Residential Care Facility Visitation Checklist

Staff

☐ Do the administrator/manager and director of nurses appear to know the patients?

☐ Does the staff show interest in individual patients?

☐ Is the staff courteous?

☐ Is the staff’s attitude condescending or are patients treated with dignity and respect?

☐ Does the staff use childish nicknames when speaking with patients? Do they talk about patients as if they were not present or as if they were children? Examples: “She really doesn’t understand” or “Isn’t he cute?”

☐ Is privacy respected? Example: Knocking on doors before entering rooms; keeping cubicle curtains drawn while care is being given.

☐ Are calls for assistance responded to within a reasonable amount of time?

Resident Rooms

☐ In which area of the home would a new patient be assigned a room?

☐ Are rooms active, cheerful, clean and well lit?

☐ How many patients share a room? (Ordinarily, rooms should have no more than four beds, at least three feet apart.) Is there a bedside stand, reading light, chest of drawers, and at least one comfortable chair for each patient?

☐ Are beds easy to reach? Is there room to maneuver a wheelchair easily?

☐ Is closet space sufficient? Is additional storage space available if needed?

☐ Is there a call button near each bed?

☐ Are patients allowed to have any of their own furniture? Can they hang pictures on the walls? Have patients personalized their rooms?

☐ Are provisions made for privacy such as cubicle curtains around each bed?

Resident Lounge Areas

☐ How many lounge areas are available for patients? In nursing homes, there should be at least one such area.

☐ Does there seem to be sufficient space for visitors, conversation, TV watching?

☐ Are lounges clean, comfortable, furnished, and generally pleasant?

☐ Are non-smoking and smoking areas established?
Activity Areas

☐ Is there a variety of equipment available?
☐ Is there adequate space to accommodate large groups of patients? To accommodate wheelchairs?

Activity Programs

☐ Are activity calendars posted? If not, ask for a description of regularly scheduled daily activities and upcoming events and ask why a calendar has not been posted.
☐ Do the activities cover a variety of interests?
☐ Do patients participate in planning the activities? Observe the degree of patient participation in planned activities.
☐ Are activities planned for patients who are confined to their room or bed?
☐ Does the home have volunteers? What is the extent of their participation?
☐ Are arrangements made for patients to practice their religious beliefs?
☐ Is there a patient council? How active is it? What functions does it perform?

Hallways and Stairs

☐ Are halls and stairs well lit and clean? Are stairways clearly marked?
☐ Are halls wide enough to accommodate the passage of wheelchairs?
☐ Are halls free of obstacles such as cleaning equipment, chairs, and laundry carts?
☐ Are there handrails in all corridors?
☐ Are exits clearly marked and easy to reach?
☐ Are fire extinguishers visible?
☐ Are floors clean and non-slippery?
☐ Are seasonal or holiday decorations evident, if appropriate?
☐ Is there an obvious odor? Strong urine and body odors may indicate poor nursing care or poor housekeeping. Heavy “air freshener” deodorants and other temporary chemical cover-ups may be substitutes for conscientious care and maintenance.

Specialized Service Areas – Occupational and Physical Therapy

Rooms

☐ Is there a variety of equipment?
☐ Are the rooms clean?
☐ Is there evidence that the rooms are being used?
☐ How many people staff the department(s)?

Kitchen Area

☐ Is there a variety of equipment?
☐ Is there adequate ventilation?
☐ Is there adequate refrigeration capacity?
☐ Are foods stored in a clean, dry area? Does the staff handle food in a safe, sanitary manner?
☐ Does the staff wear hairnets?
Dining Area

☐ Is the dining area pleasant, comfortable, clean and easily accessible?

☐ Are patients encouraged to eat there? Is it large enough to hold the majority of patients?

☐ Are tables convenient for wheelchairs?

☐ Is the atmosphere relaxing or do mealtimes appear chaotic?

Menus and Food

☐ Visit the facility at the time of the midday meal, often the main meal. Observe the manner in which the food is being served as well as the patients’ general reaction to the food.

☐ Has the home served the same food as is listed on the menu?

☐ What methods are used to keep hot foods hot and cold foods cold?

☐ Are dishes and silverware used or are disposable plates and utensils used?

☐ Does the food appear appetizing? Does it smell appetizing?

☐ Do patients appear to be enjoying their meal or do many leave portions of their food untouched?

☐ What provisions are made for patients who are ill and unable to eat in the dining room?

☐ If patients are unable to eat in the dining room, is their food kept hot until it is served?

☐ Menus are often posted. If none are posted, ask to see a sample menu.

☐ How often are meals repeated? Are alternatives available?

☐ Who plans the meals? If the facility does not have a full- or part-time dietician, there should be regularly scheduled consultations. Considerations must be given to ethnic food preferences unless a patient has special dietary needs prescribed by the physician. California law requires that not more than 14 hours elapse between evening meal and breakfast and that bedtime snacks be offered to all patients unless it is not medically advisable.

Baths and Shower Rooms

☐ Are bathrooms conveniently located?

☐ How many patients share a bathroom?

☐ Do bathrooms have handgrip or rails near all toilet and bathing areas?

☐ Is there a call button near the toilet?

☐ If bathrooms are without showers or tubs, ask to see the shower or tub room.

☐ Ask when and how often the patients receive baths.

Miscellaneous

☐ Does the facility have a staff social worker? What duties does he or she perform?

☐ How is transportation provided for trips to hospitals, medical offices, or community functions? Is there a charge?

☐ Are podiatry and dental services available?

☐ What arrangements does the home have for personal laundry?
Are beauty and barber shop services available? At what cost? How often?

Are religious services available?

For a home to become licensed, it has to meet the standards of the California Health and Safety and Administrative Codes. However, you should still check the facility in terms of its overall environment, including safety.

**Resources**

**Southern Caregiver Resource Center**
891 Kuhn Drive Ste. 200
Chula Vista, CA 91914
(858) 268-4432; (800) 827-1008 (in CA)
Fax: (858) 268-7816
E-mail: scrc@caregivercenter.org
Web site: www.caregivercenter.org

Southern Caregiver Resource Center offers free support services to caregivers of adults with chronic and disabling conditions in San Diego and Imperial counties. Services include information and referral, needs assessments, care planning, family consultation, case management, individual counseling, legal and financial consultation, respite care, education and training, and support groups.

**California Advocates for Nursing Home Reform (CANHR)**
www.canhr.org

**National Center for Assisted Living**
www.ncal.org