

SUSAN I. JEAN & ASSOCIATES, LLC

Checklist to Review Nursing-Home Facility

1. Who is the owner of the facility? _____
2. Is the facility part of a chain? Yes No
3. Review the State survey results. Positive Negative
4. Is the facility a cheerful place that a resident would want to call home? Yes No
5. Did the rooms reflect the individuality of the residents or is the facility completely institutional? Yes No
6. Are the common rooms used by the residents? Yes No
7. Do the residents look clean and well-groomed? Yes No
8. Inhale; any objectionable odors. Yes No
9. Is the dining room pleasant? Yes No
10. Is the food appetizing? Yes No
11. Are the residents in physical restraints? Yes No
12. Is there a meaningful activity program for the residents or are they staring

- at the wall, staring at a television, slumped over, or sitting in chairs in a line? Yes No
13. Does the facility have a dementia unit? Yes No
14. Is there a permanent assignment of staff to residents? Yes No
15. Do the nursing assistants participate in the care-planning process? Yes No
16. Can the facility handle behavior problems? Yes No
17. What is the policy toward missing clothing and other possessions? _____
18. What is the average turnover of the staff? _____
19. Is transportation to community activities provided? Yes No
20. Is there a family counsel? Yes No
21. What kinds of therapies are provided to residents on Medicaid (occupational therapy, speech therapy, physical therapy, mental health services, etc.)? _____
22. What is the procedure for handling complaints? _____
23. What is the daily rate? _____
24. What is included in the daily rate? _____
25. What are the extra charges over the daily rate? _____
26. Is the staffing level adequate? Yes No
27. How are roommates selected? _____

28. What is the facility's policy concerning smoking? _____
29. What do other residents and their families have to say about the facility? _____
30. Can residents go outside? Yes No
31. What do residents' families say is the best thing about living there? _____
32. What do residents' families say is the worst thing about living there? _____
33. Does the facility accept Medicaid? Yes No
34. What is the percentage of Medicaid patients? _____