

Nursing Home Checklist #2

General Questions

Home name: _____ Phone number: _____

Home address: _____

Cultural/religious affiliation: _____

Does the facility accept Medicaid? Yes No

In a case of private pay, is there a required time period? Yes No

Convenient location? Yes No

Is the facility NYS certified and inspected? Yes No

Is home capable of meeting your relative's special care needs?
eg. memory care, cardiac care, pulmonary care Yes No

Quality of Life

1. Are residents treated respectfully by staff at all times? 1 2 3 4 5

2. Are residents dressed appropriately and well-groomed? 1 2 3 4 5

3. Is there a variety of activities to meet the needs of individual residents? What are they? 1 2 3 4 5

4. Is the food attractive and tasty? (sample a meal if possible) 1 2 3 4 5

5. Are resident rooms decorated with personal articles? 1 2 3 4 5

6. Is the environment homelike? 1 2 3 4 5

7. Do common areas and resident rooms contain comfortable furniture? 1 2 3 4 5

8. Does the facility have a family and residents' council? 1 2 3 4 5

9. Does the facility have contact with outside groups of volunteers? 1 2 3 4 5

Safety

10. Are there enough staff to appropriately provide care to residents? 1 2 3 4 5

11. Are there handrails in the hallways and grab bars in bathrooms? 1 2 3 4 5

12. Is the inside of the home in good repair and exits clearly marked? 1 2 3 4 5

13. Are there offensive odors? 1 2 3 4 5

14. Are the hallways free of clutter and well-lighted? 1 2 3 4 5

Quality of Care

15. Does staff encourage residents to act independently? 1 2 3 4 5

16. Does facility staff respond quickly to calls for assistance? 1 2 3 4 5

17. Are residents and family involved in resident care planning? 1 2 3 4 5

18. Does the home offer appropriate therapies (physical, speech, etc.)? 1 2 3 4 5

19. What extra charges are there for medical services and therapies (speech therapy, physical therapy, X-ray, dental & medical services, transportation),? _____

Your Comments and Impressions: _____

Nursing Home Checklist #3

General Questions

Home name: _____ Phone number: _____

Home address: _____

Cultural/religious affiliation: _____

Does the facility accept Medicaid? Yes No

In a case of private pay, is there a required time period? Yes No

Convenient location? Yes No

Is the facility NYS certified and inspected? Yes No

Is home capable of meeting your relative's special care needs?
eg. memory care, cardiac care, pulmonary care Yes No

Quality of Life

1. Are residents treated respectfully by staff at all times? 1 2 3 4 5

2. Are residents dressed appropriately and well-groomed? 1 2 3 4 5

3. Is there a variety of activities to meet the needs of individual residents? What are they? 1 2 3 4 5

4. Is the food attractive and tasty? (sample a meal if possible) 1 2 3 4 5

5. Are resident rooms decorated with personal articles? 1 2 3 4 5

6. Is the environment homelike? 1 2 3 4 5

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Quality of Care

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16. Does facility staff respond quickly to calls for assistance? 1 2 3 4 5

17. Are residents and family involved in resident care planning? 1 2 3 4 5

18. Does the home offer appropriate therapies (physical, speech, etc.)? 1 2 3 4 5

19. What extra charges are there for medical services and therapies (speech therapy, physical therapy, X-ray, dental & medical services, transportation),? _____

Your Comments and Impressions: _____
