

Nursing Home Staffing Requirements – Form/Questionnaire

This form/questionnaire will assist you or your attorney in evaluating staffing concerns at a particular nursing facility.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____ Home Phone: _____

Business Phone: _____ Additional: _____

Name of party at nursing home (if different than above): _____

Relationship to party at nursing home (if applicable): _____

Name of Nursing Home: _____

Address of Nursing Home: _____

City: _____ State: _____ Zip: _____

Please complete the following to the best of your ability:

Approximately how many reside at this facility?

- 10 or fewer
- 10 – 50
- 50 – 100
- greater than 100

What is the approximate number of staff?

- 10 or fewer
- 10 – 50
- 50 – 100
- greater than 100

Are there 24-hour nursing services available?

- Yes
- No
- Not sure

Is a Registered Nurse readily available?

- Yes

- No
- Not sure

Is there a full-time Director of Nursing?

- Yes
- No
- Not sure

Do you, or the resident, have regular contact with a physician?

- Yes
- No
- Not sure

Is there a facility appointed Physician Medical Director that you are aware know of?

- Yes
- No
- Not sure

On a scale of 1-10, how would you rate the cleanliness of the facility? _____

On a scale of 1-10, how would you rate staff concern for resident's well being? _____

On a scale of 1-10, how would you rate staff friendliness? _____

How would you rate the activity level of the residents?

- Very active
- Active
- Less than active
- Sedentary

In your opinion, is the facility adequately staffed in the following areas?

1. Dietary services

- Yes
- No

2. Pharmaceutical services

- Yes
- No

3. Rehabilitation

- Yes
- No

4. Dental services

- Yes

No

5. Vision and hearing services

Yes

No

6. Various social services to help residents stay active both mentally and physically

Yes

No

7. Therapeutic services

Yes

No

8. Mental health services

Yes

No

Other comments:
