

## Nursing Facility Checklist

When searching for a nursing facility for yourself or a loved one it is best to be prepared as much as possible. This checklist has been designed so you can determine what factors are the most important to you when you need care.

Facility Information	Facility #1	Facility #2
Nursing facility is Medicare Certified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing facility accepts Medicaid payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing facility has level of care that is needed (e.g. skilled, intermediate) and a bed is available.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special services are available if needed (e.g. rehabilitation, memory care etc...) and a bed is available.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is located so family and friends can visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common Living Spaces	Facility #1	Facility #2
The nursing facility is free of unpleasant odors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The facility appears clean and well-kept (inside and outside).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature is comfortable for residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noise levels in the dining room and other areas are comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is natural light and light level is comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking is allowed in designated outside areas (ask to see smoking policy if this is important to the resident).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furniture is sturdy, clean, comfortable and attractive.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are quiet areas where residents can visit with family and friends.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are outdoor areas for residents to use and staff help residents go outside if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The common areas, resident rooms and doorways are wide enough to accommodate my loved one.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The shower, tub and other equipment in common bathing rooms can accommodate my loved one.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The most current inspection report is available for viewing and has no current deficiencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nursing Facility Staff	Facility #1	Facility #2
Interactions between staff and residents appear warm, polite and respectful.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff knock on the door before entering a resident's room and address them by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a full-time registered nurse (RN) in the nursing home at all times other than the Director of Nurses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified nursing assistants (CNA's) who are the staff that provide direct care seem to work with a reasonable number of residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The same team of licensed nurses and CNA's work with the same residents at least 4 to 5 days a week which ensures consistent care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CNA's participate in care planning meetings for the residents they work with.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a prompt response to answering call lights.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The management team has worked together for at least one year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Therapy staff (e.g. physical, occupational, and/or speech therapists) are available most days of the week to work with residents on their rehabilitative needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a full time social worker on staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Help is available to obtain needed services when the time comes for a resident to be discharged to home or another setting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resident Rooms	Facility #1	Facility #2
Residents are encouraged to bring in personal belongings and/or furniture in their rooms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is storage space (closet or drawers) in each room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a window in each resident room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is access to a personal telephone and television and internet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residents have a choice of roommates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water pitchers and call lights are placed so the residents can reach them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a policy and procedure to protect resident's possessions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Menus and Food	Facility #1	Facility #2
Alternatives are offered if a resident does not like what is mentioned on the menu” (ask for a menu to see if your favorite foods are served)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The facility can accommodate dietary preferences if the resident should need or want a special diet (renal diet, vegetarian, gluten free or have food allergies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutritious snacks are available during residents’ waking hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a flexible meal schedule that accommodates the times that residents wish to eat.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff help residents eat and drink at mealtimes if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activities	Facility #1	Facility #2
Activities are available on evenings and weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residents have the opportunity to take part in a variety of activities (ask to look at a calendar)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The activities listed on the calendar are of interest to me or the person I am inquiring for.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residents have the opportunity to provide input into the activity calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a full-time activity director.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other things to consider	Facility #1	Facility #2
Residents can go to bed and get up when they want.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The resident can still see their own doctor even though one may be on staff at the nursing facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care plan meetings are held when it is convenient for the resident and their loved ones to attend.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety measures are in place such as exits are clearly marked, smoke detectors, fire sprinklers, evacuation plans and fire drills are held regularly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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