

Nursing Home Evaluation Checklist (continued)

Medications **Yes** **No** **Somewhat**

- Does a nurse administer daily medications?
- Can residents keep non-prescription drugs?
- Can your parent keep their own doctor?
- Is medical support is available in emergencies?

Notes: _____

Services **Yes** **No** **Somewhat**

- Is a hair salon or personal grooming available?
- Is day-to-day dental service offered?

Notes: _____

Services **Yes** **No** **Somewhat**

- Is there someone to call when you have questions?
- Is your parent's care reviewed regularly?
- Will you be involved in the review?

Notes: _____

Overall impression of facility:

- excellent good fair poor

Notes: _____
 : _____
 : _____
 : _____