

## Assisted Living Facility Evaluation Checklist

Instructions: Print a blank checklist for each facility you are considering. Complete it as you move through the selection process.

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

### Your Call

	Yes	No
Are all rooms private?		
Do any units have kitchens or kitchenettes?		
Do you offer special care units, such as for Alzheimer's patients?		
Is a contract available that details all fees, services, and admission and discharge policies?		
Are additional services available on the same campus if a resident's needs change?		
Can residents choose their own doctors, therapists, and pharmacies?		
Is there a written care plan for each patient?		
What role does the resident have in developing the care plan?		
What different sizes and types of units are available?		
How many living units are in the facility?		
How does the facility bill for services?		
What happens if a resident runs out of money?		
Under what conditions would a resident have to leave the facility?		

## Your Visit

**When:**

First Visit       Second Visit       Date(s) Visited: \_\_\_\_\_

Morning       Afternoon       Evening

Circle: Mon      Tues      Wed      Thur      Fri      Sat      Sun

	Yes	No
Is the facility clean?		
Is the facility cheerful?		
Do you feel good about the facility?		
Are the stairs and hallways well lit?		
Are exits well marked?		
Do rooms and bathroom have handrails and call buttons?		
Are there safety locks on the doors and windows?		
Are there security and fire safety systems?		
Is there an emergency generator or alternate power source?		
Is the floor plan logical and easy to follow?		
Are rooms large enough for a resident's needs?		
Are there kitchens or kitchenettes?		
Circle common areas that are available for use by residents. <ul style="list-style-type: none"> <li>• Living room?</li> <li>• Den?</li> <li>• Library?</li> <li>• Snack area?</li> <li>• Game room?</li> <li>• Other:</li> </ul>		
Circle all special services that are available: <ul style="list-style-type: none"> <li>• Bank</li> <li>• Café</li> <li>• Beauty salon</li> <li>• Other</li> </ul>		

## The Contract: In General

	Yes	No
Is the contract easy to read?		
Do you understand everything in it?		

## The Contract: Costs

What are the entrance fees?	
What is the monthly rent?	
What is the security deposit?	
Are deposits refundable?	Circle one: Yes No
Circle the utilities that are included Heat Electricity Gas Telephone Long Distance calls	
How are rate increases handled?	
How are late payments handled?	

## The Contract: Services

What specific services are available?	Included in fee?	Added cost?
• • • • • • • • •		
How frequently are services provided?		
What health care services are included?		
Are all meals served 7 days a week? Breakfast Lunch Dinner Morning snack Afternoon snack Evening snack When and where are meals served?		

What levels of care are addressed in the contract?
Who determines level of care?
Are there services for each level?

**Contract: Ammenities**

	<b>Yes</b>	<b>No</b>
Can residents have personal furniture?		
Are linens/laundry provided?		
Can residents come and go at will?		
Can residents have pets?		
Are transportation services provided?		
Can personal visitors come and go at will?		
Does the facility offer worship services?		
Is transportation to worship services provided?		
Is there a parking fee for residents?		
Is there a parking fee for visitors?		

You may wish to attach the facility's rate sheet for easier comparison.