

VISIT YOUR TOP 3 CHOICES AND EVALUATE

The following is a questionnaire of healthcare services in nursing homes. Making the right choice is easier when you thoroughly evaluate each facility using these criteria. Not all questions will be relevant to your particular situation. Most of all, if you are seeking a nursing home for someone who cannot visit the facility personally, it is important to respect their needs and wishes by including them in the process as much as possible. The result will be their greater satisfaction.

Fill in the information below for each Facility you visit. On the following pages, circle Y or N for each question.
This worksheet will give you a direct comparison for up to three Facilities.

1	Agency/Provider: _____ Date: _____
	Address: _____
	Administrator: _____
	Phone: _____ E-mail / Website: _____
	Advantages: _____
	Disadvantages: _____
	Overall Rating (Circle one) Excellent Good Fair Poor
2	Agency/Provider: _____ Date: _____
	Address: _____
	Administrator: _____
	Phone: _____ E-mail / Website: _____
	Advantages: _____
	Disadvantages: _____
	Overall Rating (Circle one) Excellent Good Fair Poor
3	Agency/Provider: _____ Date: _____
	Address: _____
	Administrator: _____
	Phone: _____ E-mail / Website: _____
	Advantages: _____
	Disadvantages: _____
	Overall Rating (Circle one) Excellent Good Fair Poor

RESIDENCE ONE	RESIDENCE TWO	RESIDENCE THREE	FACILITY FEATURES
Y N	Y N	Y N	Is the nursing home near a hospital?
Y N	Y N	Y N	Is the facility conveniently located for family, friends and physician?
Y N	Y N	Y N	Does cleanliness meet personal standards throughout the facility?
Y N	Y N	Y N	Is the facility well lit inside and out?
Y N	Y N	Y N	Is furniture sturdy, attractive and clean?
Y N	Y N	Y N	Are there plenty of sitting areas for people to gather?
Y N	Y N	Y N	Is there an outdoor porch with a sitting area?
Y N	Y N	Y N	Is the porch secured?
Y N	Y N	Y N	Is the facility free of unpleasant odors?
Y N	Y N	Y N	Is the scent of "pleasant" odor too strong? <i>(If so, the facility could be masking foul odors)</i>
Y N	Y N	Y N	Are there handrails and grab bars throughout the facility, patient's room and bathroom?
Y N	Y N	Y N	Are exits clearly marked and unobstructed?
Y N	Y N	Y N	Is there a nurse call button by each bed?
Y N	Y N	Y N	Is fresh drinking water beside each bed?
Y N	Y N	Y N	Is there at least one comfortable chair per patient in patient's room?
Y N	Y N	Y N	Is there easy access to each bed for a wheelchair?
Y N	Y N	Y N	Is there an emergency call button in the bathroom?
			STAFF
___	___	___	How long have key personnel been at the facility?
___	___	___	Administrator/Executive Director?
___	___	___	Director of Nursing?
___	___	___	Dietary Director?
___	___	___	Activities Director?
# / :	# / :	# / :	How many RNs or LPNs are on duty? What is the ratio of nurses to patients?
___	___	___	Day?
___	___	___	Evening?
___	___	___	Night?
# / :	# / :	# / :	How many nurse aides are on duty? What is the ratio of nurse aides to patients?
___	___	___	Day?
___	___	___	Evening?
___	___	___	Night?
Y N	Y N	Y N	Are common dining areas available? May they sit anywhere?
Y N	Y N	Y N	Are you greeted by staff as you tour the facility?
Y N	Y N	Y N	Does staff demeanor seem to be chaotic or stressed?
Y N	Y N	Y N	Does staff seem to be generally happy?
Y N	Y N	Y N	Does staff show interest in and affection for individual patients?
Y N	Y N	Y N	Does staff respond quickly to patient calls for assistance?
Y N	Y N	Y N	Does staff smile while they are interacting with the patients?
Y N	Y N	Y N	Does staff respect patient's dignity and privacy?
Y N	Y N	Y N	Does staff knock before entering patient's room?
Y N	Y N	Y N	Does staff draw bed separation curtain when care is being given?
Y N	Y N	Y N	When care is being given is the patient's dignity being respected?

RESIDENCE ONE	RESIDENCE TWO	RESIDENCE THREE	
Y N	Y N	Y N	CARE
Y N	Y N	Y N	Do patients look to be clean and properly groomed? (<i>Hair combed, shaven, nails trimmed and manicured, etc</i>)
Y N	Y N	Y N	Are patients appropriately dressed for time of day, activity or weather?
Y N	Y N	Y N	Does the facility conduct a preliminary evaluation of the resident's needs? (<i>A care plan</i>)
Y N	Y N	Y N	Can patient and family members be present during this evaluation?
Y N	Y N	Y N	How often is this care plan evaluation updated?
Y N	Y N	Y N	Does the home have an Alzheimer's program?
Y N	Y N	Y N	Does the facility report periodically in writing to the personal physician?
Y N	Y N	Y N	Is there a therapy program available to meet patient's needs?
Y N	Y N	Y N	Is the therapy program on site or off premises?
			DINING & FOOD
Y N	Y N	Y N	Is the kitchen area clean including the food storage area?
Y N	Y N	Y N	Is the dining area well lit and attractive?
Y N	Y N	Y N	Are personal likes and dislikes taken into consideration?
Y N	Y N	Y N	Does the dietitian plan a variety of menus for patients on special diets?
Y N	Y N	Y N	Are snacks available?
Y N	Y N	Y N	Are foods served at the appropriate temperatures?
Y N	Y N	Y N	Is food tasty and attractively served?
Y N	Y N	Y N	Is there enough staff to assist patients who need help with eating?
			SOCIAL SERVICES / ACTIVITIES PROGRAM
Y N	Y N	Y N	Are rooms available for patient activities?
Y N	Y N	Y N	Is equipment (<i>such as games, easels, yarn, cards, etc.</i>) available?
Y N	Y N	Y N	Are residents using such equipment?
Y N	Y N	Y N	Are patient preferences observed?
Y N	Y N	Y N	Are group & individual activities available? Participation encouraged?
Y N	Y N	Y N	Are outside trips planned?
Y N	Y N	Y N	Are arrangements made for patients to worship as they please?
Y N	Y N	Y N	Is a social worker available to assist residents and families?
			LICENSOR / COSTS
Y N	Y N	Y N	Does the home have a current license? If no, do not use home.
Y N	Y N	Y N	Does the administrator have a current license? If no, do not use.
Y N	Y N	Y N	Is the home Medicare and/or Medicaid Certified?
Y N	Y N	Y N	Are all services covered in the basic daily charge?
Y N	Y N	Y N	Does the facility have a written description of its services & fees?
Y N	Y N	Y N	Are advanced payments returned if the patient leaves the home?