

# ASSISTED LIVING CHECKLIST

## A Consumer Checklist of Important Services, Amenities and Accommodations in Assisted Living Communities.

Although there are many more questions and insights you have personally, this is merely a guideline to assist with your initial tour and information gathering. If possible, both the family and the older person should be involved in the decision-making process. The more an older person participates in the planning process, the better he or she will be able to adjust to the new environment. It is also critical to review and compare the different services available and whether additional charges are incurred or if monthly rent includes the service.

Below are considerations to help you determine if a move to an Assisted Living community is for you.

Name of Community You Are Touring: \_\_\_\_\_

### Atmosphere:

**YES NO N/A**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Do you like the community's location and outward appearance? .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the decor attractive and home-like when you enter? .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the staff call residents by name and treat them with respect? .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the staff members that you pass during your tour friendly to you? .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are staff appropriately dressed. personable, outgoing & professional? .....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the staff members treat each other in a professional manner? .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do residents socialize with each other and appear happy/comfortable? .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you talk with residents about how they like the residence and staff? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the residents appropriate housemates for you/your loved one? .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Physical Features:

**YES NO N/A**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Is community well-designed for residents' needs? Easy to follow floor plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are doorways, hallways & rooms accommodating to wheelchairs/walkers? .....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are elevators available? Are hand rails available along the walls? .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ASSISTED LIVING CHECKLIST – PAGE 2

### Physical Features: *(continued)*

**YES NO N/A**

- Are floors of a non-skid material and carpets firm to ease walking? .....
- Is the residence clean, free of odors and appropriately heated/cooled? .....
- Does the residence meet local and/or state licensing requirements? .....
- Does the residence have sprinklers and clearly marked exits? .....
- Does the residence have a means of security if a resident wanders? .....

### Medication & Health Care:

**YES NO N/A**

- Does the facility have specific policies regarding medication management? .....
- Do staff coordinate visits from a nurse, therapist, etc. if needed? .....
- Is assistance available for those who experience memory losses, ect.? .....
- Does a physician or nurse visit the residence regularly? .....
- Is there a clearly stated procedure for responding to a medical emergency? .....
- Are the medical services needed available? .....
- How are they provided? \_\_\_\_\_

### Individual Unit Features:

**YES NO N/A**

- Are different size & types of units available? Single or double occupancy? .....
- Is a 24-hour emergency response system accessible from the unit? .....
- Are bathrooms private and handicapped accessible? .....
- Are housekeeping services provided in residents' units? .....
- Do all units have a telephone and cable TV? .....
- How is billing handled? \_\_\_\_\_
- Is a kitchen area provided with a refrigerator, sink and cooking element? .....
- May residents keep food in their units? .....
- Are residents' pets allowed? .....
- May residents smoke in their units? In designated public areas? .....

## ASSISTED LIVING CHECKLIST – PAGE 3

**Assessments, Contracts, Costs & Finances:**

**YES NO N/A**

- Is a contractual agreement available that includes accommodations, personal care, health care, supportive services, all fees, admission & discharge provisions? .....
- Do billing, payment and credit policies seem fair and reasonable?.....
- Can a contract be terminated early? .....
- What are the refund policies? \_\_\_\_\_
- Are there government, private or corporate programs to help cover cost?.....
- Are there different costs for various levels or categories of services?.....
- Is there an appeals process for dissatisfied residents? .....

**Services:**

**YES NO N/A**

- Can the residence provide a list of services available? .....
- Are additional services available if the resident's needs change?.....
- Is 24-hour assistance with activities of daily living available?.....
- Is staff available to meet scheduled and unscheduled needs?.....
- Is transportation provided? Can it be arranged on short notice? .....
- Is a pharmacy, barber/beautician and/or physical therapy offered on-site?.....
- Are visits with the resident welcome at any time? .....

**Food Service:**

**YES NO N/A**

- Does the residence provide three nutritionally balanced meals everyday? .....
- Does menus vary from day to day and meal to meal? .....
- Are snacks available? May a resident request special foods?.....
- Are common dining areas available? .....
- May residents eat meals in their units? .....
- May meals be provided at a time a resident would like? .....
- What are the set times for meals? \_\_\_\_\_

