| NAME OF FACILITY: | |
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| | |

| Nursing Home Checklist | | | |
|--|-----------------|--|--|
| Questions | Processes/Costs | | |
| Survey Reports | | | |
| When was your last survey? | | | |
| What's your star rating? | | | |
| Why did you get that rating? | | | |
| What were your deficiencies? | | | |
| Have the cited deficiencies been | | | |
| corrected? | | | |
| How will the facility prevent those | | | |
| deficiencies from happening in the | | | |
| future? | | | |
| | | | |
| Facility & Staff Environment | | | |
| Do the residents appear well cared for? | | | |
| Does the staff seem warm and friendly? | | | |
| Does the staff accommodate visitors? | | | |
| Is the facility clean? | | | |
| Is the facility odor-free? | | | |
| Is the facility cheerful? | | | |
| Does the staff respond to residents | | | |
| requests in a timely fashion? | | | |
| What is the CNA ratio to patient ratio? | | | |
| How many nurses are on staff during the | | | |
| day? | | | |
| How many nurses are on staff during the | | | |
| evening? | | | |
| | | | |
| Health Care and Services | | | |
| Can residents retain their current | | | |
| doctors? | | | |
| Are care plans put in place with the | | | |
| family? | | | |
| If care plans change how is the family notified? | | | |
| What are the policies on Advance | | | |
| ui o ui o ponicios on navanec | | | |

| NAME OF FACILITY: | |
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| D' I DND/-2 | |
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| Directives and DNR's? | |
| If I have a complaint how do I handle it? | |
| Are their programs for special needs | |
| such as memory care or therapy for | |
| strokes? | |
| | |
| Accommodations | |
| Will I get a private room or a shared | |
| room? | |
| If I have to share a room how many of us | |
| will be in a room? | |
| How are roommates chosen? | |
| What happens if my roommate and I | |
| aren't compatible? | |
| What is the policy on transferring to | |
| another facility or relocating within the | |
| building? | |
| What personal items should I bring with | |
| me? | |
| How am I protected from theft? | |
| Do I have my own bathroom? | |
| Do I have my own shower? | |
| Are the bathing and food preparation | |
| areas clean and easily accessed? | |
| Are there activity rooms and lounge | |
| areas? | |
| | |
| Meals and Activities | |
| Do the meals taste good? | |
| Can we sample a meal? | |
| Are there food choices? | |
| Do I have to eat in the main dining | |
| room? | |
| Are snacks and drinks available in | |
| between meals? | |
| | |

| NAME OF FACILITY: | |
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| Are there special events inside or | |
| outside of the facility? | |
| Are there religious events available? | |
| Are there cultural events available? | |
| Does your staff speak other languages? | |
| Family Visits | |
| What is the visitor's policy? | |
| What are the visiting hours? | |
| Are there special lounges or family | |
| rooms? | |
| How many people can visit at a time? | |
| | |
| Payment Policies | |
| Do you accept Medicaid? | |
| If I run out of money do I have to leave? | |
| What is your payment policy? | |
| What is included in the daily rate? | |
| Are there additional charges? | |
| If I go into the hospital how long will my | |
| bed be held? | |
| If I go into the hospital will you accept | |
| me back? | |
| | |
| Emergency Preparedness | |
| | |
| Is there an emergency plan in place? | |
| How are the emergency & evacuation | |
| plans reviewed with new residents? | |
| How is my family notified of an | |
| emergency? | |
| Notes | |
| | |
| | |
| | |