

## Nursing Home Evaluation Checklist

The following checklist will give you, as an observer, a general idea of the quality of care provided in a nursing home. Depending on a resident's needs, preferences and payment source, questions will vary.

Ask to see the entire facility, not just the nicely decorated lobby and one wing or floor. Remember that appearances can be deceptive. Though environment is important, try to get a feel for the care provided and how the residents are treated by staff.

### Staff

- Are there adequate staff? What is the staff to resident ratio? Are call lights and resident requests responded to in a timely manner (5 minutes or so)?
- Are the staff courteous to residents? Do they treat residents with dignity and respect? Or is the staff attitude condescending? Are childish or otherwise inappropriate nicknames used when speaking with residents? Do staff talk about residents as if they were not present or as if they were children?
- Does the administrator/manager and director of nurses appear to know the residents?
- Is the administrator friendly and receptive to questions?
- Is privacy respected (e.g., knocking on doors before entering rooms, keeping privacy curtains drawn while care is being given)?
- Do staff wear name-tags?
- Are there therapists on staff or does the facility contract out for therapy?
- Is there a licensed social worker on staff? Full-time?
- Does the facility have permanent full-time nurses and certified nurse assistants (CNAs) or are registry nurses and aides used?
- Are the staff visible and actively assisting residents?
- In addition to English, what languages do the staff speak?
- How do the facility staff communicate with residents whose first language is not English?
- Does the facility conduct background checks before hiring staff?

### Resident Care and Comfort

- Are residents up and dressed for breakfast? Does the staff get them up hours before breakfast (too early) or just before lunch (too late)?
- Are the residents well-groomed (shaved, clothes clean, hair combed, nails trimmed and clean)?
- Do residents appear alert, content and occupied? Or are they lethargic, listless or stuporous?
- Are residents comfortably positioned in comfortable chairs? Are they restrained in their chairs or beds? Are they in chairs that have a tray or "lap buddy?"
- Ask residents and their visitors about their experiences with the facility. Are they satisfied with the quality of care and quality of life at the facility?

## **COVID Concerns**

- How does the facility protect residents from exposure to COVID-19 and other dangerous infections?
- Does the facility have a full-time infection preventionist? What are the person's credentials?
- What percentage of residents and of staff are fully vaccinated and boosted?
- Does the facility inform residents and their representatives of outbreaks in a timely manner? How is this done?
- Are there any restrictions on visitation? Ask to see the facility's policies and procedures on visitation. Avoid facilities that tolerate isolation of residents.

## **Resident Rooms**

- In which area of the facility would the resident's room be located?
- How many residents share a room? Rooms should have no more than four beds and, ideally, only one or two beds. Are private or semiprivate rooms available?
- Does each bedroom have a window?
- Is there a bedside stand, reading light, chest of drawers, and at least one comfortable chair for each resident? Is there adequate storage space and is it separate from other roommates?
- Are the beds easy to reach? Is there room to maneuver a wheelchair easily?
- Are call buttons accessible to residents?
- Is there fresh drinking water at the bedside?
- Are residents allowed and encouraged to bring any of their own belongings or furniture? Have residents personalized their rooms?

## **Facility Environment**

- Is the facility safe, clean, comfortable and homelike, as required by law?
- Is there an obvious odor in the facility? Strong urine and body odors may indicate poor nursing care or poor housekeeping. Heavy "air freshener", deodorants, and other temporary chemical cover-ups may be substitutes for conscientious care and maintenance.
- Is the facility maintained at a comfortable temperature? Do the rooms have heating, air conditioning, and individual thermostats?
- Is the facility clean, well-lit and free of hazards? Do you see soiled linen or is it properly disposed of? Is there adequate linen?
- Are sound levels comfortable? Or is the facility noisy and distracting? Do alarms and PA systems interfere with resident comfort? Are residents calling out in distress?
- Is furniture sturdy and comfortable?
- Are floors clean and non-slippery?
- How will the facility keep the power on during power outages? What is its backup power system? How long can it maintain power and safe temperatures during emergencies and extreme weather?

