

SUSAN I. JEAN & ASSOCIATES, LLC

Checklist to Evaluate Assisted-Living Facility and Contract

1. Is the physical facility pleasant? Positive Negative
2. Do the residents seem comfortable with the staff? Positive Negative
3. Is there adequate staff to meet the requirements of the residents? Positive Negative
4. Is there a separate dementia unit? Positive Negative
5. Are there levels of care so that a resident may progress
from a lower level to a higher level as his/her condition deteriorates? Positive Negative
6. Does the facility accept Medicaid? Positive Negative
7. What percentage of the residents are on Medicaid Auxiliary Grant? _____
8. If the facility does not accept Medicaid, what
happens to a resident if he/she runs out of money?
9. Does the facility own a nursing home to which the
resident might be moved on a Medicaid admission basis? Positive Negative
9. Do the rooms reflect the individuality of the residents? Positive Negative
10. What is the daily rate? _____

11. Is there a one-time nonrefundable admission fee? Positive Negative
12. What are the extra charges? _____
13. Do residents look clean? Positive Negative
14. Inhale: are there offensive odors? Positive Negative
15. Is the dining room cheerful? Positive Negative
16. Is the food adequate? Positive Negative
17. Are there areas for family visits? Positive Negative
18. Are there meaningful activities? Positive Negative
19. Is there a permanent assignment of staff to residents? Positive Negative
20. What is the staff turnover rate? _____
21. What happens if a resident becomes a behavioral problem? _____
22. Does the staff receive medical benefits? Positive Negative
23. Is an effort made to retain staff? Positive Negative
24. How long has the facility been in existence? _____
25. Is the facility part of a chain? Positive Negative
26. What is the reputation of the chain, in general? _____
27. What is the complaint procedure? _____

28. How often are residents bathed? _____
29. How are roommates selected? _____
30. What is the smoking policy of the facility? _____
31. What is a typical daily routine? _____
32. Are snacks available when desired? Positive Negative
33. Are care-planning meetings held? Positive Negative
34. Does the family participate in care-planning meetings? Positive Negative
35. What happens if clothing or other personal items are missing? _____
36. Is assistance available if required for a resident to toilet? Positive Negative
37. Are residents allowed to go outside? Positive Negative
38. Is there a family counsel? Positive Negative
39. Interview other residents and families. Is their attitude: Positive Negative
40. What is the best thing about living there? _____
41. What is the worst thing about living there? _____