Nursing Home Evaluation Checklist (continued)

Access	**Yes**	**No**	**Somewhat**
Can you visit any time?	❑	❑	❑
Is there a private area for visiting?	❑	❑	❑
Can you take your parent outside?	❑	❑	❑
Are there phones in the rooms?	❑	❑	❑
Are there trips to the mall or library?	❑	❑	❑

Notes: _____

Activities	**Yes**	**No**	**Somewhat**
Is there an appointed activity director?	❑	❑	❑
Do the activities seem upbeat?	❑	❑	❑
Do activities cost extra?	❑	❑	❑
Do activities include crafts and games?	❑	❑	❑
Are there activities during weekends or eves?	❑	❑	❑
Are residents encouraged to participate?	❑	❑	❑
Is there a space in the facility for activities?	❑	❑	❑
Can residents continue in their own hobbies?	❑	❑	❑

Notes: _____

Privacy	**Yes**	**No**	**Somewhat**
Does staff respect the privacy of patients?	❑	❑	❑
Does staff knock on the door before entering?	❑	❑	❑
Can a resident bathe or shower anytime?	❑	❑	❑

Notes: _____

Personal	**Yes**	**No**	**Somewhat**
Do clothes come back from the laundry?	❑	❑	❑
Can residents have personal belongings?	❑	❑	❑
Can residents receive newspapers or magazines?	❑	❑	❑
Do they have a policy on missing valuables?	❑	❑	❑

Notes: _____