



Alliance for Better Long Term Care

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

Nutrition

1. Residents have a choice of food options each meal? ☐ yes ☐ no
2. Staff is available to assist residents with eating? ☐ yes ☐ no
3. The food smells and looks good? ☐ yes ☐ no
4. The food is served at proper temperatures? ☐ yes ☐ no
5. Resident's weight is routinely monitored? ☐ yes ☐ no
6. Nutritious snacks are available during the day/evening? ☐ yes ☐ no
7. The dining room encourages socializing and relaxation? ☐ yes ☐ no
8. Water pitchers and glasses are available in rooms? ☐ yes ☐ no

Safety

1. Exits are clearly marked? ☐ yes ☐ no
2. Are there handrails in the hallways? ☐ yes ☐ no
3. Are there grab bars in the bathrooms? ☐ yes ☐ no
4. Hallways are free of clutter and well-lit? ☐ yes ☐ no
5. Facility has smoke detectors and sprinklers? ☐ yes ☐ no
6. Spills and other accidents are cleaned up quickly? ☐ yes ☐ no
7. Residents get preventive care such as flu shots? ☐ yes ☐ no
8. Facility has arrangements with nearby hospitals? ☐ yes ☐ no
9. Facility has corrected deficiencies on its last inspection? ☐ yes ☐ no
10. Facility has no repeat deficiencies? ☐ yes ☐ no
11. Care plan meetings are held at convenient times for residents and family members to attend? ☐ yes ☐ no
12. Facility has a resident or family council? ☐ yes ☐ no

Learn more about nursing home quality by visiting the following websites:

www.medicare.gov *offers information from the Centers for Medicare and Medicaid Services on how well residents' physical and clinical needs are met*

www.healthri.org *the Rhode Island Department of Health provides survey information on nursing home administration, nursing, resident rights, food service and environment*

Please contact the Alliance, Monday thru Friday from 9 AM to 5 PM with questions or concerns about issues of abuse, neglect, resident rights and/or financial exploitation at 401-785-3340