

Assisted Living Residence Evaluation and Question Checklist

Date Visited: _____ Facility: _____

Location: _____ Contact Name: _____

Phone: _____ E-mail: _____

Rating, 1-10 (10=Excellent, 5=Average, 1=Terrible)

Factor Considered	Rating	Notes
First impressions		Clean, cheerful, well maintained? _____ Appropriate demographics? _____ Residents seem happy/engaged? _____
Common areas		[] Game room: _____ [] TV room: _____ [] Movie room: _____ [] Swimming pool: _____ [] Library: _____ [] Computer room: _____ [] Garden/walking paths: _____ [] Other: _____
Rooms		Is there a long wait list for particular rooms? _____ What furnishings are provided? [] Bed [] Dresser [] Desk [] Nightstand [] Other: _____ What furnishings can be added? _____ What safety features/amenities do bathrooms have? [] Grab bars [] Walk-in showers [] Whirlpool baths [] Other: _____ Are there call buttons by the bed and in the bathroom? _____ Are there smoke detectors/carbon monoxide detectors? _____ Are TV/cable/phone provided? Costs? _____ Are all bedding/blankets/linen/towels supplied? _____ Are these changed weekly? _____
Resident care		Does each AD resident have a written care plan? _____ Is family involved in this? _____ How often is the plan reviewed/revised? _____ What is the staff's role with assisting resident with activities of daily living (ADLs)? _____ Does facility order/administer all medications? _____ Does staff monitor personal hygiene? [] Bathing [] Oral care [] Other: _____ Does staff monitor continence issues? _____ Does staff observe for signs of higher care needs? _____ What is the role of the on-site nurse? _____ When does the resident see a physician? _____ Does facility assume responsibility for scheduling routine medical care (eg, annual physical, specialty monitoring)? _____ Are costs of all medications and physician visits included in the monthly facility fee? _____ If not, may the family supply the medications and have the facility administer them as directed? _____ If a resident prefers to sleep until noon and skip breakfast, is that OK? _____ When is free transportation provided to residents? _____ Does facility wash personal clothing? _____ How often is it washed? _____



Factor Considered	Rating	Notes
Staff		Are background checks, references, and certification required of all staff? _____ What special training has staff received for working with cognitively impaired residents? _____ Is the facility fully staffed on nights and weekends? _____ What is the staff to resident ratio? _____ What is the staff turnover rate? _____ How long are staff shifts? _____ What if a resident is unhappy with the aide assigned to him/her? _____ Aside from the nurse, are any other medical personnel on-site? _____
Activities and recreation		Aside from the daily program, are there selections of daily alternative activities if a resident doesn't like a scheduled activity? _____ How often are off-site trips or activities scheduled? _____ Are any religious services held on-site? _____ If a resident chooses not to be involved in activities, will his/her aide 'push him/her' to become involved or leave him/her alone? Why? _____
Food and dining		What are the scheduled times for meals in the dining room? _____ Aside from the 3 meals, are snacks available all day? _____ What types of snacks/refreshments are provided? _____ Is there assigned seating in the dining room? _____ If so, how is seating determined? _____ Can guests stay for dinner? _____ If so, where do they eat and what is the cost? _____ Can meals be eaten in rooms? _____
Financing		What daily/monthly costs are not included in the room rent? _____ Once admitted, how often and by how much can monthly costs be raised? _____ What if a resident is unhappy and must be removed after a few days/weeks? What is your refund policy? _____
Considerations for dementia residents and changing needs		Are all exit doors alarmed and is there a dementia wing with secure lockdown? _____ What is the staff to resident ratio in the dementia wing? _____ How many rooms are in the dementia wing? _____ What is the average age of these residents and how many are younger than 75 years? _____ Does an aide bring these residents to/from the dining room? _____ What about to/from activities? _____ Should residents need a higher level of care, how much notice is given to the family to make arrangements for transfer to a nursing home or other facility? _____ If higher level of care is needed, can residents remain in the facility if the family pays for additional private nursing help? _____ Do any staff members at the facility currently provide such help, or have they done so in the past? _____ Are there any other reasons besides higher care requirements or major psychiatric issues that would lead the facility to discharge a dementia resident? _____
Emergency and discharge considerations		Are there any resident needs that cannot be met at this facility? _____ In the event of an emergency, what hospital will residents be taken to? _____ When will the family be informed of such events? Prior to transport? _____
Visitation considerations		What are the visiting hours each day? _____ Can a spouse or family member sign out residents anytime? _____
Placement considerations and certifications		What is the typical wait period between your assessment and placement? _____ After placement, do you recommend a period of time before a spouse contacts/visits the resident, or is this a personal decision by the family? _____ Does your facility have any special licenses or certifications that enable you to accept and keep residents at higher care levels? _____

This checklist is a companion resource to the article "Advising Alzheimer's Caregivers About Assisted Living" by Allan S. Vann, which appeared in the January 2014 issue of *Annals of Long-Term Care*. Permission to copy and distribute this document is hereby granted by HMP Communications.

