

# Checklist for Nursing Home Placement

This Checklist is available to help you compare three different nursing homes. List the names of the three nursing homes below that you are considering:

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FACILITY A

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FACILITY B

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FACILITY C

Rate the Nursing Homes you are considering with a scale of 1 (Poor) to 5 (Excellent).

## Alzheimer's/Dementia Physical Aspects

	FACILITY A					FACILITY B					FACILITY C				
<i>Is the facility on a quiet street?</i> Quiet residential neighborhoods are preferable to reduce the risk of wanderers being overwhelmed or possible pedestrian accidents.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is there a low noise level on the street?</i> A low noise level is best for residents with Alzheimer's/dementia, whose senses are easily overloaded.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is the Alzheimer's/dementia unit physically separate from the rest of the facility?</i> Lucid individuals and those with the disease have different needs, and too much interaction between them can disturb both sets of residents.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is the unit small/home-like or large/institutional?</i> Smaller, home-like units are preferable. Residents become easily confused in institutional settings where everything looks the same.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is the unit all on one level?</i> This is preferable because they are at greater risk of falling or becoming disoriented.	YES	NO				YES	NO				YES	NO			
<i>Are there circular areas designated for wanderers or are the hallways long with dead ends?</i> Residents often seem compelled to wander, and dead ends can make them agitated and frustrated.	YES	NO				YES	NO				YES	NO			

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# Checklist for Nursing Home Placement

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	FACILITY A					FACILITY B					FACILITY C				
<i>Have adequate measures been taken to ensure that wanderers can't escape?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is light used as a cue to help residents know the time of day?</i> Bright lights should be used during the daylight and low lights at night.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are there handrails throughout the unit?</i>	YES		NO			YES		NO			YES		NO		
<i>Are the hallways unobstructed?</i> A cluttered hallway may be unsafe for wanderers.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are visual cues used to help residents orient themselves? Cues include:</i>															
• <i>Color</i> Patterns can confuse the resident, so color schemes should be bold and simple. For example, all bathroom doors should be the same color and the hallway a single contrasting color.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
• <i>Locator Signs</i> Written words like "kitchen" or "toilet" may be used, but graphics are vital for patients who no longer read. Signs should be at eye level.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
• <i>Memory Boxes</i> These open containers display old photos and mementos to help residents identify their rooms.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
• <i>Large Clocks and Calendars</i> These help orient residents in time and can include information on the daily schedule and the season, for example.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

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# Checklist for Nursing Home Placement

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Alzheimer's/Dementia Staff/Services	FACILITY A	FACILITY B	FACILITY C
<b>What is the staff-to-resident ratio?</b> Should be about 1:4 in the Alzheimer's/ dementia unit	_____	_____	_____
<b>Does staff receive special training on the disease?</b>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<b>Are staff members respectful and courteous?</b> Examples: do they knock before entering the resident's room, do they call the resident by name, do they respond promptly to the needs/requests of the residents?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<b>Activities:</b>			
• Are appropriate activities arranged for residents with memory impairment?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Are smaller, separate rooms designated for activities, as opposed to larger spaces? Residents become disoriented in big rooms with multiple activities.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Are religious services available on the premises?	YES NO	YES NO	YES NO
<b>Continence:</b>			
• Are residents encouraged to remain continent?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Are residents reminded? Is there a schedule in place?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• Does staff assist residents to the bathroom if needed?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
• What percentage of residents wear incontinence products?	_____	_____	_____
<b>Does the facility have a restraint free policy?</b>	YES NO	YES NO	YES NO
<b>Is an Alzheimer's/dementia specialist on staff or available on a consulting basis?</b>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<b>Are family members/friends encouraged to visit and are they made to feel welcome?</b>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<b>How are problems addressed and solved?</b>	_____ _____ _____	_____ _____ _____	_____ _____ _____

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# Checklist for Nursing Home Placement

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	FACILITY A	FACILITY B	FACILITY C
<b><i>If the resident showed _____ behavior, how would the staff react?</i></b>	_____	_____	_____
_____	_____	_____	_____
Fill the blank with whatever behavior your loved one tends to exhibit, i.e. combative, tearful, repetitive questions.	_____	_____	_____
<b><i>What circumstances would initiate a discharge/eviction of a resident?</i></b>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## Cost and Payment Sources

