Nursing Home Tour Checklist

Use this checklist during nursing home tours to compare communities, organize notes, and help make more informed care decisions.

Basic Community Information

Nursing Home Name: _____ Date of Tour: _____

Location: _____

Person Giving the Tour: _____ Contact Information: _____

First Impressions

- ☐ Clean and well maintained ☐ Calm and organized ☐ Warm and welcoming
- ☐ Safe and secure ☐ Comfortable for residents ☐ Respectful toward residents

Notes: _____

Staffing and Medical Care

- ☐ Is a nurse available 24/7? ☐ Did staff appear attentive and patient?
- ☐ Were call lights answered promptly? ☐ Did staff know residents by name?
- ☐ Were medical questions answered clearly? ☐ Did staffing levels seem adequate?

Notes: _____

Safety and Cleanliness

- ☐ Hallways and rooms appeared clean ☐ No strong odors throughout the building
- ☐ Bathrooms appeared sanitary ☐ Handrails and safety features were visible
- ☐ Residents appeared supervised and supported ☐ Lighting and walkways felt safe

Notes: _____

Resident Quality of Life

- ☐ Residents appeared comfortable ☐ Residents appeared engaged in activities
- ☐ Residents appeared socially connected ☐ Residents appeared respected by staff
- ☐ Residents appeared properly groomed ☐ Residents appeared emotionally supported

Notes: _____

Activities and Social Programs

- ☐ Exercise or wellness programs ☐ Games and social events
- ☐ Religious or spiritual services ☐ Memory-focused activities
- ☐ Outdoor opportunities ☐ Activity options for different care needs

Notes: _____

Dining and Meals

- ☐ Dining area felt clean and comfortable ☐ Residents appeared supported during meals
- ☐ Meals looked appealing ☐ Special diets are accommodated
- ☐ Snacks are available ☐ Family members can join meals

Notes: _____

Communication

- ☐ Families are updated about health changes ☐ There is a primary contact person
- ☐ Care plan meetings are scheduled regularly ☐ Families can contact leadership easily
- ☐ There is a clear complaint process

Notes: _____

Costs and Financial Information

- ☐ Monthly cost explained clearly ☐ Services included were explained
- ☐ Additional care fees reviewed ☐ Therapy costs discussed
- ☐ Medicare accepted ☐ Medicaid accepted ☐ Private room pricing reviewed

Notes: _____

Overall Impressions

What did you like most about this community _____

_____

_____

What concerns or questions do you still have? _____

_____

_____

Would you feel comfortable with your loved one living here? ☐ Yes ☐ Possibly ☐ No

Overall Tour Rating (1–10): _____