

Nursing Home Safety Checklist

Use this checklist to inspect and compare nursing homes to identify the best home or skilled nursing facility. Find the digital version of this form and more at fulcrumapp.com/checklists.

Nursing home information

Name of nursing home _____

Address Street Address _____

City, State, Zip _____

Contact name _____

Contact phone/email _____

General information

- ▶ Is facility Medicare-certified?
 Yes No N/A
 - ▶ Is valid license posted?
 Yes No N/A
 - ▶ Is the latest state survey or inspection report available to review?
 Yes No N/A
 - ▶ Has the facility corrected all deficiencies (federal or state) identified in its latest inspection report?
 Yes No N/A
 - ▶ Has the license ever been revoked?
 Yes No N/A
-

▶ If so, why? (VISIBILITY RULE)

▶ Is there a waiting period for admission?

Yes No N/A

▶ Is the level of care needed offered and a bed available?

Yes No N/A

▶ Are special services (dementia, ventilator, rehab) needed offered in a separate unit and a bed available?

Yes No N/A

▶ Is facility located close enough to friends and family?

Yes No N/A

Notes

Financial and legal information

▶ What is the base monthly fee?

▶ What services are included in that fee?

▶ If care is covered by Medicare, what are the out of pocket costs?

▶ Is a deposit required?

Yes No N/A

▶ Are payment plans available?

Yes No N/A

▶ What are the additional services available and what are their costs?

▶ What is the procedure for when fees are changed?

Yes No N/A

▶ If resident is hospitalized or placed in other care, how long will his or her bed be held, and at what cost?

▶ If resident leaves the facility, are the advanced payments returned?

Yes No N/A

▶ What are the reasons for discharge? How much notice is given and to whom?

▶ Is there an acceptable internal appeal and/or grievance process?

▶ What are the eviction procedures?

▶ Does facility offer a separate insurance policy that covers residents' personal property?

Yes No N/A

▶ Who is responsible for repairs or replacement after spills or accidents that destroy either the facility or resident's property?

Notes

Personal and health care

- ▶ Are residents encouraged to be as independent as possible?
 Yes No N/A
 - ▶ Are residents allowed to make choices about their daily routine?
 Yes No N/A
 - ▶ Are assessments performed on residents to assess needs regularly?
 Yes No N/A
 - ▶ Can the facility accommodate resident's changing needs?
 Yes No N/A
 - ▶ Does the facility have the ability to determine the cause of confusion a resident may develop (medications vs. dementia or Alzheimers')?
 Yes No N/A
 - ▶ Does the facility have the ability to deal with a resident's behavior that may change and become abusive?
 Yes No N/A
 - ▶ Are there any limitations on how the staff will handle medications?
 Yes No N/A
 - ▶ Are there safeguards in place to ensure that medications are taken correctly?
 Yes No N/A
 - ▶ Is a pharmacist available?
 Yes No N/A
 - ▶ Does window glare make it difficult to see?
 Yes No N/A
 - ▶ Who dispenses medications?
-

- ▶ Who reviews medication procedures and how frequently?

- ▶ Do residents receive preventive care such as yearly flu shots?

Yes No N/A

- ▶ Does the facility monitor residents' health including weight?

Yes No N/A

- ▶ Does staff routinely check each resident thoroughly to avoid bed sores?

Yes No N/A

- ▶ May residents still see their own doctors?

Yes No N/A

- ▶ How will physician and facility communicate about resident's care?

- ▶ Are there health care facilities available at the facility (physical therapy, wound care, hospice care, social services, etc.)?

Yes No N/A

- ▶ Are there a variety of medical services available (dentist, podiatrist, optometrist)?

Yes No N/A

- ▶ Will the staff set up appointments for residents?

Yes No N/A

- ▶ Does staff respond quickly when residents push the call buttons?

Yes No N/A

- ▶ Does the facility have an arrangement with a nearby hospital for emergencies?

Yes No N/A

- ▶ Does the facility call family or a personal doctor when emergencies arise?
 Yes No N/A
- ▶ Does the facility use physical or chemical restraints?
 Yes No N/A
- ▶ Is there a beauty salon or barber available?
 Yes No N/A
- ▶ Are laundry services available?
 Yes No N/A

Notes _____

Plan of care

- ▶ Does the facility prepare a written plan for how it will care for resident?
 Yes No N/A
- ▶ Are certified nursing assistants involved in care planning meetings?
 Yes No N/A
- ▶ Are care plan meetings held with residents and family at convenient if possible?
 Yes No N/A
- ▶ How will my family be involved in the plan?

- ▶ What if I don't agree with the plan?

