



Worksheet for Evaluating a Nursing Facility

Facility or Community: _____

Location: _____

Level of Care Needed: Subacute care or rehabilitation after hospital stay

Long-term skilled nursing care

Long-term care for Alzheimer's or other dementia

Other: _____

Contact Person: _____

Phone/E-mail _____

Notes

Part I: Preliminary considerations

Location is convenient for...

trips to doctor's office or hospital?

visits by family and friends?

Evaluation: Excellent Good Acceptable Unacceptable

Notes

This facility is well regarded by...

primary care doctor?

hospital discharge planner?

others: _____

Evaluation: Excellent Good Acceptable Unacceptable

Part II: Points to discuss; questions to ask

Notes

Who will pay...

- Medicare?
- Medicaid?
- long-term care insurance?
- resident will be responsible for: _____

Evaluation: Excellent Good Acceptable Unacceptable

Is this facility a good fit...

- for meeting the person's immediate and future nursing and rehabilitative care needs?
- in light of other factors, such as social and emotional needs and the availability or non-availability of other alternatives?

Evaluation: Excellent Good Acceptable Unacceptable

Part III: Things to watch for during a visit

Notes

Building and grounds...

- appear to be clean and well maintained?
- include amenities, such as:
 - rooms for private meals and get-togethers?
 - computer access to send and receive e-mail?
 - patio or walkways for outdoor time when weather permits?

Evaluation: Excellent Good Acceptable Unacceptable

The employees are...

Notes

- courteous, friendly, eager to help?
- neat, clean, well-groomed?
- adequately trained, good at what they do?
- respectful of the residents?

Evaluation: Excellent Good Acceptable Unacceptable

The residents are...

dressed and groomed appropriately?

engaged in activities?

Evaluation: Excellent Good Acceptable Unacceptable

Notes