

As you visit nursing homes, use the following form for each place you visit. Don't expect every nursing home to score well on every question. The presence or absence of any of these items does not automatically mean a facility is good or bad. Each has its own strengths and weaknesses. Simply consider what is most important to the resident and you.

Record your observations for each question by circling a number from one to five. (If a question is unimportant to you or doesn't apply to your loved one, leave the evaluation area for that question blank.) Then total all the blanks you checked.

Your ratings will help you compare nursing homes and choose the best one for your situation. But, don't rely simply on the numbers. Ask to speak to family members of other residents. Also, contact the local or state ombudsman for information about the nursing home. You can view a list of local or state ombudsmen at www.mass.gov under the link for Elder Affairs. Also, get a copy of the facility's state inspection report for the nursing home from the agency that licenses (or certifies) nursing homes or the ombudsman. You are able to view nursing home comparisons by visiting www.medicare.gov/NHCompare.

POOR ◇◇◇ EXCELLENT

THE BUILDINGS & SURROUNDING

What is your first impression of the facility? 1 2 3 4 5

What is the condition of the facility's exterior paint, gutters and trim? 1 2 3 4 5

Are the grounds pleasant and well kept? 1 2 3 4 5

Do you like the view from resident's rooms and other windows? 1 2 3 4 5

Do residents with Alzheimer's disease live in separate Alzheimer's unit? 1 2 3 4 5

Does the nursing home provide a secure outdoor area? 1 2 3 4 5

Is there a secure area where a resident with Alzheimer's disease can safely wander on walking paths? 1 2 3 4 5

Are there appropriate areas for physical therapy and other occupational therapy? 1 2 3 4 5

Is there a well-ventilated room for smokers? 1 2 3 4 5

Are facilities for barber or beauty salon services available? 1 2 3 4 5



POOR ◇◇◇ EXCELLENT

THE BUILDINGS & SURROUNDING

CONTINUED

What is your impression
of general cleanliness
throughout the facility? 1 2 3 4 5

Does the facility
smell clean? 1 2 3 4 5

Is there enough space
in resident rooms and
common areas for the
number of residents? 1 2 3 4 5

How noisy are hallways
and common areas? 1 2 3 4 5

Is the dining area clean
and pleasant? 1 2 3 4 5

Is there room at and
between tables for both
residents and aides for
those who need assistance
with meals? 1 2 3 4 5

Are common areas like
lounges and activity
rooms in use? 1 2 3 4 5

Are residents allowed
to bring pieces of furniture
and other personal items to
decorate their rooms? 1 2 3 4 5

POOR ◇◇◇ EXCELLENT

THE STAFF, POLICIES & PRACTICES

Does the administrator
know residents by name
and speak to them in a
pleasant, friendly way? 1 2 3 4 5

Do staff and residents
communicate with cheerful,
respectful attitudes? 1 2 3 4 5

Do staff and administration
seem to work well with
each other in a spirit of
cooperation? 1 2 3 4 5

Do residents get
permanent assignment
of staff? 1 2 3 4 5

Do nursing assistants
participate in the resident's
care planning process? 1 2 3 4 5

How good is the
nursing home's record for
employee retention? 1 2 3 4 5

Does the state
ombudsman visit the
nursing home on a
regular basis? 1 2 3 4 5

How likely is an
increase in private
pay rates? 1 2 3 4 5

Are there any additional
charges not included in the
daily or monthly rate? 1 2 3 4 5



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RESIDENTS' CONCERNS

What method is used in selecting roommates? 1 2 3 4 5

What is a typical day like? 1 2 3 4 5

Can residents choose what time to go to bed and wake up? 1 2 3 4 5

Are meaningful activities available that are appropriate for resident participation? 1 2 3 4 5

If activities are in progress, what is the level of resident participation? 1 2 3 4 5

Can residents continue to participate in interests like gardening or contact with pets? 1 2 3 4 5

Does the nursing home provide transportation for community outings and activities? 1 2 3 4 5

Is a van or bus with wheelchair access available? 1 2 3 4 5

Do residents on Medicaid get mental health services or occupational, speech or physical therapies if needed? 1 2 3 4 5

What is your impression of the general cleanliness and grooming of residents? 1 2 3 4 5

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How are decisions about method and frequency of bathing made? 1 2 3 4 5

How do residents get their clothes laundered? 1 2 3 4 5

What happens when clothing or other items are missing? 1 2 3 4 5

Are meals appetizing and served promptly at mealtime? 1 2 3 4 5

Are snacks available between meals? 1 2 3 4 5

If residents call out for help or use a call light do they get prompt, appropriate responses? 1 2 3 4 5

Does each resident have the same nursing assistant(s) most of the time? 1 2 3 4 5

How does a resident with problems voice a complaint? 1 2 3 4 5

Do residents who are able participate in care plan meetings? 1 2 3 4 5

Does the nursing home have an effective resident council? 1 2 3 4 5



POOR  EXCELLENT

FAMILY CONSIDERATIONS

How convenient is the nursing home's location to family members who may want to visit the resident? 1 2 3 4 5

Are there areas other than the resident's room where family members can visit? 1 2 3 4 5

Does the facility have safe, well-lighted, convenient parking? 1 2 3 4 5

Are hotels/motels nearby for out-of-town family members? 1 2 3 4 5

Are area restaurants suitable for taking residents out for a meal with family members? 1 2 3 4 5

How convenient will care planning conferences be for interested family members? 1 2 3 4 5

Can family/staff meetings be scheduled to discuss and work out any problems that may arise? 1 2 3 4 5

Are meaningful activities available that are appropriate for residents? 1 2 3 4 5

NURSING HOME INFORMATION

NAME OF NURSING HOME

DATE OF VISIT

NAME OF CONTACT

CONTACT PHONE

CONTACT EMAIL

TALLY YOUR RATINGS

SUB TOTALS:

The Buildings & Surrounding

The Staff, Policies & Practices

Residents' Concerns

Family Considerations

TOTAL SCORE:

