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

Board & Care Home Checklist

Carry this checklist with you when you visit board and care homes (simply print out one checklist per home 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 the facilities use the checklists to compare one provider with another.

Name of Board & Care Home: _____

Owner/Manager: _____

Address: _____

Phone: _____ Website or E-Mail :_____

Who is Served?

Yes	No	
❑	❑	Can the board and care home 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

❑	❑	Can staff assist with personal care needs such as bathing and toileting?
❑	❑	Can they provide guidance and assistance with grooming and dress?
❑	❑	Can they help residents exercise?
❑	❑	Are medication reminders given?
❑	❑	Are health monitoring services, such as blood pressure or weight monitoring provided?
❑	❑	Can special diets be taken into consideration when meals are prepared?
❑	❑	Are snacks available between meal times?
❑	❑	Can meals be delivered to residents' rooms?
❑	❑	Are hot foods served hot?
❑	❑	Is assistance available at meal times, for those who need it?

Yes	No	
❑	❑	Is there 24-hour access by telephone?
❑	❑	Are visiting hours restricted in any way?

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Staff

❑ ❑ Do there appear to be an adequate number of staff?
What is the staff-to-resident ratio? _____

❑ ❑ Does the staff know the residents by name?

❑ ❑ Does the facility require criminal record checks for employees?

❑ ❑ Are staff members trained in emergency procedures?

Physical Environment

❑ ❑ Are there handrails in the hallways and grab bars in the bathrooms?

❑ ❑ Are the hallways, dining room, bathrooms and other areas convenient for wheelchairs?

❑ ❑ Are there private areas for visits with family, friends or physicians?

❑ ❑ Are there areas for activities or social events?

❑ ❑ Are there outdoor areas that are accessible for residents to use?

❑ ❑ Is there an automatic fire alarm system and sprinklers?

❑ ❑ Are the exits clearly marked and unobstructed?

❑ ❑ Is there an adequate security system?

Credentials

❑ ❑ Does the facility have a current operating license from the state?

❑ ❑ Does the administrator have an up-to-date state license?

❑ ❑ Does the facility have Medicaid certification, if available in your state?

❑ ❑ Can the facility provide a list of references?

How many years has the facility been in operation? _____

Cost

❑ ❑ Is there an entrance fee? If yes, what is it?_____

❑ ❑ Will this fee be refunded in the event that you have to leave the facility?

Yes No

❑ ❑ 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: _____

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- ❑ ❑ Can the basic monthly rate be raised annually?
- ❑ ❑ Is there a cap on how much the rate can be raised?
- ❑ ❑ Do you understand what would happen in the event that you should run out of money ?
- ❑ ❑ Do you know what you will be charged for add-ons such as cable, telephone, newspaper delivery?
- ❑ ❑ Are residents or their guardians notified, in writing, of any changes in the fees?

Overall Quality

Rate the board and care home in the following areas on a scale from one to ten, with ten being a perfect score:

Is the facility clean and well-maintained?	1 2 3 4 5 6 7 8 9 10
Are meals served attractively and are they tasty?	1 2 3 4 5 6 7 8 9 10
Are the bedrooms pleasant, with room for personal items?	1 2 3 4 5 6 7 8 9 10
Does the staff respond quickly to residents' calls for assistance?	1 2 3 4 5 6 7 8 9 10
Is the facility homey and comfortable?	1 2 3 4 5 6 7 8 9 10
Do staff and residents seem happy?	1 2 3 4 5 6 7 8 9 10
Is the facility convenient for family and/or friends to visit?	1 2 3 4 5 6 7 8 9 10

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