

# Nevada Care Home Move-In Organizer

A practical checklist for a move into a residential facility for groups.

Confirm the selected home's exact admission requirements. Assessments, clinician forms, testing, agreements, and timelines can vary by resident needs and license type.

Resident name

Facility

Planned move-in date

Primary family contact

## Medical and care information

- ☐

Facility-required assessment or clinician information completed.
- ☐

Current medication list includes dose, schedule, purpose, prescriber, and pharmacy.
- ☐

Allergies, diagnoses, mobility limits, dietary and communication needs documented.
- ☐

Medication supply, labels, refills, and delivery process confirmed.
- ☐

Equipment is labeled and checked: mobility aids, glasses, dentures, CPAP, oxygen, or other items.
- ☐

Primary care, specialists, preferred hospital, hospice, or home-health contacts recorded when applicable.

## Documents and agreement

- ☐

Identification and insurance cards copied as requested.
- ☐

Emergency contacts and authorized representatives are current.
- ☐

Advance directive, health-care agent, power of attorney, guardianship, or medical orders copied only when applicable.
- ☐

Admission agreement, fee schedule, house policies, and resident rights copied for the family.
- ☐

Deposit, refunds, rate changes, extra charges, and move-out terms confirmed in writing.

## Room, belongings, and routines

|                             |                                                                                   |
|-----------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/>    | Clothing, shoes, sleepwear, and personal-care supplies packed and labeled.        |
| <input type="checkbox"/>    | Room measurements and allowed furniture or decorations confirmed.                 |
| <input type="checkbox"/>    | Valuables inventoried; irreplaceable items stored safely elsewhere unless needed. |
| <input type="checkbox"/>    | Phone, charger, hearing-aid batteries, and communication tools prepared.          |
| <input type="checkbox"/>    | Laundry, linens, toiletries, and replacement responsibilities confirmed.          |
| Preferred name / language   |                                                                                   |
| Morning and bedtime routine |                                                                                   |
| Foods enjoyed / avoided     |                                                                                   |
| Calming strategies          |                                                                                   |
| Interests / activities      |                                                                                   |

## Move-in day and first week

|                          |                                                                                |
|--------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> | Bring medications and paperwork exactly as instructed.                         |
| <input type="checkbox"/> | Review room inventory, emergency contact, and initial care plan with staff.    |
| <input type="checkbox"/> | Confirm the ongoing contact person and first follow-up date.                   |
| <input type="checkbox"/> | Ask the resident privately about meals, sleep, care, and interactions.         |
| <input type="checkbox"/> | Review any unexpected charge, missed routine, fall, or health change promptly. |

Official starting point: [Nevada Health Facility Search](#) (Nevada Health Authority, Health Care Quality and Compliance). Verify current rules, forms, fees, records, and deadlines directly with the agency. Source reviewed September 2026.

Educational organizer only. Follow the facility's instructions and qualified medical or legal advice.