



NURSING HOME PLACEMENT CHECKLIST

To be used when evaluating nursing homes for placing your family member.

This checklist is intended to be used as a guide in assisting you as you decide on a facility for placement of your loved one. The answers to these questions by themselves do not by themselves necessarily reflect good or bad care. However, by comparing notes between facilities you can be better equipped at selecting the best home.

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Is the facility clean?

Are there continual odors of urine or feces?

Does the staff seem to be attending to the needs of the residents
(i.e. are there some residents left sitting alone or screaming out)?

Is the staff aware of the facility's last state survey results?

If so, what have they corrected? _____

How long have some of the other residents been at the facility?
(Best answered if you can meet with family members of other residents and ask them)

How many staff members are working per shift?
(ask the facility's representative)

Are the residents clean and free from food stains on their clothing?

Do the wheelchairs in the facility look like they have been recently serviced and cleaned?

Does the facility provide a choice of items on daily menus?

Do most residents eat in the dining room?

Are most residents in wheelchairs or are they being assisted with walking?

Are resident activities available? How does the facility meet individual activity preferences?