**Nursing home checklist From AARP**

**Facility Name**

**Address                                                                                                                                              Check**:               **First Visit** •               **Second Visit** •

**Date(s) Visited:**

**Morning** •              **Afternoon** •            **Evening** •

**Circle:   Mon         Tue          Wed           Thu             Fri             Sat           Sun**

(You may want to attach the facility's rate sheet for easier comparison.)

**The Basics:**

|  |  |  |
| --- | --- | --- |
| Is the facility **Medicare** certified? | • **Yes** | • **No** |
| Is the facility **Medicaid** certified? | • **Yes** | • **No** |
| Has the license ever been revoked? | • **Yes** | • **No** |

Is the facility accepting new patients?                                                                     
• **Yes** • **No**

Is there a waiting period for admission?                                                                 
• **Yes** • **No**

Does the facility conduct background checks on all of the staff?                                                                                                   
**• Yes** • **No**

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?

Does the nursing home have an active family council?                                           
• **Yes** • **No**

What is the visiting policy?

What is the facility's discharge policy?

Is transportation available so the resident can visit the doctor?

• **Yes** • **No**

Are the care planning meetings held at times that are easy for residents and their family members to attend?                                                  
• **Yes** • **No**

**Safety:**

|  |  |  |
| --- | --- | --- |
| Are stairs and hallways well lighted? | • **Yes** | • **No** |
| Are exits well marked? | • **Yes** | • **No** |
| Do the hallways have handrails? | • **Yes** | • **No** |
| Do rooms and bathrooms have grab bars and call buttons? | • **Yes** | • **No** |
| Are there safety locks on the doors and windows? | • **Yes** | • **No** |
| Are there security and fire safety systems? | • **Yes** | • **No** |
| Is there an emergency generator or alternate power source? | • **Yes** | • **No** |
| Is the floor plan logical and easy to follow? | • **Yes** | • **No** |

**Care Issues:**

Does the facility have a fresh smell?                                                                        
• **Yes** • **No**

Are residents clean and well groomed?                                                                  
• **Yes** • **No**

Do staff members interact well with residents?                                                      
• **Yes** • **No**

|  |  |  |
| --- | --- | --- |
| Are residents participating in activities and exercise?  Do the residents have the same caregivers on a daily basis? | • **Yes**  • **Yes** | • **No**  • **No** |
| 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? | • **Yes**  • **Yes**  • **Yes**  • **Yes** | • **No**  • **No**  • **No**  • **No** |

Are the residents who need assistance eating or drinking receiving it?

• **Yes** • **No**

Are there nutritious snacks available throughout the day and evening?

• **Yes**• **No**

Is physical therapy available for as long as the resident needs it?                      
  • **Yes** • **No**

Does the staff have special training to deal with dementia?                                  
• **Yes** • **No**

Are there special units, programs or services for special needs, such as Alzheimer's?                                                                                         
• **Yes** • **No**

**Quality of Life:**

|  |  |  |
| --- | --- | --- |
| Are residents' rights posted? | • **Yes** | • **No** |
| Does the staff knock before entering a resident's room? | • **Yes** | • **No** |
| Are the doors shut when a resident is being dressed or bathed? | • **Yes** | • **No** |
| Is the facility an easy place for family and friends to visit? | • **Yes** | • **No** |

Does the nursing home meet cultural, religious or language needs?                    
• **Yes** • **No**

Does the nursing home have outdoor areas for residents and help for residents who want to spend time outside?                                                  
• **Yes** • **No**

Are the residents allowed to make choices about daily routine (for example, when to go to bed, when to get up, when to bathe or when to eat)?

•**Yes** • **No**

Are the residents allowed to have personal articles and furniture in their rooms?

• **Yes** • **No**

Is the staff friendly, considerate and helpful?                                                
• **Yes** • **No**

Does the facility have a friendly, home-like environment?                                 
• **Yes** • **No**