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NURSING HOME VISIT CHECKLIST

This nursing home checklist form is a composite of quality standards and expectations compiled by the skilled staff at the Baird Nursing Home in Rochester, New York. It's designed to help evaluate and compare nursing homes to determine and select the best facility that meets the quality of life and care needed when selecting a specific nursing facility. This form is not federal or New York State mandated, but rather suggestions designed for the public to use in making their personal evaluations of a specific nursing home facility.

Name of Nursing Home #1

Phone Number

Address

Date and Time Visited

Contact Person 1 (Social Worker)

Contact Person 2 (Admissions Representative)

Name of Nursing Home #2

Phone Number

Address

Date and Time Visited

Contact Person 1 (Social Worker)

Contact Person 2 (Admissions Representative)

NURSING HOME VISIT CHECKLIST

Residents

	Home 1	Home 2
Do residents appear generally content?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are residents clean and well groomed?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do residents find life in the nursing home acceptable (Talk with a few residents and/or resident family members.)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are residents wearing appropriate clothing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Resident Rooms

Are rooms homelike, clean, cheerful, and bright?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are private rooms available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is closet space sufficient?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is additional storage space available if needed?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Can residents add personal items to the room (e.g., furniture, pictures, televisions)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Will the available room meet the prospective resident's needs?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Will the room and bed be held if the resident requires hospitalization?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Activity Programs

Are activity calendars posted?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are activities offered that interest the prospective resident?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you see evidence residents are involved in a variety of activities?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are residents involved in meaningful activities?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are activities available in the evenings and on weekends?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do residents appear to be enjoying what they are doing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are leisure/recreational materials accessible to residents?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are there planned outings?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do residents participate in planning the activities?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are activities planned for residents who are confined to their rooms or beds?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are arrangements made for residents to practice their religion?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are the activities gender and age appropriate?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

NURSING HOME VISIT CHECKLIST

Resident Lounge Areas

	Home 1	Home 2
Are there lounge areas available for residents to use outside of their resident room?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there sufficient space in the lounge for visitors, conversation, TV watching, etc.?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are areas available that permit the resident to meet privately with visitors?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are lounges clean, comfortably furnished and generally pleasant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there area outside for residents to use?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the facility have a smoking policy?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Dining/Menus/Food

Visit the facility during mealtime and observe the facility's food service options.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is consultation with a nutritionist/dietician available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the dining area pleasant, clean, well lighted and easily accessible?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are residents encouraged to eat in dining areas?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the dining atmosphere relaxing (i.e., meal times do not appear chaotic or rushed)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Can residents choose where and with whom they can eat their meals?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do residents have a choice about the food they are served?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there variety in the menu selections?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are snacks available between meals?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the food look appetizing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the aroma of the food appetizing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Will the home serve wine/beer with a doctor's order?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do residents appear to enjoy their meal?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff provide assistance with eating (if needed)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Can the resident's family dine with the resident?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are provisions made for residents who are ill and unable to eat in the dining area?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

NURSING HOME VISIT CHECKLIST

Medical & Nursing Services

	Home 1	Home 2
Is the facility appropriate for the level of care that the resident requires?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff involve the resident (or family or guardian, if appropriate) in care planning?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the daily staffing schedule posted?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is a doctor available 24 hours a day?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is a registered nurse available 24 hours a day?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Can the resident choose the hospital they wish to use?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Will the nursing home honor the resident's preference for advance directive decisions?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are podiatry, eye care and dental services available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Rehabilitation Services

If therapy is needed, does the home provide an appropriate program or make the service available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are a variety of therapies available? (Occupational, physical, and speech therapy)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff provide therapeutic activities (e.g., walking residents, range of motion)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Bath and Shower Rooms

Are bathrooms conveniently located?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do bathrooms have handgrips or rails near all toilet and bathing areas?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff assist the resident in bathing (if needed)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are residents given a choice about their bath or shower schedule?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

NURSING HOME VISIT CHECKLIST

Resident Advocacy	Home 1	Home 2
Is a copy of the New York State Nursing Home Survey results clearly posted and available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are the phone numbers of the State Ombudsman and other resident advocacy groups posted?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there a resident council?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there a family council?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there a formal process for residents and/or family members to report a concern with the homes administrator and staff?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are residents and family members aware of this process?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there an active volunteer program?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is information available about community care alternatives?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there a translator available for residents who speak another language other than English?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Home/Facility

Is the home in good repair?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the temperature acceptable?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the noise level acceptable?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are telephones available and private?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are telephones accessible to all residents (including those in wheelchairs)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are hallways, stairs and exits safe and free of clutter?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are fire extinguishers visible?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you see a sprinkler system in the home?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there an emergency evacuation procedure?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the home have fire drills?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there a system in place for residents who wander?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

NURSING HOME VISIT CHECKLIST

Staff	Home 1	Home 2
Were the staff members prompt and courteous when meeting with you?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is the administrator readily available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff show interest in individual residents and know them by name?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do residents talk freely with staff?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff treat residents with dignity and respect?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is privacy respected (e.g., staff knock on doors before entering rooms, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the staff respond to resident requests in a timely manner?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Miscellaneous		
Is transportation available for trips to the hospital, medical offices or community functions?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is there a charge for resident transportation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the home have arrangements for personal laundry?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are there beauty and barbershop services available?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are young children permitted to visit?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do community groups, such as Boy or Girl Scouts, visit the home?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are the resident's pets permitted to visit?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the home have any pets?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the home provide ongoing support for the resident's family?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does the home offer fund management services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is mail delivered promptly?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

NURSING HOME VISIT CHECKLIST

Additional information to consider:

What is the procedure for admissions:

Daily rates and what is covered (e.g., laundry, phone, etc.)_____

Charges for items and services not covered in the daily rate, and
billing procedures:

Resident rights and responsibilities: _____

Policies on holding a bed if the resident leaves temporarily (e.g., home visit or hospital):

Policies regarding resident transfers or discharges: _____

Policies relating to advanced directive decisions:_____

Available openings, or the expected wait before an opening will occur:_____

Additional Comments/Observations:
