Checklist Provided by ***GetCare.com***

Assisted Living Facility (ALF) Checklist

Carry this checklist with you when you visit an assisted living facility (simply print out one checklist per ALF you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting different facilities, use the checklists to compare one provider with another.

Name of ALF: _____

Owner/Director: _____

Address: _____

Phone: _____ **Website or E-Mail :**_____

Who is Served?

Yes	No	
❑	❑	Can the facility provide the level of assistance you require, given your medical condition?
❑	❑	Are there medical conditions the facility will not accept? If yes, what are these conditions? _____

Services

❑	❑	Does the ALF provide skilled nursing services, if needed?
❑	❑	Does it provide assistance with eating, bathing, dressing, toileting, walking and other personal needs, if needed?
❑	❑	Does it provide other services (for example, housekeeping, laundry, medication management)? If yes, which services? _____
❑	❑	Can you contract with outside services not provided for by the ALF?
❑	❑	If you decide to bring in services on your own, does the ALF require that you disclose them?
❑	❑	Does the ALF provide social and recreational activities that you enjoy?
❑	❑	Does it provide transportation to community activities that you enjoy?

Yes	No	
❑	❑	Are there health promotion and exercise programs?

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- ❑ ❑ Are residents active in planning activities and events?
- ❑ ❑ Are there activities designed for residents with dementia?
- ❑ ❑ If you need assistance with medications, may you use a pharmacy of your choice?
- ❑ ❑ Are meal times in the dining room at convenient times for you?
- ❑ ❑ Is assistance available at meal times, for those who need it?
- ❑ ❑ Are special diets taken into consideration when meals are prepared?
- ❑ ❑ Are snacks available between meals?
- ❑ ❑ Is it possible to have meals delivered to your room?

Staff

- ❑ ❑ Do there appear to be an adequate number of staff?
  What is the staff-to-resident ratio? _____
- ❑ ❑ Will you be assigned a primary staff contact?
- ❑ ❑ Will you have a regular personal care worker?
- ❑ ❑ Does the staff know residents by name?
- ❑ ❑ Do supervisors oversee caregivers?
- ❑ ❑ Is a nurse on duty 24 hours a day?
- ❑ ❑ Is the staff trained in emergency procedures?
- ❑ ❑ Does the facility require criminal record checks for employees?

Physical Environment

- ❑ ❑ Do the units (apartments) have private full bathrooms?
- ❑ ❑ Is there a kitchenette within each unit?
- ❑ ❑ Can you choose the unit you'll live in?
- ❑ ❑ Is it possible to have your unit adapted or to change units within the facility as your care needs change?
- ❑ ❑ Can you furnish the unit with your own furniture?
- ❑ ❑ Is the unit large enough that you feel comfortable?
- ❑ ❑ Are there outside areas that residents may use?
- ❑ ❑ Are there plenty of handrails and grab bars?

Yes No

- ❑ ❑ Is the facility wheelchair accessible?
- ❑ ❑ Is there an automatic fire alarm system and sprinklers?
- ❑ ❑ Is there an emergency response system or call buttons?
- ❑ ❑ Is there adequate security?

Credentials/Licensing

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❑ ❑ Is the facility licensed or certified (if required in your state)?

❑ ❑ Is the facility a member of any professional organizations? If yes, which? (Contact these organizations to check accreditation standards.)

_____

❑ ❑ Are staff members credentialed?
If yes, what are these credentials? _____

❑ ❑ Can the facility provide a list of references?

How many years has the facility been in operation? _____

Cost

❑ ❑ Will you be required to pay an entrance, application or deposit fee?
If yes, how much? _____

❑ ❑ Will these fees be refunded (at least partially) in the event that you need to leave the facility?

❑ ❑ Is a written fee schedule provided?
Approximately, what would the basic monthly or daily rate be for you?
_____

❑ ❑ Do you know what the basic monthly or daily rate does and doesn't include? Includes: _____
Doesn't include: _____

❑ ❑ Can the basic monthly rate be raised monthly or annually?

❑ ❑ Is there a cap on how much the rate can be raised?

❑ ❑ Do you know what you will be charged for add-ons such as cable, telephone, newspaper delivery?

❑ ❑ Are you comfortable with the rules and regulations stipulated in the residency agreement?

❑ ❑ Are there medical conditions or other criteria that might require you to leave at some point?

❑ ❑ What procedures are in place if you can no longer afford the fees?

Overall Quality

Rate the ALF in the following areas on a scale from one to ten, with ten being a perfect score:

Are the facility and its grounds clean and well-maintained?	1 2 3 4 5 6 7 8 9 10
Is the facility nicely furnished and homey?	1 2 3 4 5 6 7 8 9 10
Are the size and layout of the apartments adequate for your needs?	1 2 3 4 5 6 7 8 9 10
Is the food tasty and served attractively?	1 2 3 4 5 6 7 8 9 10
Is the kitchen clean and well-stocked?	1 2 3 4 5 6 7 8 9 10
Do staff seem pleasant and responsive to your special needs?	1 2 3 4 5 6 7 8 9 10

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Is the location close to your family and friends? 1 2 3 4 5 6 7 8 9 10

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