

# Nursing Home Checklist

*Comparing services is important when looking for the facility that will best suit your needs.  
Use this checklist as a tool when comparing facilities.*

Name of Facility \_\_\_\_\_

## Basic Information

1. Medicare certified? ☐ yes ☐ no
2. Medicaid certified? ☐ yes ☐ no
3. Accepting new residents? ☐ yes ☐ no
4. Waiting Period? ☐ yes ☐ no \_\_\_\_\_ how long?

## Quality of Life

1. Environment is pleasant and odor-free? ☐ yes ☐ no
2. Facility appears clean, well-kept and safe? ☐ yes ☐ no
3. Noise level is generally quiet? ☐ yes ☐ no
4. Residents engage in meaningful activities? ☐ yes ☐ no
5. Facility has outdoor areas for residents to use? ☐ yes ☐ no
6. Facility maintains comfortable temperatures? ☐ yes ☐ no
7. Residents are allowed personal items/furniture? ☐ yes ☐ no
8. Residents can make choices about meals? ☐ yes ☐ no
9. Residents can make choices about daily routines? ☐ yes ☐ no
10. Residents have access to personal phone and TV? ☐ yes ☐ no
11. Facility is easy for family and friends to visit? ☐ yes ☐ no

## Quality of Care

1. Facility does background checks on staff? ☐ yes ☐ no
2. Enough staff on every shift to care for residents? ☐ yes ☐ no
3. Facility offers continuing education for staff? ☐ yes ☐ no
4. Staff responds quickly to calls for help? ☐ yes ☐ no
5. Staff seem warm, polite and respectful? ☐ yes ☐ no
6. Residents are clean and properly dressed? ☐ yes ☐ no
7. Staff respond to family concerns promptly? ☐ yes ☐ no
8. There are policies and procedures for safety? ☐ yes ☐ no