

## Nursing Home Site Visit Checklist

### **Overall Impressions**

1. Is your first impression positive? Yes \_\_\_ No \_\_\_
2. Does the facility meet your standards for cleanliness? Yes \_\_\_ No \_\_\_
3. Are there unpleasant odors, such as urine or chemical disinfectants? Yes \_\_\_ No \_\_\_

### **Resident Rooms**

1. Are residents encouraged to add personal touches and furnishings to their living spaces? Yes \_\_\_ No \_\_\_
2. Is there sufficient space to live in comfortably? Yes \_\_\_ No \_\_\_
3. Is adequate storage provided for personal belongings? Yes \_\_\_ No \_\_\_
4. What is the policy for matching or changing roommates?
5. If rooms are shared, are residents able to secure privacy for themselves? Yes \_\_\_ No \_\_\_
6. Is there a way to block noises that may be disruptive? Yes \_\_\_ No \_\_\_

### **Public Areas**

1. Are the common rooms comfortable, relatively quiet, and adequately lit and ventilated? Yes \_\_\_ No \_\_\_
2. Do residents seem to use the common areas for socializing and activities? Yes \_\_\_ No \_\_\_
3. Is there a quiet place for residents to be alone or to have private visits? Yes \_\_\_ No \_\_\_

### **Safety**

1. Is the facility well lit? Yes \_\_\_ No \_\_\_
2. Is the flooring in good condition? Yes \_\_\_ No \_\_\_
3. Are exits and fire exits clearly marked? Yes \_\_\_ No \_\_\_
4. Are there handrails and grab bars in the hallways and bathrooms? Yes \_\_\_ No \_\_\_
5. Are the hallways free of clutter? Yes \_\_\_ No \_\_\_

**Care**

1. Are residents and family members or outside caregivers encouraged to participate in the resident's plan of care? Yes \_\_\_ No \_\_\_
2. Can residents receive care from their personal doctors and other health care professionals? Yes \_\_\_ No \_\_\_
3. Can residents store and administer their own medication if able? If not, who dispenses it, and how is that person trained and supervised? Yes \_\_\_ No \_\_\_
4. Is there a procedure in place for emergency medical treatment? Yes \_\_\_ No \_\_\_

**Activities**

Ask to see the calendar of events and activities.

1. Is the potential resident interested in the activities offered? Yes \_\_\_ No \_\_\_
2. Are trips outside the facility available to residents? Yes \_\_\_ No \_\_\_
3. Is adequate transportation available? Yes \_\_\_ No \_\_\_

**Meals**

Check facilities at various times but make a special effort to observe during a meal. Ask to see a recent menu plan.

1. Are meals nutritious and served hot or cold? Yes \_\_\_ No \_\_\_
2. Do residents seem to be enjoying their food? Yes \_\_\_ No \_\_\_
3. Does the facility offer ethnic food preferences? Yes \_\_\_ No \_\_\_
4. Can residents choose their own mealtimes? Yes \_\_\_ No \_\_\_
5. Are there choices of meals? Yes \_\_\_ No \_\_\_
6. Is there adequate staff to help residents eat who need it? Yes \_\_\_ No \_\_\_
7. Is the staff adept at specialized preparations, such as cutting or pureeing food to accommodate residents with special needs? Yes \_\_\_ No \_\_\_
8. Are residents given enough time and encouragement to finish eating? Yes \_\_\_ No \_\_\_

***Residents and Staff***

Ask residents what they like and dislike about living there.

1. Do staff members seem to know residents and interact with them easily? Yes \_\_\_ No \_\_\_
2. How many staff members are available to take care of the residents during the day, evening, and overnight shifts?
3. How are staff members trained? What are their work hours?
4. What licensed health professionals are available? What are their roles and responsibilities? Yes \_\_\_ No \_\_\_
5. What is the staff turnover rate?

***Ownership***

1. Who owns the facility?
2. Who manages it?
3. What is the management's past experience?
4. Does management have a particular philosophy of care? Yes \_\_\_ No \_\_\_

***Community Involvement***

1. Are outside community members involved in activities at the facility? Yes \_\_\_ No \_\_\_
2. Are residents encouraged to participate in activities in the community? Yes \_\_\_ No \_\_\_
3. Does the provider participate in community activities? What are some examples? Yes \_\_\_ No \_\_\_

***Resident and Family Councils***

1. Are residents encouraged to participate in Resident Council meetings? Yes \_\_\_ No \_\_\_
2. Are families encouraged to participate in Family Council meetings? Yes \_\_\_ No \_\_\_
3. How often do these groups meet?
4. How are the meeting times and locations communicated to residents and family members? Is it included in the Admissions Agreement Packet? Yes \_\_\_ No \_\_\_
5. Is it possible to view a past meeting agenda or meet with the Resident Council President? Yes \_\_\_ No \_\_\_



***Facility Grievance Policy***

1. What is the facility's grievance policy?
2. Is a copy of the facility grievance policy included in the Admissions Agreement? Yes \_\_\_ No \_\_\_

***Make a Second Visit***

Visit the facility a second time at a different hour and day than on your first visit, when different staff members will likely be working; mealtimes can be especially informative. Slowly walk through the facility, asking any additional questions.