

# SENIOR LIVING FACILITY EVALUATION & NEEDS ASSESSMENT FORMS

When you are touring facilities, pay attention to your gut feelings. Ask yourself:

- Did I feel welcome?
- How long did I have to wait to meet with someone?
- Was the admission director interested in finding out my family member's wants and needs?
- Was the facility clean? Were there any strong odors?
- Was the staff friendly?
- Did the staff seem to generally care for the residents?
- Did the staff seem to get along with each other?

Listen and observe. You can learn a lot by watching and paying attention.

When touring a facility, ask any questions that come to mind. There are no "dumb" questions. Here are a few examples of questions you will want to ask to make sure that the administration of the facility is giving proactive care instead of reacting to a crisis or problem.

- How do you ensure that call lights are answered promptly regardless of your staffing?
- If the resident is not able to move or turn, how do you ensure that they are turned and do not develop bedsores?
- How do you make sure that someone is assisted with the activities of daily living like dressing, toileting and transferring?
- Can residents bring in their own supplies?
- Can residents use any pharmacy?
- How many direct care staff members do you have on each shift? Does this number exceed the minimal number that state regulations require (or is the place just meeting the minimum standard)?
- What payer sources do you accept (e.g., Medicare, Medicaid, insurance)?
- How long has the medical director been with your facility?
- What did your last state and/or resident survey results indicate? (Ask to see a copy.)
- How did you correct any deficiencies noted in these surveys and what process is in place to make sure mistakes are not repeated?
- Can my loved one come in for a meal to see if he or she fits in and likes the facility?

# FACILITY EVALUATION FORM

Name of Facility: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Date(s) Visited: \_\_\_\_\_

## **THE BUILDING AND SURROUNDINGS**

**BAD TO GOOD**

- |  |           |
|--|-----------|
| 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 residents' rooms and other windows?                                | 1 2 3 4 5 |
| Do residents with Alzheimer's disease live in a separate Alzheimer's unit?                   | 1 2 3 4 5 |
| Is there a secure outdoor area?  | 1 2 3 4 5 |
| Is there a secure area where a resident with Alzheimer's can safely wander on walking paths? | 1 2 3 4 5 |
| Are there appropriate areas for physical therapy and occupational therapy?                   | 1 2 3 4 5 |
| Are facilities for barber and beauty salon services available?                               | 1 2 3 4 5 |
| Is there a well-ventilated room for smokers?   | 1 2 3 4 5 |

**BAD TO GOOD**

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

Does the facility smell clean? | 2 3 4 5

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

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

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

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

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

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

**THE STAFF, POLICIES, AND PRACTICES**

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

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

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

Do residents have permanent assignment of staff? | 2 3 4 5

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

**BAD TO GOOD**

How good is the facility's record for employee retention? | 2 3 4 5

Does a state long-term care ombudsman visit on a regular basis? | 2 3 4 5

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

Are there any additional charges not included in the daily or monthly rate?  
*Note those items:* | 2 3 4 5

**RESIDENTS' CONCERNS**

What method is used in selecting roommates? (if applicable) | 2 3 4 5

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

Can residents choose what time to go to bed and what time to get up? | 2 3 4 5

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

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

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

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

**BAD TO GOOD**

Is a van or a 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
How are decisions made about method and frequency of bathing?	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
Can residents participate in care plan meetings if they are able?	1 2 3 4 5
Does the facility have an effective resident council?	1 2 3 4 5

## **FAMILY CONSIDERATIONS**

**BAD TO GOOD**

How convenient is the nursing home's location to family members who may want to visit?

| 2 3 4 5

Are there areas other than the resident's room where family members can visit or bring in a special meal?

| 2 3 4 5

Does the facility have safe, well-lighted, convenient parking?

| 2 3 4 5

Are hotels/motels nearby for out-of-town family members?

| 2 3 4 5

Are there suitable area restaurants for a family meal with the resident?

| 2 3 4 5

How convenient will care planning conferences be for interested family members?

| 2 3 4 5

Is an effective family council in place?  
Can family/staff meetings be scheduled to discuss and work out any problems that may arise?

| 2 3 4 5

**TOTAL SCORE**

*The higher the score, the better the facility rates for you.*

*Additional Comments, Questions, Observations*

# NEEDS ASSESSMENT

List your loved one's physical/medical needs:

---

---

---

---

---

List your loved one's psychological needs:

---

---

---

---

---

List your loved one's spiritual needs:

---

---

---

List your loved one's social needs:

---

---

---

List your loved one's preferences and usual routines:

---

---

---