- ▶ What involvement does a confused resident have?

- ▶ Does the plan cover all aspects of a resident's life (physical, mental, social and medical)?

Yes No N/A

- ▶ Is the plan and any medical records stored and confidentiality guaranteed?

Yes No N/A

- ▶ Does a pharmacist review individual drug treatment plans?

Yes No N/A

Notes

Residents

- ▶ Are residents clean, appropriately dressed for the season or time of day and well-groomed?

Yes No N/A

- ▶ Are residents interacting with each other and appear content and engaged?

Yes No N/A

- ▶ What is the average age of the residents?

- ▶ What do residents like best?

▶ What do residents like least?

▶ What is daily life like at the facility?

▶ Are most residents at the same level of mental function?

Yes No N/A

▶ Is there a resident and/or family council? How often does it meet? Has the council taken any action recently?

▶ Are residents' rights posted and the facility follow a resident's bill of rights?

Yes No N/A

▶ Do residents have the right to come and go as they please?

Yes No N/A

▶ Is mail delivered promptly and unopened? Can residents have subscriptions to magazines and newspapers?

Yes No N/A

Notes

Environment

▶ Are there any overwhelming unpleasant odors?

Yes No N/A

▶ Is the facility clean and well-kept?

Yes No N/A

- ▶ **Is the temperature comfortable for residents?**
 Yes No N/A
- ▶ **Is facility well lit?**
 Yes No N/A
- ▶ **Are there quiet and/or private areas for visiting?**
 Yes No N/A
- ▶ **Are noise levels in common areas comfortable?**
 Yes No N/A
- ▶ **Is smoking forbidden or restricted to certain sections of the facility?**
 Yes No N/A
- ▶ **Are furnishings comfortable, sturdy, and attractive?**
 Yes No N/A
- ▶ **Are the building and grounds well cared for and attractive?**
 Yes No N/A

Notes _____

Staff

- ▶ **Is the staff visible?**
 Yes No N/A
- ▶ **Does the staff wear name tags?**
 Yes No N/A
- ▶ **Does the relationship between staff and residents appear to be polite, warm, and respectful?**
 Yes No N/A

- ▶ **Are the staff friendly, considerate, and helpful?**
 Yes No N/A

- ▶ **If residents or staff are not native English speakers, can they communicate effectively with each other?**
 Yes No N/A

- ▶ **Is the staff's morale upbeat and positive?**
 Yes No N/A

- ▶ **Does the staff refer to residents by name and knock before entering a resident's room?**
 Yes No N/A

- ▶ **Is training and continuing education programs available to all staff?**
 Yes No N/A

- ▶ **Does the staff receive abuse prevention training?**
 Yes No N/A

- ▶ **Are background checks completed for all staff?**
 Yes No N/A

- ▶ **Does the guide providing the tour know residents' names and is recognized by residents?**
 Yes No N/A

- ▶ **Is there at least one full-time registered nurse (RN) on duty around the clock in addition to the administrator or director of nursing?**
 Yes No N/A

- ▶ **Who is the director of nursing?**

- ▶ **Does he or she hold a current state license?**
 Yes No N/A

- ▶ Is the administrator or director of nursing available to answer questions, hear complaints, or discuss problems and concerns?

Yes No N/A

- ▶ Does the same team of nurses work with same residents most days of the week?

Yes No N/A

- ▶ How long are nurse's shifts?

- ▶ Is the ratio of Certified Nursing Assistants to residents reasonable at all times?

Yes No N/A

- ▶ Is the ratio of aides to residents reasonable at all times?

Yes No N/A

- ▶ Are staff expected and trained to handle emergencies?

Yes No N/A

- ▶ Is there at least one full-time social worker on staff?

Yes No N/A

- ▶ Is a licensed doctor on staff and on site daily?

Yes No N/A

- ▶ Has the management team worked together for at least one year?

Yes No N/A

Residents' room

- ▶ Is the living space adequate?

Yes No N/A

- ▶ Is it well lit?

Yes No N/A

▶ How often is the room cleaned?

▶ Can residents have personal belongings and/or furniture in their rooms?

Yes No N/A

▶ Does each resident have storage space in his or her room?

Yes No N/A

▶ Is there a window in every resident's room?

Yes No N/A

▶ Do residents have access to a personal telephone, internet and television?

Yes No N/A

▶ Is there a cable TV connection in each room?

Yes No N/A

▶ Are doors shut when a resident is being dressed or bathed?

Yes No N/A

▶ Are water pitchers within a resident's reach?

Yes No N/A

▶ Do policies and procedures exist to protect residents' possessions?

