

NURSING HOME EVALUATION FORM



NAME OF FACILITY.....

DATE OF VISIT.....

CONTACT NAME.....

CONTACT PHONE NUMBER.....

CONTACT E-MAIL.....

BASIC INFORMATION

Is the facility's current, valid license posted? Y N

Is the most current state survey or inspection report available for review? Y N

If there are deficiencies noted on the latest inspection report, has the facility corrected each of them? Y N

Is there a bed available for your loved one? Y N

Does the facility have a waiting list? Y N

NOTES AND OBSERVATIONS:

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Building and Grounds

Rate the following on a scale of 1-5, with 1 being poor and 5 being excellent

First impression	
Parking availability (full lot can indicate visitors are welcome and encouraged)	
Exterior of the premises (paint, gutters, trim, trash)	
Landscaping (well-maintained)	
Alzheimer's accommodations (including secure, outdoor walking area)	
Outdoor common area (security and ease of access)	
Windows in building (natural light sources, can they be opened, view)	
Interior cleanliness (floors, smell, walls)	
Noise level (common area and hallways)	
Designated and well-ventilated smoking area	
Salon services available (barber/beauty)	
Physical and occupational therapy available	
Dining area (clean, layout/design of space, decor)	
Dining assistance available	
Indoor common areas (spacious, updated furniture and equipment)	
Resident rooms (spacious, personalized to residents)	
TOTAL SCORE OUT OF 80	

Nursing Home Staff and Policies

Rate the following on a scale of 1-5, with 1 being poor and 5 being excellent

Demeanor of staff and residents (happy, relaxed, friendly, courteous)	
Respect residents have for staff	
Respect staff has for residents	
Regular staff assignment to individual residents	
Staff participation in residents' care plan meetings (nurse assistants)	
Longevity of staff / staff turnover	
Frequency of visits from the state ombudsman	
Administrator's relationship with residents (knows the residents by name and has pleasant, friendly conversations with them)	
Daily / Monthly rate	
Additional charges not included in daily/monthly rate	
Private pay rate increase (frequency, likelihood)	
Rate increase (who is notified, advance notice given)	
TOTAL POSSIBLE SCORE 60	

Resident Concerns

Rate the following on a scale of 1-5, with 1 being poor and 5 being excellent

Sufficient notice given when roommates are changed	
Roommate assignments	
Hospitalization procedures (how long is the bed held, fees assessed)	
Eviction/discharging of residents (circumstances, notice given)	
Grievances (residents' concerns addressed in an efficient manner)	
Resident activities (resident participation, meaningful, appropriate)	
Support of residents' individual hobbies and interests	
Organization and provision of transportation for outings and community activities	
Daily routines	
Residents encouraged to remain/become independent	
Bed time / Wake up time	
Resident appearance (well groomed, clean)	
Resident bathing frequency	
Dedicated nurse assistant for each resident	
Meal choices (quality, dietary preferences, variety, fresh)	

Timeliness of meal service	
Feeding assistance available	
Availability of between meal snacks	
Medication dispensing (accuracy, schedule, qualified staff administering)	
Routine wellness exams (resident weight, overall health)	
Regular checks for bedsores	
Promptness of call response	
Availability of mental health services (all residents, Medicaid recipients)	
Availability of occupational, speech, or physical therapy (all residents, Medicaid recipients)	
Use of physical or chemical restraints (circumstances, specific policy for use)	
Laundry (who is responsible, frequency, loss)	
Lost Items (how are they managed, concessions, frequency)	
TOTAL POSSIBLE SCORE 135	

Family Concerns

Rate the following on a scale of 1-5, with 1 being poor and 5 being excellent

Accommodations nearby for out-of-town visitors (hotels or motels)	
Proximity of nursing home to family members and other loved ones	
Nearby restaurants suitable for family meals, including meals with the resident	
Visitors' accommodations (comfortable spaces to visit with residents)	
Frequency of visitors (encouragement, allowance for)	
Parking (lighting, maintained, potholes or cracks, trip hazards)	
Care planning meetings (frequency, flexible to family schedules)	
Family/Staff meetings (to discuss concerns or problems)	
Family council (active, participation rate, frequency of meetings)	
Emergency notifications (procedures, circumstances)	
TOTAL POSSIBLE SCORE 50	

Total Possible Scores

Input Total Scores from each category and add for Grand Total

Building and Grounds	/80
Nursing Home Staff and Policies	/60
Resident Concerns	/135
Family Concerns	/50
GRAND TOTAL	/325