

NURSING HOME

Evaluation Checklist

Nursing Home: _____

Address: _____

Telephone: _____ Email: _____

Date of First Visit: _____ Second Visit: _____

Morning ____ Afternoon ____ Evening ____

Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday __ Sunday __

THE BASICS	YES	NO
Is the nursing home Medicare certified?		
Is the nursing home Medicaid certified?		
Does the facility provide EMSA/TotalCare ambulance service membership?		
Has its license ever been revoked?		
Is it accepting new patients?		
Is there a waiting period for admission?		
Are background checks conducted on all of the staff?		
Does the nursing home have its own doctor?		
Are special care units available, such as for individuals with Alzheimer's disease or dementia?		
Is transportation available for visits to the resident's personal physician?		
Are care planning meetings held at times easy for residents/family to attend?		
Does the nursing home have an active family council?		
How many licensed nurses are on duty at each shift? RNs ____ LPNs ____		
What is the patient-to-staff ratio? _____ Nurse-to-patient? _____ Aide-to-patient? _____		
What is the visiting policy?		
What is the discharge policy?		
Other:		

QUALITY OF LIFE	YES	NO
Are resident's rights posted?		
Does the staff knock before entering a resident's room?		
Are the doors shut when a resident is being dressed or bathed?		
Is the location of facility convenient for family and friends to visit?		
Does the nursing home meet cultural, religious, or language needs?		
Does the nursing home have outdoor areas for residents and staff?		
Other:		



CARE ISSUES	YES	NO
Are residents clean and well groomed?		
Do staff interact well with residents?		
Are residents participating in activities and exercise?		
Do the residents have the same caregivers on a daily basis?		
Does the staff respond quickly to calls for help?		
Is there fresh water available in the rooms?		
Does the food look and smell good?		
Are the residents offered choices of food at mealtimes?		
Are the residents who need assistance eating or drinking receiving it?		
Are there nutritious snacks available throughout the day and evening?		
Is physical therapy available for as long as the resident needs it?		
Does the staff have special training to deal with dementia?		
Are there special units or services for special needs, such as Alzheimer's?		
Other:		

SAFETY	YES	NO
Are stairs and hallways well lighted? Exits well marked?		
Do the hallways have handrails?		
Do rooms and bathrooms have grab bars and call buttons?		
Are there safety locks on the doors and windows?		
Are there security and fire safety systems?		
Is there an emergency generator or alternate power source?		
Is the floor plan logical and easy to follow?		
Other:		

For additional information about the nursing facilities you are considering:

- Visit “Nursing Home Compare” at www.medicare.gov. The Five-Star Quality Rating system includes health inspection results, nursing home staff data, quality measures, and fire safety inspection results.
- Use the “Focus on Excellence Ratings System” at www.oknursinghomeratings.com to view ratings on ten measures of quality and overall rankings for participating Oklahoma nursing homes.

NOTES



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