Assisted Living Checklist

Please accept this tool with our compliments.

Preserving your dignity and independence while serving and educating you and your family about the options for an improved quality of life.
Assisted Living Checklist

This checklist is designed as an educational tool to help consumers compare and contrast different assisted living residences. Assisted living has no formal definition, so you will notice a wide variety in the services offered, the physical environments, policies and protections, etc. It is up to you, the consumer, to decide what residence is best suited to meet your individual needs and preferences.

Tips and Suggestions:
1. Schedule a guided tour with the Alliance for Senior Housing.
2. Visit several residences with us so you have a basis for comparison.
3. Review the checklist prior to your visit and highlight the questions most important to you.
4. Do not be afraid to ASK QUESTIONS.
5. Do several informal walk-throughs at different times of the day.
6. Talk with current residents and family members.

#1 Residence
Address ________________________________________________________________

_______________________________________________________________
Telephone# (___) ________________________ Contact Person _______________________________
Date of visit ________________________________ Price ____________________________________________________________________

#2 Residence
Address ________________________________________________________________

_______________________________________________________________
Telephone# (___) ________________________ Contact Person _______________________________
Date of visit ________________________________ Price ____________________________________________________________________

#3 Residence
Address ________________________________________________________________

_______________________________________________________________
Telephone# (___) ________________________ Contact Person _______________________________
Date of visit ________________________________ Price ____________________________________________________________________
Checklist Note: For each residence you visit, check the box if the answer is “yes” to the stated question. If the answer is “no”, leave the box blank.

Residence:

#1  #2  #3  FINANCES

☐ ☐ ☐ Is the residency agreement or contract in clear and understandable language?

☐ ☐ ☐ Do you understand the terms and conditions under which the contract can be terminated? (i.e. health or behavioral reasons, inability to pay, etc).

☐ ☐ ☐ Is it clear what the monthly base rate does and does not cover? (such as cable television, telephone, utilities, beauty shop, personal care items, etc.)

#1: ________________________________
#2: ________________________________
#3: ________________________________

☐ ☐ ☐ Is a price sheet available for non-covered services?

☐ ☐ ☐ If a resident’s care needs increase, does his/her monthly rate increase?

☐ ☐ ☐ Are Medicaid payments accepted?

☐ ☐ ☐ Is financial assistance available to residents?

☐ ☐ ☐ Is there an initial entrance fee or security deposit? Is all or part refundable?

#1: ________________________________
#2: ________________________________
#3: ________________________________

☐ ☐ ☐ Is a history of rate increases available for review?

#1  #2  #3  Staffing

☐ ☐ ☐ Do staff members appear courteous & attentive to residents and to each other?

☐ ☐ ☐ Do staff members seem easily accessible to residents and family?

☐ ☐ ☐ Is there a licensed nurse on the premises?

#1: Hours on site ______  #2: Hours on site ______  #3: Hours on site ______

☐ ☐ ☐ Are direct caregivers licensed, do they receive ongoing special training?

#1: Training/classes________________________________________
#2: Training/classes________________________________________
#3: Training/classes________________________________________
Are background checks performed on all employees?

Are the services of other licensed professionals available? (i.e. social worker, recreational, therapist, podiatrist, etc.)

Does home provide 24 hours awake staff?

#1: Staff-to-Resident ratio: (AM) _______ (PM) _______ (Midnight) _______

#2: Staff-to-Resident ratio: (AM) _______ (PM) _______ (Midnight) _______

#3: Staff-to-Resident ratio: (AM) _______ (PM) _______ (Midnight) _______

Is staff able to accommodate special needs?

#1 #2 #3 SERVICES

Is there an initial assessment made to determine appropriateness for placement? (i.e. continency, mobility, cognitive function, etc.)

Is there ongoing assessment of resident needs?

Are the levels of care and their costs clear?

#1 Charges: ____________________________________________

#2 Charges: ____________________________________________

#3 Charges: ____________________________________________

Is the residence part of a continuing care community or does it have an affiliation with a nursing home or hospital?

Does the residence offer medication assistance?

