SKILLED NURSING FACILITIES
CHECKLIST

Physical Plant and General Atmosphere

_______ Is facility clean and relatively free of odors?
_______ Is facility maintained at a comfortable temperature for residents?
_______ Are floors clean and sanitary?
_______ Are floors and spills cleaned up quickly to ensure the safety of the residents?
_______ Are halls reasonably uncluttered?
_______ Is equipment clean and in good repair?
_______ Is there an effort to make the facility and resident rooms comfortable and home like?
_______ Are the Administrator and Director of Nurses visible in resident care areas?
_______ Does staff take the time to talk to residents?
_______ Is there a noticeable attitude of caring expressed toward residents by staff?
_______ Do residents communicate with each other?
_______ Do residents seem alert or are they dazed and unaware?
_______ Are visitors welcome?
Skilled Nursing Checklist

Quality of Life

________ Are residents treated with respect and dignity by staff?

________ Do conditions of residents reflect good hygiene and adequate basic care? (Note hair, fingernails, face, skin, etc.)

________ Are residents dressed in clothes, including footwear, which are presentable and belong to the resident?

Quality of Life cont.

________ Do residents who need assistance with eating receive it?

________ Are incontinent residents attended to in a timely manner?

________ Are residents taken to the bathroom every 2 hours in order to prevent incontinence?

________ Are call lights responded to promptly?

________ Is water readily available to residents and are residents offered and assisted in drinking water on a regular basis?

________ Do residents seem to remain in wheelchairs for long periods of time without attention from staff?

________ Are residents in wheelchairs made comfortable? (Note whether residents’ backs and/or buttocks are exposed. Are the residents’ bodies in contact with plastic on the wheelchair back? Are cushions used for comfort?)

________ Are residents provided with foot rests while in wheelchairs? (Feet should not dangle.)

Dietary

________ Is a menu posted and is it adhered to?

________ Does the menu provide variety?

________ Are meals hot when served to residents?
________ Are meals appetizing?

________ Is the quality sufficient?

________ Is the quantity sufficient?

________ Are fresh fruits and vegetables served?

________ Are snacks served to residents during the day and evening?

________ Are residents brought together to dine (as opposed to eating alone in rooms or halls)?

**Activity Program**

________ Is the calendar posted for the current month?

________ Do activities take place as scheduled?

________ Are there a variety of activities and do they seem to meet the residents’ needs?

________ Is there an activity plan for every resident, including room-bound and disoriented residents?

________ Is there an effort to include as many residents as possible in activities that are meaningful to them?

________ Is the Activity Director actively involved with residents?

**Miscellaneous**

________ Is the Ombudsman poster displayed where residents and visitors can read it (each facility is required to have 4 posters conspicuously displayed)?

________ Does there appear to be an adequate number of staff to meet the residents’ needs?

________ Does staff listen to residents and/or family members and respond appropriately?
Skilled Nursing Checklist

_______  Does the facility provide laundry service and hair trims at no cost to Medi-Cal residents?

_______  Is linen (sheets, blankets, resident gowns, towels, etc.) in good condition?

_______  Are there adequate blankets on beds?

_______  Are administrative personnel available to discuss and resolve concerns?