

Nursing Home Evaluation Checklist



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This comprehensive nursing home safety checklist helps you assess potential facilities before your family member moves in and gives you insight into conditions during regular visits.

Name of Nursing Home:

Phone Number:

Address:

Date of Visit:

| Basic Information and Licensing | Yes | No | Notes |
|--|-----|----|-------|
| Does the facility have current Medicare and Medicaid certification? | | | |
| Is current liability insurance information available for review? | | | |
| Can you obtain information about the facility's ownership structure and corporate hierarchy? | | | |
| Are recent state inspection reports available for your review? | | | |
| Does the facility have accreditation from organizations like the Joint Commission? | | | |
| Are staffing ratios at or above state requirements? | | | |



| Staff Quality and Availability | Yes | No | Notes |
|---|------------|-----------|--------------|
| Did you observe an adequate number of nursing staff present during your visit? | | | |
| Is the ratio of certified nursing assistants to residents adequate? | | | |
| Are on-site registered nurses or doctors available? | | | |
| Is staff turnover rate low and do staff members show longevity? | | | |
| Do staff members smile and greet residents warmly? | | | |
| Do staff respond quickly and compassionately to resident requests for help? | | | |
| Is 24-hour nursing coverage available? | | | |
| Do staff members appear knowledgeable about individual residents' specific needs? | | | |

| Current Resident Care and Appearance | Yes | No | Notes |
|---|------------|-----------|--------------|
| Do residents appear clean and well-groomed overall? | | | |
| Is residents' clothing appropriate, clean, and properly fitting? | | | |
| Do residents interact with staff and each other in a positive manner? | | | |
| Are common areas free from strong urine or fecal odors? | | | |
| Do residents appear alert and responsive (not overly sedated)? | | | |

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| Are there no visible unexplained injuries, bruises, or sores on residents? | | | |
| Are residents' nails and hair properly maintained? | | | |
| Does staff respond quickly to resident requests for assistance? | | | |

| Resident Room Conditions | Yes | No | Notes |
|--|------------|-----------|--------------|
| Are rooms clean with no visible dirt, stains, or odors? | | | |
| Is there adequate lighting with working light fixtures? | | | |
| Is the room temperature comfortable and controllable? | | | |
| Do windows have coverings for privacy and light control? | | | |
| Are grab bars installed in bathrooms and near beds? | | | |
| Are call buttons accessible and within reach? | | | |
| Is there adequate space available for the resident's personal items? | | | |
| Are bed rails and positioning aids present if needed? | | | |
| Does the room have phone access and television if desired? | | | |
| Can families visit at any time without notice? | | | |
| Are there no restrictions on family inspecting the loved one's room? | | | |

| Bathroom and Shower Areas | Yes | No | Notes |
|--|-----|----|-------|
| Are bathrooms clean and sanitary? | | | |
| Are grab bars installed in all appropriate locations? | | | |
| Are non-slip flooring or mats present in shower and tub areas? | | | |
| Are privacy measures in place for bathing and toileting? | | | |
| Are wheelchair-accessible bathrooms available? | | | |
| Is there adequate lighting in bathroom areas? | | | |
| Are emergency call buttons accessible in bathrooms? | | | |
| Are bathrooms free from strong mold or mildew odors? | | | |
| Do bathrooms have individual privacy doors where possible? | | | |
| Are supplies such as toilet paper and soap adequately stocked? | | | |

| Overall Facility Environment | Yes | No | Notes |
|---|-----|----|-------|
| Are common areas clean and well-maintained? | | | |
| Is natural lighting available throughout the facility? | | | |
| Do decorations and furnishings make spaces feel welcoming? | | | |
| Are hallways wide enough for wheelchairs and walkers? | | | |
| Is the facility free from overwhelming odors or cleanliness issues? | | | |

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| Is the temperature throughout the facility comfortable? | | | |
| Are noise levels reasonable and not disruptive? | | | |
| Are outdoor spaces or gardens accessible to residents? | | | |
| Are handrails and safety features visible throughout the facility? | | | |
| Are fire safety equipment and exits clearly marked? | | | |

| Menu Planning and Dining Experience | Yes | No | Notes |
|--|------------|-----------|--------------|
| Are menus varied and appetizing in appearance? | | | |
| Are special dietary needs accommodated (diabetic, low-sodium, etc.)? | | | |
| Are food allergies documented and respected? | | | |
| Do residents have adequate time to eat meals without being rushed? | | | |
| Does staff assist residents who need help eating? | | | |
| Are dining areas clean and pleasant? | | | |
| Are meals served at reasonable times? | | | |
| Are snacks and beverages available between meals? | | | |
| Do cooking smells suggest fresh food preparation? | | | |
| Do residents appear satisfied after meals? | | | |
| Are hydration opportunities available throughout the day? | | | |

| Activity Programs and Engagement | Yes | No | Notes |
|--|-----|----|-------|
| Is a weekly activity schedule posted and visible? | | | |
| Are activities offered on both weekdays and weekends? | | | |
| Is there a variety of activities offered (physical, cognitive, spiritual, social)? | | | |
| Are activities customized to individual resident interests? | | | |
| Are outside entertainment or facility-sponsored outings available? | | | |
| Are spiritual services or accommodations available? | | | |
| Are residents actively participating in activities? | | | |
| Are volunteers welcome to lead activities? | | | |
| Is computer or internet access available for interested residents? | | | |
| Are residents encouraged to pursue hobbies and interests? | | | |

| Hallways, Stairs, and Lounges | Yes | No | Notes |
|--|-----|----|-------|
| Are hallways clean and free of clutter? | | | |
| Do hallways have adequate lighting? | | | |
| Are handrails installed along walls in hallways? | | | |
| Are stairwells well-lit and equipped with handrails? | | | |
| Do lounges have comfortable, accessible seating? | | | |
| Are equipment and supplies not blocking pathways? | | | |
| Is flooring even and in good repair? | | | |

