

# Nebraska Long Term Care Ombudsman Program



## SELECTING A NURSING HOME

***Make copies of this checklist and take it with you when visiting a prospective nursing home. Some of the listed items suggest questions to ask of staff, while others are based on your observations.***

### **Basic Information**

- YES NO Special Care Unit (SCU)  
*(important to request a copy of the SCU's admission & discharge criteria)*
- YES NO The nursing home is actively involved in quality improvement and culture change initiatives *(e.g. Advancing Excellence Campaign)*
- YES NO Currently accepting new residents
- \_\_\_\_\_ Number of current openings
- \_\_\_\_\_ Waiting period for admission
- \_\_\_\_\_ Number of Medicare-certified beds  
*(important following a hospital stay, if skilled nursing care is needed)*
- \_\_\_\_\_ Number of Medicaid-certified beds  
*(important if financial resources are limited or become limited in the future)*

### **Environment**

- YES NO The nursing home is free of lingering odors
- YES NO The nursing home appears clean and well-kept
- YES NO Noise levels are generally quiet
- YES NO Resident rooms are personalized with a resident's belongings
- YES NO The temperature and ventilation feel comfortable
- YES NO There are comfortable visiting areas for friends and family
- YES NO There are outdoor areas for residents to use
- YES NO The nursing home has a home-like feel

### **Choice**

- YES NO Residents have a choice of activities, including in the community
- YES NO Baths and showers are available at different times during the day
- YES NO Residents have a choice in meal times and food options
- YES NO Bed & waking times are flexible and based on resident preference
- YES NO Residents and their families are encouraged to participate in quarterly resident care plan meetings and reasonable accommodations are offered

### **Residents**

- YES NO The residents appear clean, properly dressed and well-groomed
- YES NO Residents appear satisfied and comfortable
- YES NO There are procedures in place to safeguard resident possessions
- YES NO Residents appear to be engaged in meaningful activities

YES NO Residents are encouraged to be active participants in their care & their decisions are honored, including their end-of-life choices

### **Staff**

YES NO The staff interact with residents in a courteous and respectful manner

YES NO The nursing home does background checks on all staff

YES NO The staff respond promptly to calls for assistance

YES NO There appear to be a sufficient number of staff on all shifts, including nights and weekends

YES NO The staff seem competent and act in a professional manner

YES NO The staff were able to answer my questions satisfactorily

YES NO The staff are cheerful and appear to enjoy their work

### **Nutrition**

YES NO Staff assist residents who need help in eating their meals

YES NO The food smells and looks appetizing

YES NO The food is served at an appropriate temperature

YES NO Nutritious snacks are available during the day and evening

YES NO The dining room environment is pleasant, social and relaxing

YES NO Fresh water is available at meals and in each resident's room

### **Safety**

YES NO The hallways are clear, well-lit and free of clutter

YES NO Spills and other accidents are cleaned up promptly

YES NO Bathroom grab bars and other assistive equipment is available

YES NO Residents are offered preventative health care (e.g. flu shots)

YES NO The nursing home has corrected any deficiencies identified on its past state inspections

*In order to get an accurate picture of a nursing home, it is important to make at least two visits. It is recommended that you or your loved one visit on a weekday, in order to ask questions of the management staff. A second visit during the evening or weekend will allow you to observe the facility during a time when there are typically less management staff on site.*

### **State Long Term Care Ombudsman Program**

Nebraska Department of Health and Human Services – State Unit on Aging

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**(800) 942-7830**

**Nursing Home name** \_\_\_\_\_

\*\* This checklist contains information provided courtesy of the Minnesota Long Term Care Ombudsman Program.