

## CHECKLIST FOR CHOOSING A NURSING HOME

A nursing home is any facility or section of any facility that provides nursing and health-related services on a continuing basis, for the treatment and in-patient care of two or more non-related individuals. A nursing home is a medical facility.

You may want to use this checklist when you visit nursing homes to help you to compare one with another. An asterisk (\*) indicates that this item is required by licensing regulations.

	YES	NO
<p><b>LICENSING AND CERTIFICATION</b></p> <ul style="list-style-type: none"> <li>* 1. Does the home have a framed, posted license from the State Department of Health?</li> <li>* 2. Does the administrator have a current license from the State Board of Examiners or Nursing Home Administrators?</li> <li>3. Is the home certified to participate in Medicare and/or Medicaid?</li> </ul> <p><b>PHYSICAL AND OPERATIONAL</b></p> <ul style="list-style-type: none"> <li>4. Location                             <ul style="list-style-type: none"> <li>a. Convenient for resident's personal doctor?</li> <li>b. Convenient for frequent visits by family and friends?</li> </ul> </li> <li>5. Accident Prevention                             <ul style="list-style-type: none"> <li>a. Rooms and halls well-lighted, free from glare?</li> <li>b. Free of hazards underfoot?</li> <li>c. Chairs sturdy and not easily tipped?</li> <li>d. Non-slip surface on hall and bathroom floors?</li> <li>e. Handrails in hallways and grabbars in bathroom?</li> </ul> </li> <li>6. Fire Safety                             <ul style="list-style-type: none"> <li>* a. Meets local and state codes?</li> <li>* b. Written emergency evacuation plan?</li> <li>* c. Firedrills at least quarterly?</li> <li>* d. Exit doors clearly marked and not locked or obstructed on the inside?</li> <li>e. Stairways enclosed and doors to stairways kept closed?</li> </ul> </li> <li>7. Bedrooms                             <ul style="list-style-type: none"> <li>* a. Open into hall?</li> <li>* b. Window?</li> <li>* c. No more than four beds per room?</li> <li>* d. Easy access to bed?</li> <li>* e. Drapery for each bed?</li> <li>* f. Nurse call bell by each bed?</li> <li>* g. Fresh drinking water at each bed?</li> <li>* h. At least one comfortable chair per patient?</li> <li>* i. Reading lights?</li> <li>* j. Clothes closet and drawers?</li> <li>* k. Room for a wheelchair to maneuver?</li> </ul> </li> <li>8. Toilet Facilities                             <ul style="list-style-type: none"> <li>* a. Easy for a wheelchair patient to use?</li> <li>* b. Sink?</li> <li>* c. Nurse call bell?</li> <li>* d. Hand grips on or near toilets?</li> <li>* e. Bathtubs and showers with non-slip surfaces?</li> <li>f. Well-lighted?</li> </ul> </li> <li>* 9. Cleanliness                             <ul style="list-style-type: none"> <li>a. Free of unpleasant odors?</li> <li>b. Incontinent patients given prompt attention?</li> </ul> </li> <li>10. Dayroom                             <ul style="list-style-type: none"> <li>a. Does it appear to be used by patients?</li> <li>* b. Lamps, tables and comfortable chairs?</li> <li>* c. Books and games available?</li> </ul> </li> </ul>		

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### PHYSICAL AND OPERATIONAL

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- |  |  |  |
|--|--|--|
| 11. Dining Room and Food Services  |  |  |
| a. Attractive and pleasant?  |  |  |
| b. Comfortable chairs and tables?  |  |  |
| * c. Meals match posted menu and are attractively served?  |  |  |
| * d. Those needing help with eating receive it?  |  |  |
| e. Meals served on a regular schedule?   |  |  |
| f. Residents encouraged to eat in dining room?   |  |  |
| g. Special diets available?  |  |  |
| 12. Kitchen  |  |  |
| * a. Food preparation, dishwashing and garbage area separated?                                     |  |  |
| b. Food needing refrigeration not standing on counters?  |  |  |
| * c. Kitchen help observes sanitation rules?   |  |  |
| 13. Isolation Room; at least one bed and bedroom available for patients with contagious illnesses? |  |  |
| 14. Are grounds attractive, well-kept and accessible to residents?                                 |  |  |
| 15. Is the home airconditioned?  |  |  |
| 16. Does the home seem to be in good repair and condition?   |  |  |
| 17. Is there an area where residents can sit or walk outside?                                      |  |  |

