

## Nursing Home Visit Checklist

### Building and Grounds

- |   |     |    |
|---|-----|----|
| - Is the setting close to public transportation                       | Yes | No |
| - Are the grounds attractive and well maintained                      | Yes | No |
| - Are the parking areas well lit and clean                            | Yes | No |
| - Are there outdoor areas where residents can sit                     | Yes | No |
| - Are the sidewalks and entrances designed for wheelchair use         | Yes | No |
| - Are the lobby and other areas attractive, clean and well maintained | Yes | No |
| - Do the residents use the lobby and public areas                     | Yes | No |
| - Is there an automatic fire sprinkler system                         | Yes | No |
| - Does the setting have more than one floor                           | Yes | No |
| - Is the setting relatively free of unpleasant odors                  | Yes | No |
| - Is the facility generally free of loud noises and raised voices     | Yes | No |
| - Is the facility air conditioned                                     |     |    |

### Bedrooms and Bathrooms

- |  |     |    |
|--|-----|----|
| - Are the rooms attractive and comfortable                               | Yes | No |
| - Are the rooms clean and well lit                                       | Yes | No |
| - Do all the rooms have ample closets and storage space                  | Yes | No |
| - Do residents have a choice of rooms                                    | Yes | No |
| - What is the room transfer policy                                       | Yes | No |
| - Do residents have a choice of roommates                                | Yes | No |
| - Can every resident have a private phone and television                 | Yes | No |
| - Are the rooms air-condition and equipped with individual thermostats   | Yes | No |
| - Does every room have an adjoining bathroom                             | Yes | No |
| - Do bathrooms have grab bars and non slip floors                        | Yes | No |
| - Are bathrooms shared by a maximum of two or four residents             | Yes | No |
| - Are the residents allowed to bring their own furniture and possessions | Yes | No |

### Staff and Residents

- |   |     |    |
|---|-----|----|
| - Is the staff interacting with residents                                 | Yes | No |
| - Does the staff treat the residents with dignity and respect             | Yes | No |
| - Have the administrator and staff treated you courteously and pleasantly | Yes | No |
| - Has the staff provided satisfactory answers to your questions           | Yes | No |
| - Has the administration offered to show you recent inspection reports    | Yes | No |
| - Is the staff clean and neatly dressed                                   | Yes | No |
| - Are most residents out of bed, dressed, and groomed                     | Yes | No |
| - Are most residents out of their rooms                                   | Yes | No |
| - Are residents comfortably placed in chairs or beds                      | Yes | No |
| - Are residents' requests for assistance answered promptly                | Yes | No |
| - Do residents appear to be receiving good care                           | Yes | No |

### **Nursing and Medical Care**

- |  |     |    |
|--|-----|----|
| - Is a registered nurse on duty at all times (in settings where required)  | Yes | No |
| - Is there a special room for physical therapy   | Yes | No |
| - Is the physical therapy room regularly staffed   | Yes | No |
| - Does the facility provide an in house dentist, podiatrist, chiropractor, pharmacy, and eye care specialist   | Yes | No |
| - Are most residents free of physical restraints that hold them in chairs or beds (Ask to see the facility's policy on the use of restraints)  | Yes | No |
| - Are most residents free of medications that control their behavior or make them drowsy or inactive   | Yes | No |
| - Does the facility's Quality Assurance monitor the following: trends in infections, resident falls, skin ulcers, transfers to hospitals, medication errors, catheterization, weight loss, fluid intake, resident depression, use of restraints, resident satisfaction | Yes | No |
| - Does the facility have a special program or unit for residents with dementia or Alzheimer's disease  | Yes | No |

### **Food Services**

- |  |     |    |
|--|-----|----|
| - Does the meal match the menu   | Yes | No |
| - Do the posted menus indicate variety and nutritional balance on a daily and weekly basis (Ask to see menus for the past month) | Yes | No |
| - Are hot foods served hot and cold foods served cold  | Yes | No |
| - Does the food look appetizing and nutritious   | Yes | No |
| - Is the atmosphere at mealtime congenial  | Yes | No |
| - Are kosher and vegetarian meals available  | Yes | No |
| - Are special meals served on holidays   | Yes | No |
| - Are fresh fruits and vegetables served daily   | Yes | No |
| - Is fresh cold water available at all times   | Yes | No |
| - May visitors join residents for meals  | Yes | No |
| - Do most residents who need help eating get it promptly   | Yes | No |
| - Can residents eat in their rooms if they choose  | Yes | No |
| - Is the timing of meals convenient for residents  | Yes | No |
| - Is the kitchen clean and orderly   | Yes | No |
| - Are the dining areas clean and attractive  | Yes | No |
| - Do the dining areas receive sunlight   | Yes | No |
| - Are the tables wheelchair-accessible   | Yes | No |

## **Activities**

- |   |     |    |
|---|-----|----|
| - Is the activities schedule posted   | Yes | No |
| - Do the activities reflect the interests of the prospective resident                     | Yes | No |
| - Do residents help plan the activities   | Yes | No |
| - Are there activities for residents who don't leave their bedroom                        | Yes | No |
| - Is there a separate room used only for activities                                       | Yes | No |
| - Are residents taking part in a variety of activities                                    | Yes | No |
| - Is there a professionally staffed beauty/barber shop available at some time of the week | Yes | No |
| - Does the facility have a volunteer program  | Yes | No |
| - Are field trips scheduled   | Yes | No |
| - Are there organized outdoor activities  | Yes | No |
| - Do residents have opportunities to garden   | Yes | No |
| - Are there religious services of the prospective resident's faith held on the premises   | Yes | No |
| - Does the setting arrange for residents to attend outside religious services             | Yes | No |
| - Does the setting have a full time activities director                                   | Yes | No |
| - Is the activities director available to talk to you during your visit                   | Yes | No |

## **Social Services**

- |   |     |    |
|---|-----|----|
| - Is there a full time social worker  | Yes | No |
| - Does the facility run support groups or counseling sessions for residents and families          | Yes | No |
| - Is a social worker available for pre-admission meetings with prospective residents and families | Yes | No |
| - Is a social worker available to talk to you during your visit                                   | Yes | No |
| - Does the social worker help residents and family members resolve problems                       | Yes | No |
| - Is the social worker certified or licensed by the NJ Board of Examiners                         | Yes | No |
| - Does the social worker have a private office for confidential talks                             | Yes | No |