

**Observable Indicators of Nursing Home Care Quality Instrument
Assisted Living/Residential Care Quality Improvement Version**

Facility _____ Location _____

Date _____

Time of day (check one): morning afternoon evening

Observed mealtime (check one): yes no

General Directions for Observation and Instrument Use

The Observable Indicators of Nursing Home Care Quality Instrument (Assisted Living/Residential Care Facility version) is designed to measure the many dimensions of quality in assisted living. It was originally designed to be used after a 20-to-30 minute observation of a nursing home. This version has been designed for use in assisted living/residential care facilities. It has now been tested in two states in over 250 assisted living/residential care facilities.

Complete the instrument after walking through the general living spaces, hallways, and areas generally available to the public. We suggest general business hours such as 10:00 a.m. through 7 p.m.

Upon entering the facility, observe for noise, odors, staff attention to resident needs; whether staff stop and speak to residents; whether residents are smiling at staff; the facility's general environment; and whether staff are focused on assisting residents. If you have difficulty scoring a particular item, you may need to revisit and observe some areas before leaving the facility. Be sure you start your observation after you have been away or outside the facility for an hour or more so odors can be detected more readily.

Scales vary by items, so read the instrument carefully when scoring. All scales range from 1 to 5, with 1 being the worst score and 5 the best. High scores indicate good/excellent care quality. Some items may require asking staff. **IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED FOR THE TOTAL SCORE TO BE OF VALUE.**

CIRCLE all the answers on each page, add the scores on each page, and write the total for the page in the box at the bottom of each page. After you have answered all 34 questions, follow the directions on Page 8. For best results, total all the scores on each page and transfer them to page 8 immediately after completing the instrument to be sure all items are scored. There are ranges provided to assist you to interpret quality scores and to monitor improvements in scores if measured in series over time.

Be sure to complete the top of the form, indicating the facility identifier, date, time of day, if observed during mealtime.

The reliability of the instrument is improved if more than one person completes the instrument. Have another person accompany you during the tour and each person should complete a separate instrument. Do not talk with each other about your answers until you have both answered all the questions. Another option is for one person to do two visits a few days apart and score a separate instrument for each visit. Then average the scores from the two instruments.

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1. Were residents dressed and clean?
- | | | | | |
|---------------|-----------|-----------|-----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | Some were | Many were | Most were | All were |
2. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?
- | | | | | |
|---------------|-----------|-----------|-----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | Some were | Many were | Most were | All were |
3. Did the facility seem calm?
- | | | | | |
|--------------|------------------|---------------|-----------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very chaotic | Somewhat chaotic | Calm at times | Frequently calm | Calm most of the time |
4. Was there a pleasant atmosphere or feeling about the facility?
- | | | | | |
|-----------------|---------------------|-----------------------|----------------|---------------|
| 1 | 2 | 3 | 4 | 5 |
| Very unpleasant | Somewhat unpleasant | More or less pleasant | Quite pleasant | Very pleasant |
5. Were residents' rooms personalized with furniture, pictures, and other things from their past?
- | | | | | |
|---------------|------------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | A few were | Some were | Many were | Most were |
6. Was there a home-like appearance or feeling about the facility?
- | | | | | |
|----------------------|----------|------------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all home-like | Somewhat | Moderately | Quite homelike | Very home-like |
7. Were hallways and common areas uncluttered?
- | | | | | |
|----------------|----------------------|--------------------|----------------------|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Cluttered | Frequently Cluttered | Somewhat cluttered | Neat and uncluttered | Very neat and uncluttered |

**PAGE 2 TOTAL
HOMELIKE**
(Add numbers circled
and write in box)

8. Were resident rooms, hallways, and common areas clean?
- | | | | | |
|-------|----------------|--------------------|-------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Dirty | Somewhat dirty | More or less clean | Clean | Very clean |
9. Were buildings, grounds, and furniture in good condition?
- | | | | | |
|---------------------|----------------|-----------------------|----------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very poor condition | Poor condition | Fairly good condition | Good condition | Very good condition |
10. Were loud or disturbing noises noticeable in the facility?
- | | | | | |
|----------------------|---------------|--------------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Pervasive throughout | In most areas | Occasionally | Hardly at all | Not at all |
11. Were odors of urine or feces noticeable in the facility?
- | | | | | |
|----------------------|---------------|--------------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Pervasive throughout | In most areas | Occasionally | Hardly at all | Not at all |
12. Were other unpleasant odors noticeable in the facility?
- | | | | | |
|----------------------|---------------|--------------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Pervasive throughout | In most areas | Occasionally | Hardly at all | Not at all |

**PAGE 3 TOTAL
HOMELIKE**
(Add numbers circled
and write in box)

13. Were the conversations between staff and residents friendly?
- | | | | | |
|---------------|------------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | A few were | Some were | Many were | Most were |
14. Did staff call residents by name?
- | | | | | |
|-------------|--------------|-----------|-------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Rarely seen | Occasionally | Sometimes | Often | Very often |
15. Were interactions between staff and residents comfortable (for example, smile, eye contact, touch, etc.)?
- | | | | | |
|---------------|------------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | A few were | Some were | Many were | Most were |
16. Were interactions between staff and residents positive (for example, conversation, humor, touch, eye contact, etc.)?
- | | | | | |
|---------------|------------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | A few were | Some were | Many were | Most were |
17. Were staff visible?
- | | | | | |
|-------------|--------------|-----------|-------|------------|
| 1 | 2 | 3 | 4 | 5 |
| Rarely seen | Occasionally | Sometimes | Often | Very often |
18. Did staff appear caring (compassionate, warm, kind)?
- | | | | | |
|--------------|----------|----------|----------|---------|
| 1 | 2 | 3 | 4 | 5 |
| Most did not | Some did | Many did | Most did | All did |