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| Are carpets or rugs secure and non-slipping? | | | |
| Are fire exits clearly marked and accessible? | | | |
| Are there no electrical cords or tripping hazards visible? | | | |

| Outbreak Considerations and Infection Control | Yes | No | Notes |
|--|------------|-----------|--------------|
| Are clear outbreak protocols documented? | | | |
| Are isolation procedures for ill residents in place? | | | |
| Are staff vaccination rates for flu and COVID-19 adequate? | | | |
| Are hand-washing stations easily accessible? | | | |
| Do staff practice proper hygiene consistently? | | | |
| Do resident medical records show vaccination status? | | | |
| Does the facility track and report infection rates? | | | |
| Are cleaning protocols for shared equipment documented? | | | |
| Is personal protective equipment available as needed? | | | |
| Is there a communication plan for notifying families of outbreaks? | | | |
| Is adequate staffing maintained to prevent cross-contamination? | | | |

| Safety and Care Protocols | Yes | No | Notes |
|---|------------|-----------|--------------|
| Is a documented incident reporting system in place? | | | |
| Are fall prevention measures implemented? | | | |
| Are medication management procedures documented? | | | |

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| Is staff trained in CPR and first aid? | | | |
| Is an emergency response plan posted? | | | |
| Are fire extinguishers accessible and properly marked? | | | |
| Are emergency exits clearly marked and accessible? | | | |
| Is an evacuation plan documented and practiced? | | | |
| Are wheelchair brakes checked regularly? | | | |
| Are bed safety rails used appropriately? | | | |
| Do restraint policies align with federal regulations? | | | |
| Is staff trained to recognize and report abuse or neglect? | | | |

| Facility Management and Ownership | Yes | No | Notes |
|---|------------|-----------|--------------|
| Can you obtain information about the facility's ownership structure and parent companies? | | | |
| Is the facility operated as a for-profit or nonprofit organization? | | | |
| Can you identify the facility administrator and key leadership roles? | | | |
| Is the administrator accessible and responsive to concerns? | | | |
| Has leadership been in position for a reasonable length of time? | | | |
| Does the facility show investment in staffing and improvements? | | | |
| Are there communication systems in place for family concerns? | | | |
| Are formal complaint resolution procedures documented? | | | |
| Is there evidence of board oversight or corporate policies? | | | |
| Does the facility have a positive reputation in the community? | | | |

| Violation History and Compliance Records | Yes | No | Notes |
|---|------------|-----------|--------------|
| Are recent state inspection reports and dates available? | | | |
| Have recent violations been minimal and non-serious? | | | |
| Were violations corrected within the required timeframe? | | | |
| Are there no serious violations for abuse, neglect, or unsafe conditions? | | | |
| Are there no repeated violations in the same compliance areas? | | | |
| Has the facility avoided substantial financial penalties or fines? | | | |
| Are the facility's written responses to violations documented? | | | |
| Is there evidence of improvements made following violations? | | | |
| Is the facility in current compliance with regulations? | | | |
| Is there no history of staffing adequacy violations? | | | |

| Additional Considerations | Yes | No | Notes |
|--|------------|-----------|--------------|
| Are specialized care services available for your loved one's specific needs? | | | |
| Are end-of-life and palliative care options available? | | | |
| Are mental health services or counseling available? | | | |
| Are physical therapy and rehabilitation services available? | | | |
| Are visiting hours flexible and does the facility allow family involvement? | | | |
| Does staff communicate regularly about your loved one's status? | | | |
| Have you received positive feedback from current residents and their families? | | | |

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| Does the facility atmosphere feel warm and person-centered? | | | |
| Are you comfortable with the staff and overall facility? | | | |
| Are you able to tour the facility unannounced? | | | |



What to Do If You Notice Problems

If you discover concerning conditions during your evaluation or visits, document what you observe with specific dates and details. Take photographs if allowed. Contact the facility administrator to discuss your concerns directly. If problems persist, contact your state's nursing home complaint hotline or the Long-Term Care Ombudsman. The California Advocates for Nursing Home Reform can provide guidance on your rights. [Reporting problems or suspected nursing home neglect](#) protects your loved one and other residents. Many families later regret not speaking up sooner when they noticed warning signs.

If you suspect your loved one is experiencing abuse, neglect, or inadequate care, [contact us](#) immediately for a free consultation. You do not need to navigate this alone. Lanzo Morgan, LLP treats every client like family, offering hands-on support through every step of your case.