
NURSING HOME EVALUATION GUIDE

Helping you make a better decision when choosing a nursing home.



We understand how difficult it is to make decisions that affect the life of your loved one. Choosing the right environment and the right care can help put your mind at ease. We've designed this "Nursing Home Evaluation Guide" to help assist you in asking the appropriate questions and making the appropriate observations as you look for a nursing home for your loved one.

What To Expect From a Nursing Home

Nursing homes, sometimes called skilled nursing facilities, help provide care to people who can no longer care for themselves at home. A wide range of nursing, rehabilitative, social and medical services are delivered on a 24-hour basis. These facilities are designed to provide necessary nursing and medical intervention while promoting the restoration of a person's maximum independence.

How To Use This Guide

This easy to use guide is designed to allow you to record your findings on three facilities. Take this guide along as you visit each facility and follow these instructions:

- First, assign each facility a number and fill in the appropriate facility contact information.
- Ask questions and make observations during your visit to each facility.
- Record answers and notes in the space provided using the appropriate facility number.
- Represent "yes" with a Y and "no" with an N.
- Later, use the information to help you recall specific points about each facility.



HEALTH CARE PROVIDERS VISITED

1. Name: _____

Address: _____

Telephone: _____

Appt. Date/Time: _____

2. Name: _____

Address: _____

Telephone: _____

Appt. Date/Time: _____

3. Name: _____

Address: _____

Telephone: _____

Appt. Date/Time: _____

Questions To Ask:

GENERAL

How long has the provider served the community?

1 ___ 2 ___ 3 ___

Is the provider certified, licensed or accredited?

1 ___ 2 ___ 3 ___

Does the provider offer literature explaining:

Services

1 ___ 2 ___ 3 ___

Eligibility Requirements

1 ___ 2 ___ 3 ___

Fees

1 ___ 2 ___ 3 ___

Patient Rights

1 ___ 2 ___ 3 ___

Are there supervisors on-site that are assigned to oversee the quality of care provided?

1 ___ 2 ___ 3 ___

Will there be a written plan developed for the care of your loved one?

1 ___ 2 ___ 3 ___

Are there sessions with family members on the care that is being provided?

1 ___ 2 ___ 3 ___

Are the RNs available 24 hours a day, seven days a week?

1 ___ 2 ___ 3 ___

Is transportation available for residents/patients for doctors visits, shopping, activities, etc.?

1 ___ 2 ___ 3 ___

Are there emergency response systems in place for:

Disasters

1 ___ 2 ___ 3 ___

Medical Emergencies

1 ___ 2 ___ 3 ___

Fire Evacuation

1 ___ 2 ___ 3 ___

Will the provider honor the resident's/patient's living will or advance directive?

1 ___ 2 ___ 3 ___

What does each provider expect of the family?

1 _____

2 _____

3 _____

MEDICATION/ HEALTH CARE

Is self-administration of medication allowed?

1 ___ 2 ___ 3 ___

How often does the physician visit?

1 ___ 2 ___ 3 ___

Can the patient/resident bring medications from home?

1 ___ 2 ___ 3 ___

Are the following services offered:

Respiratory Therapy

1 ___ 2 ___ 3 ___

Occupational Therapy

1 ___ 2 ___ 3 ___

Physical Therapy

1 ___ 2 ___ 3 ___

Speech Therapy

1 ___ 2 ___ 3 ___

Recreational Therapy

1 ___ 2 ___ 3 ___

ACTIVITIES

Are there individual and group activities offered?

1 ___ 2 ___ 3 ___

Are there outside volunteers that conduct programs?

1 ___ 2 ___ 3 ___

ACTIVITIES (Cont.)

Are pets allowed to visit?

1 ___ 2 ___ 3 ___

Is there an on-site activity director?

1 ___ 2 ___ 3 ___

Is smoking allowed?

1 ___ 2 ___ 3 ___

FOOD AND FOOD SERVICE

May a resident/patient request special foods?

1 ___ 2 ___ 3 ___

Are there set times for meals or are meals provided upon request?

1 ___ 2 ___ 3 ___

Are the residents/patients able to select from a menu?

1 ___ 2 ___ 3 ___

Is assistance with feeding available?

1 ___ 2 ___ 3 ___

Is there a formal feeding program available?

1 ___ 2 ___ 3 ___

Are snacks available?

1 ___ 2 ___ 3 ___

Are there cooking facilities available for resident/patient use?

1 ___ 2 ___ 3 ___

THE STAFF

What background checks are conducted before hiring staff?

Drug testing

1 ___ 2 ___ 3 ___

Criminal record

1 ___ 2 ___ 3 ___

Physical abuse

1 ___ 2 ___ 3 ___

License/Certifications

1 ___ 2 ___ 3 ___

FINANCES

When may a contract be terminated and what are the refund policies?

1 _____

2 _____

3 _____

What services are covered with the "basic" charge?

1 _____

2 _____

3 _____

Are there added costs? What do they cover?

1 _____

2 _____

3 _____

What are the billing, payment and credit policies?

1 _____

2 _____

3 _____

Observations To Make:

THE RESIDENTS

Do the residents look clean and well-groomed?

1 ___ 2 ___ 3 ___

Do the residents spend time with each other and appear happy and comfortable?

1 ___ 2 ___ 3 ___

MISC.

Does the administrator or director/staff call the resident by name and interact warmly with them?

1 ___ 2 ___ 3 ___

Does the activity list seem varied and include things that your family member would enjoy?

1 ___ 2 ___ 3 ___

Were you given ample time to ask questions?

1 ___ 2 ___ 3 ___

Does the posted menu reflect what is being served?

1 ___ 2 ___ 3 ___

Does the food look appetizing and is the meal being enjoyed?

1 ___ 2 ___ 3 ___

Is the dining area well-lit, well-ventilated, pleasant and moderate in temperature?

1 ___ 2 ___ 3 ___

Are the staff members well-groomed, friendly and outgoing?

1 ___ 2 ___ 3 ___

Are resident requests for assistance answered promptly?

1 ___ 2 ___ 3 ___

IMPORTANT ITEMS TO HAVE WITH YOU WHEN VISITING A PROVIDER

- Health Insurance Cards
- Medicare Card
- Medicaid Card
- Social Security Card
- Proof of Guardianship/Power of Attorney
- Living Will/Advance Directive
- Physician's Name/Telephone Number