PAGE 4 TOTAL
CARING
 (Add numbers circled
 and write in box)

19. Did staff treat residents as individuals with dignity and respect?

1	2	3	4	5
Most did not	Some did	Many did	Most did	All did

20. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very often

21. Was there a feeling of life and activity about the facility?

1	2	3	4	5
Not at all alive	Somewhat	Moderately alive	Quite alive	Very much alive

**PAGE 5 TOTAL
CARING**
(Add numbers circled
and write in box)

22. How often is a nurse (RN or LPN) present in the facility? (May need to ask)

1	2	3	4	5
Monthly	Bi-weekly	Weekly	Twice a week	Daily

23. Did residents have a variety of foods to choose from at mealtime (Look for posted meal plans; may need to ask staff)?

1	2	3	4	5
No choices	Few	Some	Many Choices	Very many choices

24. Did residents have access to snacks and other foods at any time (Look for posted signs about access to snacks; may need to ask staff)?

1	2	3	4	5
No access	Rarely	Occasionally	Often	Access at all times

25. Were a variety of activities available for residents (Look for posted schedules, calendars, group meetings, etc.)?

1	2	3	4	5
Rarely seen	A few were	Some were	Many were	Lots were

26. Were there activities involving children (Look for posted activity schedules, calendars)?

1	2	3	4	5
None seen	Occasionally	Sometimes	Often	Very often

27. Did residents have access to telephone communication (May need to ask staff)?

1	2	3	4	5
No access	Rarely	Occasionally	Often	Access at all times

28. Did residents have access to email or other computer-based communication (May need to ask staff)?

1	2	3	4	5
No Access	Rarely	Occasionally	Often	Access at all times

**PAGE 6 TOTAL
ACCESS AND CHOICE**
(Add numbers circled
and write in box)

29. Were the hallways well lighted? (Environment)

1	2	3	4	5
Poorly lighted	Some light but not enough	Moderately lighted	Well lighted	Exceptionally well lighted

30. Were the common areas well lighted? (Environment)

1	2	3	4	5
Poorly lighted	Some light but not enough	Moderately lighted	Well lighted	Exceptionally well lighted

**PAGE 7A SUBTOTAL
LIGHTING**
(Add numbers circled
and write in box)

31. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility? (Home)

1	2	3	4	5
None or rarely seen	Occasionally	Sometimes	Often	Very often

32. Were the pets and/or live plants in good condition? (Home)

1	2	3	4	5
None seen or poor condition	Fair condition	Average condition	Good condition	Very good condition

**PAGE 7B SUBTOTAL
PETS AND PLANTS**
(Add numbers circled
and write in box)

33. Were there outdoor gardens or other outdoor spaces for residents to enjoy?
(Environment)

1	2	3	4	5
None seen	Very few	More or less	Some	Many spaces

34. Did residents have access to outdoor spaces? (Environment)

1	2	3	4	5
No apparent access	Occasional access with assistance	Some access with assistance	Frequent access	Access any time

**PAGE 8 TOTAL
OUTDOOR SPACES**
(Add numbers circled
and write in box)

TRANSFER THE SCORES FROM PAGES 2 THROUGH PAGE 7 TO THE BOXES BELOW AND ADD THE PAGE SCORES FOR A TOTAL SCORE

(If two persons have completed the instrument, add the scores from each page together and divide them by 2. Insert the average number into the boxes below.)

	SCORES	DOMAIN	BELOW Range	AVERAGE Range	ABOVE Range
PAGE 2 TOTAL		Homelike			
PAGE 3 TOTAL		Homelike			
PAGES 2 AND 3 SUBTOTAL		Homelike	12-46	47-56	57-60
PAGE 4 TOTAL		Caring			
PAGE 5 TOTAL		Caring			
PAGES 4 AND 5 SUBTOTAL		Caring	9-30	31-42	43-45
PAGE 6 TOTAL		Access and Choice	7-19	20-28	29-35
PAGE 7 SUBTOTAL 7A		Lighting	2-5	6-7	8-10
PAGE 7 SUBTOTAL 7B		Pets and Plants	2	3-8	9-10
PAGE 8 TOTAL		Outdoor Spaces	2-7	8-9	10
TOTAL SCORE (Add page scores)			34-116	117-150	151-170
PROCESS		Pages 2-5 (items 1-21)	21-77	78-98	99-105
STRUCTURE		Pages 6-8 (items 22-34)	13-37	38-52	53-65

INTERPRETATION:

A SCORE EQUAL TO OR ABOVE 151 SUGGESTS A QUALITY ASSISTED LIVING/RESIDENTIAL CARE FACILITY.

A SCORE EQUAL TO OR BELOW 116 SUGGESTS AN ASSISTED LIVING/RESIDENTIAL CARE FACILITY WITH QUALITY ISSUES.

SCORES BETWEEN THESE NUMBERS ARE TYPICAL OF MOST ASSISTED LIVING/RESIDENTIAL CARE FACILITIES.

Note: This Questionnaire is officially titled, "OBSERVABLE INDICATORS OF NURSING HOME CARE QUALITY" ASSISTED LIVING/RESIDENTIAL CARE VERSION 8 (Revised – April 2005) MU MDS and Quality Research Team © 1999, 2000, 2002, 2005, 2006