## **Hallways, Stairs and Lounges**

- Are halls free of obstacles and debris?

- Are stairways and exits clearly marked?
- Are there handrails in all corridors?
- Are fire extinguishers visible? Is there a disaster plan posted and does the facility have drills?
- How many lounge areas are available for residents and visitors? Are they clean and comfortably furnished? Is there sufficient room for visiting?

### **Bath and Shower Rooms**

- Are bathrooms conveniently located?
- How many residents share a bathroom?
- Do bathrooms have handgrips or rails near all toilet and bathing areas?
- Is there a call button near the toilet?
- Do residents have a choice between a shower or bath, how frequent and during which shift?

### **Kitchen and Dining Areas**

- Is the kitchen clean and well-organized?
- Is the food handled and stored in a safe and sanitary manner?
- Is the dining area pleasant, clean and comfortable?
- How many residents eat in the dining area? Is it large enough to accommodate most of the residents? Are there shifts for meals?
- Do chairs fit under the table so that residents are comfortably close to their food?

### **Menus and Food**

- Try to visit the facility during a meal. Observe the way the food is served, how residents are assisted with eating and what their reaction is to the food. You can probably buy a meal to sample the food.
- Do residents like the meals?
- A menu for the current and following week should be posted. If a menu is not posted, ask to see one. Is the food listed on the menu actually being served?
- How often are meals repeated? Are alternatives available, as required by law?
- Does the food appear and smell appetizing? Is it nutritious? Are fresh foods used, or is it mostly canned or frozen? Do residents enjoy the food?
- Are dishes and silverware used, or are disposable plates and utensils used?
- Are those residents who need assistance with eating and who are being fed by nurse's aides finishing their meals and eating at their own pace? Are assistive devices available to those who may be able to feed themselves with a little help?
- Are meals served at appropriate temperatures?
- What provisions are made for patients who are unable to eat in the dining room?
- Who plans the meals? Is a professional dietician on staff? How are special dietary needs met?

### **Activities**

- Are activity calendars posted? If not, ask for a description of the activity program. Meet the Activity Director if possible.

- Do the activities cover a broad range of interests?
- Are activities tailored to individual preferences?
- Does the facility have outside areas for resident use? Do staff assist the residents in using these areas?
- What activities are available to residents confined to their rooms?
- Do volunteers visit the facility?
- What arrangements are made for residents to participate in religious services of their choice?
- What is done for holidays and birthdays?
- Is there a resident council? When does it meet and what is its function?

### **Miscellaneous**

- Is there a Family Council? When does it meet and who are the officers?
- How often do residents' physicians visit the facility? It should be at least once every 30 days.
- How long has the facility been operating under the present management? Are there any plans to change in the near future?
- What hospital is used in emergencies?
- What is the billing procedure?
- Who should be contacted when there is a problem?
- How does the facility notify the resident and family members of the time and place of the quarterly care planning meetings?
- Is the Ombudsman Program's phone number posted?
- Are the results from the last inspection by the Department of Public Health posted?
- Ask to review a copy of the admission agreement. Does the facility use the Standard Admission Agreement established by the California Department of Public Health, as required by law?
- What is included in the basic costs and what is extra?
- If you are looking at a dementia unit within a facility, what makes it different from the rest of the facility (especially if it costs more)?
- How is transportation provided for trips to hospitals, medical offices, or community functions? Is there a charge?
- How is personal laundry handled?
- Is there a system to protect residents who are at risk of walking or wheeling away from the facility unsupervised? Is it operational? Ask for a demonstration.
- Is there a mandatory arbitration agreement in the admission packet? If so, don't sign it! Nursing homes cannot require residents or their representatives to sign an arbitration agreement as a condition of admission. See <http://canhr.org/arbitration/index.html>