

Assisted Living Evaluation: Checklist

Community Information

Community Name	Contact
Location	Phone
Date of Visit	Email

Take this guide with you when you visit communities. Complete each section during the tour.

When complete, return to this section and rate the overall community.

Overall Community Rating 1=poor, 5=excellent
Circle one: 1 2 3 4 5

First Impressions: Environment	Yes	No	Notes
Are the grounds well-maintained? Do they have walking trails and/or garden areas?			
Is the facility clean and cheerful?			
Is the location convenient for frequent visits by family & friends?			
Does the staff welcome you with a warm greeting?			
Do you notice the residents socializing with each other? Do they appear content?			
Are the demographics appropriate for your loved one? Will they 'fit in'?			
Are there designated smoking areas?			
Check the common areas that are available for use by residents.	o Living o Den o Librai o Game o Othei	ry room	
Rate your overall impression of the com	munity er	nvironmen	at 1=poor, 5=excellent
Circle one: 1 -	2 -	3	- 4 - 5

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Rooms and Apartments	Yes	No			Notes	
Are there different types of apartments and floor plans available?						
Are rooms large and well lit?						
Is there ample closet space and storage?						
Does the kitchen have a refrigerator? A stove? Can food be kept in the apartment?						
Do bathrooms have grab bars, handrails and other safety features?						
Do rooms and bathrooms have call buttons?						
Are linens, bedding and utensils provided? Can residents choose to bring their own?						
Do all apartments have a telephone, cable TV and Internet access?						
Can residents bring personal furniture?						
Are pets allowed? Any restrictions or fees?						
Are rooms available with a washer & dryer? Does each floor have a common laundry room?						
Are rooms held if a resident requires hospitalization?						
How many residences total are there in the community? What is the occupancy rate?						
Is there a waiting list? If so, how long is it?						
Rate your overall impression of the r	ooms and	l apartmer	nts 1=poo	r, 5=exc	ellent	
Circle one: 1 -	2 -	3	-	4	-	5

Safety	Yes	No	Notes
Are the stairs and hallways well lit?			
Are exits well marked?			
Do doors and windows have safety locks?			
Are there security and fire safety systems?			
Is the floor plan easy to follow?			

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Are floors made of non-skid material and carpets conducive for safe walking?					
Is there an emergency evacuation plan?					
Is there an arrangement with a hospital (i.e. when residents need immediate care)?					
Can residents come and go at will?					
Are precautions taken to prevent wandering?					
How are medical emergencies handled?					
Rate your overall impression	n of the sa	fety 1=pc	or, 5=exce	ellent	
Circle one: 1 -	2 -	3	-	4 -	5

Senior Care	Yes	No	Notes
Does each resident have a written care plan?			
Is an initial needs assessment conducted before the resident moves in? Are the resident, family, facility representative and doctor or nurse present?			
How often are those initial needs re- evaluated?			
As residents' needs change and progress, can they remain in the same community?			
Is staff available 24/7 for assistance with daily living activities if needed? Are there additional costs for this?			
Are there programs & care for Alzheimer's, dementia and other special needs?			
Is the community wheelchair accessible?			
Does staff assist in giving medications? Are there additional costs for this?			
Do doctors and nurses give regular checkups?			
Are there physical therapists on staff?			
Under what circumstances does the facility call the family, or the resident's doctor?			
Is the facility <i>required</i> to provide medical care such as CPR to elderly residents? (see article)			

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	Rate your o	verall in	npressi	on of se	nior care	e 1=poor	, 5=ex	cellent			
Circle one:		1	-	2	-	3	-	4	-	5	

Food and Dining	Yes	No	Notes
Is there a chef on-site who plans menus?			
Does a dietitian plan or approve menus?			
Is there a full-service restaurant on-site?			
Were you welcomed to stay for a meal? How was the quality of the food?			
How are special dietary needs handled?			
Are there different dining choices and restaurants available, for variety?			
Can residents eat meals in their apartments?			
Are meals provided only at scheduled times?			
Are snacks available?			
How many meals are included in the fee?			
Does the dining environment encourage residents to relax and socialize? Is there assigned seating?			
Can residents have guests dine with them?			
Rate your overall impression of the fo	ood and d	ining choic	ces 1=poor, 5=excellent
Circle one: 1 -	2 -	3	. 4 . 5

Amenities and Recreation	Yes	No	Notes
Is there an organized activities program with a posted daily schedule of events?			
Does the facility schedule trips or go to other events off premises?			
Is there a fitness facility and exercise classes?			
Are religious services held on-site?			
Is there a fee for housekeeping and laundry?			

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What group and individual activities are offered?	
Which of the following does the community have on-site?	o Beauty Salon o Bank o Pool o Tennis o Other:
Rate your overall impression of the a	amenities & recreation 1=poor, 5=excellent
Circle one: 1 -	2 · 3 · 4 · 5

Staff	Yes	No	Notes
Are background checks, references and certifications required?			
Is there a staff training program in place and what does it entail?			
Is staff trained to handle emotional outbursts, wandering and disorientation?			
Is the facility fully staffed at nights, on the weekends and over holidays?			
Is the Administrator generally available to discuss problems?			
Can residents choose their own doctors, therapists and pharmacies?			
What is the staff-to-resident ratio?			
How long are the staff shifts?			
What is the staff turnover rate?			
Rate your overall impression	of the sta	ff 1=pc	oor, 5=excellent
Circle one: 1 -	2 -	3	- 4 - 5

Licensing and Certification	Yes	No	Notes
Is the facility certified and licensed by the State?			
Is the facility Medicare-certified?			
Is the facility in good financial health? Does it follow generally accepted accounting procedures?			

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Is there a resident council? family have a means of voi									
How long has it been in bu	siness?								
Rate your overal	l impressio	n of the	licensing	g & certi	fication	1=poor	, 5=exc	ellent	
Circle one:	1	-	2	-	3	-	4	-	5

Transportation	Yes	No	Notes				
Is transportation available? Is there a fee?							
Is the driver properly licensed to transport residents?							
Can residents have their own vehicle?							
Is there a parking fee for visitors?							
Are there regularly scheduled outings for which transportation is scheduled (i.e. shopping, nearby religious services, etc.)?							
Rate your overall impression of	the transpo	ortation	1=poor, 5=excellent				
Circle one: 1 -	2 -	3	. 4 . 5				

Finances	Yes	No	Notes
What type of financing is accepted?			
Does the community accept Medicare?			
Does the community accept Medicaid?			
Is there any government or financial aid?			
What are the entrance fees?			
What is the monthly rent?			
What fees are not included in the rent?			
How much is the security deposit?		1	
Are deposits refundable?			

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What utilities are included?	o Electricity o Telephone o Cable o Internet				
What is the history on monthly fee increases?					
How are late payments handled?					
What happens if a resident runs out of money?					
Rate your overall impression	of the finances 1=p	oor, 5=exce	llent		
Circle one: 1 -	2 - 3	-	4	•	5

Notes and References

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