



Azalea Trail Nursing and
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NURSING HOME CHECKLIST

Please print and use with each facility you are considering.

Azalea Trail Nursing and Rehabilitation Center has prepared the following checklist to help you make an informed decision about nursing home care for your Loved One. If you, or a member of your family, must enter a nursing home, visit the facility ahead of time. Quality of care, cost, services provided and physical layout vary greatly. By carefully evaluating and comparing nursing homes in your area, you are most likely to choose one that best meets your needs and those of your Loved Ones. We hope you will find this checklist beneficial!

	Home A		Home B	
	Yes	No	Yes	No
DAILY LIFE				
1. Do Residents seem to enjoy being with the Staff? Is their interaction warm and respectful?	___	___	___	___
2. Are most Residents dressed for the season and time of day?	___	___	___	___
3. Does Staff know the Residents by name?	___	___	___	___
4. Does Staff respond quickly to Residents' calls for assistance?	___	___	___	___
5. Are activities tailored to Residents' individual needs and interests?	___	___	___	___
6. Are Residents involved in a variety of activities?	___	___	___	___
7. Can Residents make choices about their daily routine? Examples: when to go to bed, get up, bathe or eat.	___	___	___	___
8. Does the nursing home serve food attractively and at proper temperatures?	___	___	___	___
9. Does the nursing home consider personal food likes and dislikes in planning meals?	___	___	___	___
10. Does the nursing home use care in selecting roommates?	___	___	___	___
11. Is there enough Staff to assist each Resident who requires help with eating?	___	___	___	___
12. Does the nursing home have a Residents' council? If so, does the council influence decisions about Resident life?	___	___	___	___
13. Does the nursing home have a family council? If so, does the council influence decisions about Resident life?	___	___	___	___

	Home A		Home B	
	Yes	No	Yes	No
14. Does the facility have outside volunteer groups, such as pet therapy programs, scouts and churches?	___	___	___	___

CARE

1. Do various Staff and professional experts participate in evaluating each Resident's needs and interests?	___	___	___	___
2. Does the Resident or his or her family participate in developing the Resident's plan of care?	___	___	___	___
3. Does the home offer programs to restore lost physical functioning (for example, Physical Therapy, Occupational Therapy, Speech Therapy)?	___	___	___	___
4. Does the home have any special services that meet your needs (for example, special care units for Residents with dementia or respiratory problems)?	___	___	___	___
5. Does the nursing home have a program to restrict the use of physical restraints?	___	___	___	___
6. Is a registered nurse available for nursing Staff?	___	___	___	___
7. Is there enough Staff at night and on weekends or holidays to care for each Resident?	___	___	___	___
8. Does the nursing home have an arrangement with a nearby hospital?	___	___	___	___
9. Do Administrator and Staff seem comfortable with each other and with the Residents?	___	___	___	___
10. Does the nursing home offer the services of a Workplace Chaplain to tend to the spiritual needs of hurting Employees as they care for the Residents?	___	___	___	___

PAYMENT

1. Is the facility certified for Medicare?	___	___	___	___
2. Is the facility certified for Medicaid?	___	___	___	___
3. Is the Resident or the Resident's family informed when charges and fees increase?	___	___	___	___

ENVIRONMENT

1. Is the outside of the nursing home clean and in good repair?	___	___	___	___
2. Are there outdoor areas accessible for Residents to use?	___	___	___	___
3. Is the inside of the nursing home clean and in good repair?	___	___	___	___
4. Does the nursing home have handrails in hallways and grab bars in bathrooms?	___	___	___	___
5. When floors are being cleaned, are warning signs displayed or are areas blocked off to prevent accidents?	___	___	___	___
6. Is the nursing home free from unpleasant odors?	___	___	___	___
7. Does the nursing home have smoke detectors and sprinklers?	___	___	___	___

	Home A		Home B	
	Yes	No	Yes	No
8. Are toilets convenient to bedrooms?	___	___	___	___
9. Do noise levels fit the activities that are going on?	___	___	___	___
10. Are exits clearly marked?	___	___	___	___
11. Is it easy for Residents in wheelchairs to move around the home?	___	___	___	___
12. Is the lighting appropriate for what Residents are doing?	___	___	___	___
13. Are their private areas for Residents to visit with family?	___	___	___	___
14. Do the Residents have some personal items in their bedrooms (for example: family pictures, souvenirs, a chair)?	___	___	___	___
15. Do the Residents' rooms have accessible storage areas for their personal items?	___	___	___	___

OTHER IMPORTANT FACTORS

1. Does the nursing home have a good reputation in the community? (Check with the Chamber of Commerce and BBB.)	___	___	___	___
2. Does the nursing home have a list of references?	___	___	___	___
3. Is the nursing home convenient for family and friends to visit?	___	___	___	___
4. Does the local ombudsman visit the facility regularly?	___	___	___	___
5. Does the nursing home meet your cultural, religious or language needs?	___	___	___	___
6. Can Residents continue to see their personal physician?	___	___	___	___