

FACILITY NAME:

ADDRESS:

PHONE:

CONTACT:

# CHECKLIST FOR CHOOSING A NURSING HOME

TOPICS	Yes	No	Notes
Convenient location?			
Specialty units (Memory Care if needed)?			
Private room?			
Activities/field trips?			
Will your primary care doctor have privileges or will you need to use facility's doctor?			
Recent sale of facility?			
How long have administrator and director of nursing been in their jobs?			
Is there a full-time social worker on staff?			

QUALITY INDICATORS	
What is the staffing ratio?	
Are special services available?	
Are there resident satisfaction surveys for review?	
Are there annual inspection reports for review?	
Are there complaint reports available for review?	

FACILITY NAME:

ADDRESS:

PHONE:

CONTACT:

# CHECKLIST FOR CHOOSING A NURSING HOME

<b>VISITS (Should visit more than once, on different days/times)</b>	<b>Notes</b>
Overall cleanliness and smells?	
Overall sounds? Do you hear pagers?	
Do you see unanswered call lights?	
Are the hallways clear?	
Dayroom - Who is there and what are they doing?	
How do the residents appear? Clean? Happy?	
Interaction of staff and residents? Is the staff respectful of residents? Do they call them by their names and patiently answer questions?	