	FACILITY A		FACILITY B		FACILITY C	
<b><i>What types of payments are accepted?</i></b>						
• Medicare Certified	YES	NO	YES	NO	YES	NO
• Medicaid Certified	YES	NO	YES	NO	YES	NO
• Long-term Insurance	YES	NO	YES	NO	YES	NO
• Veteran's Administration	YES	NO	YES	NO	YES	NO
<b><i>Is information about additional charges in writing?</i></b>	YES	NO	YES	NO	YES	NO

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# Checklist for Nursing Home Placement

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Building and Grounds	FACILITY A					FACILITY B					FACILITY C				
<i>Is the facility wheelchair-accessible throughout?</i>	YES	NO				YES	NO				YES	NO			
<i>Are there grab bars in the bathroom/shower areas?</i>	YES	NO				YES	NO				YES	NO			
<i>Is the facility clean?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is there a permeating odor?</i> Some isolated odors are expected	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are common areas clean and pleasant/ homelike?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are fire exits clearly marked/automatic sprinkler system in place?</i>	YES	NO				YES	NO				YES	NO			
<i>Are there designated smoking areas?</i>	YES	NO				YES	NO				YES	NO			

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Rooms	FACILITY A					FACILITY B					FACILITY C				
<i>Are the bedrooms adequate size?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are the rooms clean and pleasant?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Can residents decorate and bring personal items from home?</i>	YES	NO				YES	NO				YES	NO			
<i>Is privacy respected (i.e. curtain in between beds)?</i>	YES	NO				YES	NO				YES	NO			
<i>Is there a call button accessible from each bed?</i>	YES	NO				YES	NO				YES	NO			
<i>Is there a room change notification policy?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is there written criteria for transfer to other divisions within the facility?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

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# Checklist for Nursing Home Placement

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Meals	FACILITY A					FACILITY B					FACILITY C				
<i>Is food well presented and appetizing?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is assistance provided to the dining room as necessary?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is assistance provided with eating as necessary?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is the dining room environment pleasant?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are the meals served matched to the day's menu?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Is there sufficient time to complete each meal?</i>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
<i>Are special dietary needs accommodated?</i>	YES		NO			YES		NO			YES		NO		
<i>Can you eat with your loved one if you choose to?</i>	YES		NO			YES		NO			YES		NO		
<i>Are snacks provided?</i>	YES		NO			YES		NO			YES		NO		

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	FACILITY A		FACILITY B		FACILITY C	
Special Care Needs						
Laundry						
• Are laundry services available?	YES	NO	YES	NO	YES	NO
• Is laundry included in the daily rate?	YES	NO	YES	NO	YES	NO
• Can the family do the laundry?	YES	NO	YES	NO	YES	NO
Therapy Services						
• Is Physical Therapy available?	YES	NO	YES	NO	YES	NO
• Is Occupational Therapy available?	YES	NO	YES	NO	YES	NO
• Is Speech Therapy available?	YES	NO	YES	NO	YES	NO
• How is therapy paid for (in-house or contractual)?	<hr/>		<hr/>		<hr/>	
Can one’s personal physician be used?	YES	NO	YES	NO	YES	NO
Does your facility have a policy for contacting families when meds are changed?	YES	NO	YES	NO	YES	NO
Is hairdressing/barber service available on the premises?	YES	NO	YES	NO	YES	NO
Can residents purchase toiletry items, newspapers, etc. on site?	YES	NO	YES	NO	YES	NO
Is telephone service available/accessible	YES	NO	YES	NO	YES	NO

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## Checklist for Nursing Home Placement

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**How to Contact the Alzheimer's Association – Heart of America Chapter**  
1.800.272.3900 • [alz.org/kansascity](http://alz.org/kansascity)

**Main  
Office**  
3846 W. 75th Street  
Prairie Village, KS 66208

**Northeast Kansas  
Regional Office**  
3625 SW 29th St.  
Suite 102  
Topeka, KS 66614

**Northwest Missouri Regional  
Office**  
10th and Faraon  
St. Joseph, MO 64501

**Southeast Kansas  
Regional Office**  
2601 Gabriel  
Parsons, KS 67357

*The Heart of America Chapter provides programs and services in 66 counties in Kansas and Missouri. These programs and services are made possible thanks to generous donations from individuals, corporations, and foundations. Contributions and donations allow the Chapter to provide supportive services, including care consultations, free of charge to individuals and families.*