#### SERVICES

- |   |  |  |
|---|--|--|
| 18. Medical   |  |  |
| * a. Physician available in emergency?                                      |  |  |
| * b. Regular medical attention assured?                                     |  |  |
| * c. Thorough physical immediately before or upon admission?                |  |  |
| * d. Medical records and plan of care kept?                                 |  |  |
| e. Other medical services (dentist, optometrist, etc.) available regularly? |  |  |
| f. Freedom to choose pharmacy?  |  |  |
| g. Does the home have an x-ray machine?                                     |  |  |
| * h. Emergency transportation available?                                    |  |  |
| * 19. Nursing Services  |  |  |
| a. RN responsible for nursing staff in a skilled nursing home?              |  |  |
| b. LPN or RN on all shifts seven days per week?                             |  |  |
| c. Nursing residents and orderlies receive State approved training?         |  |  |
| 20. Activities Program  |  |  |
| * a. Individual resident's preferences observed?                            |  |  |
| * b. Group and individual activities?                                       |  |  |
| * c. Residents encouraged but not forced to participate?                    |  |  |
| d. Outside trips for those who can go?                                      |  |  |
| e. Volunteers from the community work with patients?                        |  |  |
| * f. Activities director or coordinator on staff?                           |  |  |
| g. Activities offered to residents confined to their beds or rooms?         |  |  |
| 21. Religious Observances   |  |  |
| a. Arrangements made for patients to worship as he/she pleases?             |  |  |
| b. Religious observances a matter of choice?                                |  |  |
| 22. Social Services   |  |  |
| * a. Social worker available to help residents and families?                |  |  |
| b. Family Counsel held on a regular basis?                                  |  |  |
| c. Home has Resident's Council that meets on a regular basis?               |  |  |
| 23. Grooming  |  |  |
| a. Barbers and beauticians available for men and women?                     |  |  |
| 24. Laundry   |  |  |
| a. Personal clothing laundered in the nursing home?                         |  |  |
| * b. Special efforts made to prevent loss of clothing?                      |  |  |
| c. Laundry cost included in monthly fee?                                    |  |  |

SPECIAL CONSIDERATIONS

YES | NO

- 25. Home provides special therapies to meet residents' needs?
- 26. Can arrangements be made to meet any special needs or requirements of the residents?
- 27. Is additional supervision or assistance available for confused residents or those with dementia?
- 28. Are orientation clues conspicuously displayed?
- 29. Is there a policy regarding "wandering" behavior?

STAFF

- 30. Courteous and helpful toward residents and family?
- 31. Is a staff person(s) trained in CPR available at all times?
- 32. Is the administrator available to residents and their families during normal business hours?

FINANCIAL CONSIDERATIONS

- 33. Contract clearly states what services and goods are and are not included in the basic fee (e.g. toiletries, diapers, special diets, therapies, medical supplies, extra supervision, etc.)?
- 34. Are the monthly charges pro-rated in case the resident has to be discharged, or dies, before the end of the billing period?
- 35. Is the resident or responsible family member given a monthly itemized accounting of services and fees, and an accounting of the personal funds available?

ATTITUDES AND ATMOSPHERE

- \* 36. Residents' Rights
  - a. Informed of rights, responsibilities?
  - b. Encouraged to exercise rights as a resident and citizen?
  - c. May manage own finances if capable and obtain accounting if not?
  - d. Have privacy for telephone calls and visits?
  - e. May choose own physician, pharmacy and care providers as long as can afford the fees?
  - f. May take part in planning own care?
  - g. May keep own clothes and possessions (given space limitations)?
  - h. Married couples may share a room?
  - i. Telephone numbers of the Department of Health, Division of Licensure and Certification, Complaint Coordinator and the State Long-Term Care Ombudsman Program (1-800-552-3402) and any local Ombudsman Program Posted?
- 37. There is no admission preference even by payments source?
- 38. Residents appear alert, dressed and well cared for?
- 39. Visiting hours convenient for family and friends?
- 40. Overall atmosphere is clean, comfortable and secure?
- 41. There is a vacancy available?