

Division of Licensing and Protection

Department of Disabilities, Aging & Independent Living

Facility Evaluation Checklist

The checklist is designed to help you evaluate and compare the facilities you visit. It would be a good idea to make several copies of this checklist, so you will have a new checklist for each nursing home or residential home you visit. After completing checklists on each facility, compare your visits. Comparisons will help select the facility that might be best for you.

Part 1- Basic Information

Name of Facility:		Date of Visit:
Address:		Phone:
		Website:
Cultural/Religious Affiliation (if any):		
Medicaid Certified?	Medicare Certified?	Admitting new residents?
Is the location convenient?		
Is the facility capable of meeting your special care needs?		

Rate the facility on a scale from one to ten, with ten being a perfect score.

Part 2 - Quality of Life	Circle Your Rating
Are residents treated respectfully by staff at all times?	1 2 3 4 5 6 7 8 9 10
Are residents dressed appropriately and well-groomed?	1 2 3 4 5 6 7 8 9 10
Does staff make an effort to meet the needs of each resident?	1 2 3 4 5 6 7 8 9 10
Is there a variety of activities to meet the needs of individual residents?	1 2 3 4 5 6 7 8 9 10
Is the food attractive and tasty? (sample a meal if possible)	1 2 3 4 5 6 7 8 9 10
Are resident rooms decorated with personal articles?	1 2 3 4 5 6 7 8 9 10
Is the facility's environment homelike?	1 2 3 4 5 6 7 8 9 10
Do common areas and resident rooms contain comfortable furniture?	1 2 3 4 5 6 7 8 9 10
Does the facility have a family and residents' council?	1 2 3 4 5 6 7 8 9 10
Does the facility have contact with outside groups of volunteers?	1 2 3 4 5 6 7 8 9 10

Rate the facility on a scale from one to ten, with ten being a perfect score.

Part 3 - Quality of Care	Circle Your Rating
Does staff encourage residents to act independently?	1 2 3 4 5 6 7 8 9 10
Does facility staff respond quickly to calls for assistance?	1 2 3 4 5 6 7 8 9 10
Are residents and family involved in resident care planning?	1 2 3 4 5 6 7 8 9 10
Does the facility offer appropriate therapies (physical, speech, etc.)?	1 2 3 4 5 6 7 8 9 10
Does the facility have an arrangement with a nearby hospital?	1 2 3 4 5 6 7 8 9 10

Part 4 – Safety	Circle Your Rating
Is there enough staff to appropriately provide care to residents?	1 2 3 4 5 6 7 8 9 10
Are there handrails in the hallways and grab bars in bathrooms?	1 2 3 4 5 6 7 8 9 10
Is the inside of the facility in good repair and are exits clearly marked?	1 2 3 4 5 6 7 8 9 10
Are spills and other accidents cleaned up quickly?	1 2 3 4 5 6 7 8 9 10
Are the hallways free of clutter and well-lighted?	1 2 3 4 5 6 7 8 9 10

Part 5 – Other Concerns	Circle Your Rating
Does the facility have outdoor areas (patios, etc.) for resident use?	1 2 3 4 5 6 7 8 9 10
Does the facility provide an updated list of references?	1 2 3 4 5 6 7 8 9 10
Are the latest survey reports and list of resident rights posted?	1 2 3 4 5 6 7 8 9 10
Other concern:	1 2 3 4 5 6 7 8 9 10
Other concern:	1 2 3 4 5 6 7 8 9 10

Additional Comments: