

SENIOR INFORMATION & ASSISTANCE

Northwest Regional Council
600 Lakeway Drive
Bellingham, WA 98225
(360) 738-2500 (V/TDD) or (360) 380-8121

Checklist: Nursing Home

General Care Issues

Is the facility adequately staffed? (What is resident to staff ratio?)		
Is the State Health Dept. survey report posted & have you reviewed it?	Yes	No
Do meals appear attractive, tasty and hot at time of serving?	Yes	No
Are residents given adequate time to eat at their own pace?	Yes	No
Are residents permitted a room change if roommates are incompatible?	Yes	No
Does the facility have a policy of resident behavior management?	Yes	No
Are personal possessions and decorations encouraged in resident's rooms?	Yes	No
Is storage/closet space adequate in the individual's room?	Yes	No
Do the laundry facilities provide acceptable policies regarding loss or damage?	Yes	No
Are barber or beautician services available on-site?	Yes	No
Are snacks available on request?	Yes	No
Are religious/spiritual options available at the facility?	Yes	No
Notes:		

Medical/Health

May the resident retain their own physician for their care?		
Does the "house" physician make weekly visits to the facility?	Yes	No
Is on-site occupational therapy, speech therapy, and physical therapy available?	Yes	No
Are dental, vision and foot care needs monitored and timely assistance provided?	Yes	No
Is there a pharmacy consultant or other safeguards in place to monitor each resident's medication record and potential medication interaction?	Yes	No
Is the resident and/or family involved on going in establishing the plan of care?	Yes	No
Is there a policy for informing family of changes occurring with the resident?	Yes	No
Is transportation provided to health related appointments?	Yes	No
Are hospice services offered as a resource when appropriate?	Yes	No

Notes:**Financial Issues**

Has written information been provided on costs of basic services?		
---	--	--

Is there a price list of optional services available but Not included in the basic cost?	Yes	No
--	-----	----

Is a contract required; does it contain references to deposits/charges of any kind (i.e. bed holding fees, advance Notification of transfer, etc.)?	Yes	No
---	-----	----

Did you or someone else carefully and thoroughly read the admissions agreement and completely understand all aspects?	Yes	No
---	-----	----

Were you provided a copy of the admissions agreement?	Yes	No
---	-----	----

Are any changes in the original agreement initialed by you?	Yes	No
---	-----	----

Is the facility approved for Medicare, Medicaid, or VA?	Yes	No
---	-----	----

Does the facility assist patient/family in applying for these programs?	Yes	No
---	-----	----

Are refunds made for time paid but Not used (i.e. early discharge, transfer, death, etc.)?	Yes	No
--	-----	----

Are bills itemized routinely or on request?	Yes	No
---	-----	----

Can or do residents or their legal agents manage the resident's financial affairs?	Yes	No
--	-----	----

Notes:**Recreation**

Is there an activities director on staff?		
---	--	--

Is there a wide range of activities available for varying interests and abilities?	Yes	No
--	-----	----

Are appropriate activities provided for bed bound residents?	Yes	No
--	-----	----

Are residents encouraged, assisted, and transported to participate in outside activities?	Yes	No
---	-----	----

Are volunteers active on an on-going basis?	Yes	No
---	-----	----

Is physical, social, and mental stimulation provided through activities or one-on-one interaction?	Yes	No
--	-----	----

Notes: