Provider Check Worksheet

Checking an agency, hospice or facility before you trust it

Copy these pages for each provider you check, and skip any rows that don't apply. **What matters most to my parent:** _____

Provider name: ___ **Type (circle one):** home health / hospice / nursing home / inpatient rehab / assisted living / home care agency / individual aide

Phone: _____ **Date checked:** _____ **Ratings as of (date shown on Care Compare):** _____

Step 1: Basics

- Serves my parent's area? Yes / No
- Medicare-certified or approved (if it's a Medicare service)? Yes / No
- In my parent's Medicare Advantage network (if they have a plan)? Yes / No / N/A
- Can start, or has an opening, by: _____

Step 2: What the public record shows

What I checked	Where	What I found
Overall star rating(s)	Medicare.gov/care-compare	
Measures that matter for my parent	Medicare.gov/care-compare	
Patient or family survey results	Medicare.gov/care-compare	
Inspection reports, penalties, alerts	Medicare.gov/care-compare, or ask the provider or state	
State license and recent reports	State licensing or survey agency (the Eldercare Locator, 1-800-677-1116, can help you find it)	
Complaints	Long-term care ombudsman or state agency	
Nurse aide registry (individual aide)	State nurse aide registry	
Exclusion list (individual aide)	exclusions.oig.hhs.gov	

Step 3: What I asked, and what they said

Who will come, and how often?

_____

_____

_____

What happens after hours, or if the regular worker is out?

_____

_____

© 2026 Mark Duda. Free to print and copy for your own family's use.

My question about a weak rating or report, and their answer:

References called (name and what they said):

Step 4: Red flags noticed

Step 5: What my parent thinks

Decision (circle one): Use / Keep looking **Why:**

First two weeks of care

Date	What happened	Who I called, and the result

© 2026 Mark Duda. Free to print and copy for your own family's use.