Nursing Home Evaluation Checklist

Name of home _____

Type of home _____

Address _____

City/State/Zip _____ Phone _____

Monthly cost _____

Environment	**Yes**	**No**	**Somewhat**
Is the location good?	❑	❑	❑
Is there adequate parking?	❑	❑	❑
Does it smell good?	❑	❑	❑
Is the environment comfortable?	❑	❑	❑
Do the residents seem happy?	❑	❑	❑
Are the residents well-dressed and clean?	❑	❑	❑
Are the individual rooms bright and cheery?	❑	❑	❑

Comments: _____

Staff	**Yes**	**No**	**Somewhat**
Does the staff speak good English?	❑	❑	❑
Are they respectful of the residents?	❑	❑	❑
Do they have a sense of humor?	❑	❑	❑
Do they offer assistance quickly?	❑	❑	❑
Do you see any doctors?	❑	❑	❑
Can you trust the orderlies?	❑	❑	❑

Comments: _____

Meals	**Yes**	**No**	**Somewhat**
Are meals served at regular hours?	❑	❑	❑
Is the central dining area kept clean?	❑	❑	❑
Is there a menu?	❑	❑	❑
Can residents eat in their rooms?	❑	❑	❑
Is there assistance with eating?	❑	❑	❑
Is assistance with eating handled well?	❑	❑	❑
Are special dietary needs accommodated?	❑	❑	❑