Yes No N/A

▶ Are call buttons near each bed or do residents wear a device instead?

▶ Is there a private bathroom?

Yes No N/A

▶ How often is it cleaned? (VISIBILITY RULE)

▶ Is there a call button in the bathroom? (VISIBILITY RULE)

Yes No N/A

▶ How many residents per room?

▶ Is there a privacy curtain around each bed or between beds?

Yes No N/A

▶ What is policy if roommates don't get along? How does facility deal with conflict?

Notes

Menus and food

▶ Do residents have a choice of food items at each meal?

Yes No N/A

▶ Is there enough time to eat at meals?

Yes No N/A

▶ Are favorite foods offered?

Yes No N/A

▶ Does the food look and smell good?

Yes No N/A

▶ Are special dietary needs accommodated?

Yes No N/A

▶ Are nutritious snacks available upon request?

Yes No N/A

- ▶ Can staff help residents eat at mealtimes if needed?
 Yes No N/A

- ▶ Is the meal schedule flexible? At what times are meals served?

- ▶ Does a nutritionist or dietician review meals and special diets?
 Yes No N/A

- ▶ Can a meal tray be delivered to a resident's room?
 Yes No N/A

- ▶ Is the food prep separated from the dishwashing and garbage areas?
 Yes No N/A

- ▶ Is food requiring refrigeration properly stored?
 Yes No N/A

- ▶ Do kitchen workers observe sanitation rules?
 Yes No N/A

Notes

Activities

- ▶ Are residents (even those who are unable to leave their rooms) able to choose to take part in activities? Are they encouraged (but not pushed) to participate?
 Yes No N/A

- ▶ Are activity schedules varied and include resident's interests? Do residents provide input?
 Yes No N/A

- ▶ Is there someone with adequate training who develops and supervises recreational activities?

Yes No N/A

- ▶ Is reading assistance available?

Yes No N/A

- ▶ Does the facility have pleasant outdoor areas for resident use? Does the staff help residents go outside?

Yes No N/A

- ▶ Are there protected/enclosed areas for residents with dementia?

Yes No N/A

- ▶ Are residents involved in the community outside of the facility?
If so, how?

- ▶ Is there a game room or other recreational facility on site?

Yes No N/A

- ▶ Are there adequate facilities for residents to exercise?

Yes No N/A

- ▶ Does the facility have a volunteer program and if so, are volunteers thoroughly screened?

Yes No N/A

- ▶ What is the visiting policy?

- ▶ Does the facility have pets?

Yes No N/A

- ▶ Can family pets come with visitors?

Yes No N/A

- ▶ How does the facility accommodate religious or spiritual needs?

Notes

Safety and security

- ▶ Is there a security checkpoint at the entrance?

Yes No N/A

- ▶ Does the facility meet local, state, and federal fire codes?

Yes No N/A

- ▶ Are emergency exits clearly marked, accessible, and opened from the inside?

Yes No N/A

- ▶ Are there fire safety systems in place?

Yes No N/A

- ▶ Is there an emergency evacuation plan and is it posted?

Yes No N/A

- ▶ Does the facility hold regular fire drills that include bed-bound residents?

Yes No N/A

- ▶ Are exit doors alarmed?

Yes No N/A

- ▶ **Are there safety locks on windows?**
 Yes No N/A

- ▶ **Are there handrails in the hallways and grab bars in the bathrooms?**
 Yes No N/A

- ▶ **Are stairway doors kept closed to prevent potential spread of fire?**
 Yes No N/A

- ▶ **Are facility doors locked? When? How do residents or family members get in when the doors are locked?**

- ▶ **Is the facility wheelchair accessible?**
 Yes No N/A

- ▶ **Is floor covering made of non-skid material?**
 Yes No N/A

- ▶ **Is the building generally free of clutter?**
 Yes No N/A

- ▶ **Are safety measures in place to protect residents from wandering?**
 Yes No N/A

- ▶ **Is there an emergency generator or alternate power source?**
 Yes No N/A

- ▶ **Are there written policies about when 911 is called and who decides to call?**
 Yes No N/A

Notes

Transportation

- ▶ How does the facility handle transportation for appointments?

- ▶ What are the costs involved in using their transportation?

- ▶ Is transportation wheelchair accessible?

Yes No N/A

- ▶ Is transportation available for non-medical appointments?

Yes No N/A

- ▶ Is parking available?

Yes No N/A

- ▶ Is there public transportation nearby?

Yes No N/A

Notes

Certification

▶ Rating 1 (poor) to 5 (excellent) SingleChoice

 1 2 3 4 5

Completed by

Please print

Signature

Date

 / /

Time

 : AM / PM

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