who need help with eating?

Grooming

Is assistance in bathing and grooming available?

Yes__ No__

Are barbers and beauticians available?

Yes__ No__

Are basic personal laundry services available?

Yes__ No__

If you are selecting a nursing facility for a loved one, are you:

Involving this person in the choice?

Yes__ No__

Prepared to ease the patient's transition to the nursing facility by being with them on admission day and staying several hours to get them settled?

Yes__ No__