#1: Set-up _______ Reminders _______

#2: Set-up _______ Reminders _______

#3: Set-up _______ Reminders _______

Does the residence use a pharmacy that provides delivery and review of medication?

If you need assistance with medications, must you use a specific pharmacy?

Is a calendar of activities, exercise programs and events available for review?

Is there access to religious services?

Is transportation available for individual appointments?

#1 Charges: ____________________________________________

#2 Charges: ____________________________________________

#3 Charges: ____________________________________________
Is staff available to assist with transportation needs such as scheduling, boarding, carry-ons, groceries, etc.?

Are beauty/barber services available on site?

Are housekeeping services available?

#1 Charges: ____________________________

#2 Charges: ____________________________

#3 Charges: ____________________________

Are laundry services available?

#1: Personal ____________ Linens & bedding ____________

#2: Personal ____________ Linens & bedding ____________

#3: Personal ____________ Linens & bedding ____________

Does the residence have specialized programs for people with dementia?

Are the services of a physical, occupational, or speech therapist available or arranged?

Is a personal shopper or errand service available?

Are separate overnight accommodations available to guests?

#1 Charges: ____________________________

#2 Charges: ____________________________

#3 Charges: ____________________________

Are you allowed to bring in services from outside the residence? (i.e. private duty nurse or aide, hospice, cleaning, etc?)

#1 #2 #3 PHYSICAL ENVIRONMENT

Bathroom

Do all units have private bathrooms? If not, how many residents share a bath?

#1: ____________________________

#2: ____________________________

#3: ____________________________

Do individual bathrooms include a tub or shower?

Is the bathroom handicapped accessible? (including tub and shower)
Kitchen

- Is there a kitchenette in each unit? If not, are there cooking facilities available?

Furnishings

- Do units come fully furnished?
- Are residents able to provide their own furnishings?

Bedroom

- Is there adequate closet/storage space?
- Do units have individual temperature controls for heating/cooling?
- Is the unit in a good location for your individual needs & preferences (close to dining room/activity areas/pleasant view/quiet setting etc.)
- Are there comfortable common areas for social gathering & activities?
- Is the residence easily accessible to visitors? (convenient parking, handicap accessible, visiting hours, etc.)
- Is location convenient to hospital & support services? (physicians, shopping, church, public transportation, etc.)

- Can more than one person live in a unit? (i.e. spouse, sibling)
  
  #1 Charges:
  #2 Charges:
  #3 Charges:

#1 #2 #3 MEALS

- Are meals covered in the basic rate?
- If not, can residents pay for a meal-plan package?
  
  #1 Charges:
  #2 Charges:
  #3 Charges:

- Are meals in the dining room provided at convenient times?
  
  #1: Breakfast: Lunch: Dinner:
  #2: Breakfast: Lunch: Dinner:
  #3: Breakfast: Lunch: Dinner:

- Can meals be delivered to resident rooms?
Are you required to hold a state-issued license? (Michigan only issues licenses for Adult Foster Care, Home for the Aged and Nursing Home)

If licensed, are the latest inspection reports available for review?

If not licensed, what are the procedures for quality assurance

1. __________________________
2. __________________________
3. __________________________

Is there a process to address conflicts and/or grievances related to staff or care issues, physical environment, etc.?

Are the house rules and standards, including resident's rights, available for review?

Are there restrictions on visits by children or young adults?

Are overnight visitors allowed in resident rooms?

1. No. of nights allowed __________________________
2. No. of nights allowed __________________________
3. No. of nights allowed __________________________

Are pets allowed? If yes - is there a limit on size/number/type?

1. Charges: __________________________
2. Charges: __________________________
3. Charges: __________________________

Is this a smoke free environment?

Is there a designated smoking area outside?

Is alcohol use allowed?
Comments:

#1:________________________________________________________________________

________________________________________________________________________
________________________________________________________________________

#2:________________________________________________________________________

________________________________________________________________________
________________________________________________________________________

#3:________________________________________________________________________

________________________________________________________________________
________________________________________________________________________