

Checklist for Touring Assisted Living Communities

Community: _____

Date: _____

Address: _____

Phone: _____

Payment Options			Staff and Facility		
Medicaid accepted	Y	N	Accepting new patients	Y	N
SSI accepted	Y	N	Staff criminal background checks	Y	N
LTC insurance accepted	Y	N	Routine staff drug screening	Y	N
Private funds accepted	Y	N	Staff trained and licensed	Y	N
	Y	N	Home/administrator licensed	Y	N
			Easy to visit for family/friends	Y	N

Costs		Observances While Touring	
Monthly Fee	\$ _____	Facility score	_____ out of 60
Additional Fees	\$ _____	Residents score	_____ out of 10
Total Monthly Fees	\$ _____	Staff score	_____ out of 20
Total fees for entrance	\$ _____	Meals score	_____ out of 25
		Activities score	_____ out of 10

Other

Waiting period for admission _____

Floor plans available _____

Other thoughts on this community _____

Monthly Fees

Monthly fee

\$ _____

Non-Supportive Services covered by the monthly fee

	<i>Included?</i>				
Meal services	Y	N		<i>Charge if not included:</i>	\$ _____
Number of meals per day: _____					
Meal times: _____					
Special diets/tray service? _____					
Meal charge policy: _____					

Utilities	Y	N		<i>Charge if not included:</i>	\$ _____
Utilities included: _____					
Charges: _____					

Cable television	Y	N		<i>Charge if not included:</i>	\$ _____
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Furnishings	Y	N		<i>Charge if not included:</i>	\$ _____
Furnishings provided: _____					
Furnishings not provided: _____					

Unit maintenance	Y	N		<i>Charge if not included:</i>	\$ _____
Charges: _____					

Housekeeping	Y	N		<i>Charge if not included:</i>	\$ _____
Services included: _____					
Charges: _____					

Linens/laundry	Y	N		<i>Charge if not included:</i>	\$ _____
Laundry service or self-service? _____					
Charges: _____					

Recreation	Y	N		<i>Charge if not included:</i>	\$ _____
Number of weekly scheduled activities: _____					

Transportation	Y	N		<i>Charge if not included:</i>	\$ _____
Rules: _____					
Limitations: _____					
Charges: _____					

Monthly Fees

Supportive Services covered by the monthly fee

Assistance with ADLs Y N Charge if not included: \$ _____

Pay schedule per number of ADLs: _____

Charges and policy for additional support: _____

In-House Physician Services Y N Charge if not included: \$ _____

Services available: _____

Charges: _____

Health equipment costs Y N Charge if not included: \$ _____

Are drugs and medications included? What are the rules and limits? _____

Is medical equipment included? What are the rules and limits? _____

Medication administration Y N Charge if not included: \$ _____

Charges: _____

Is the service optional? What is the policy? _____

Total of additional fees \$ _____

Additional Services Covered by the Monthly Fee

Additional Services Available but Not Covered by the Monthly Fee

Tour Observations

The Rooms and Common Areas

	<i>Worst</i>				<i>Best</i>
The home looks and smells clean, and is comfortable and well-kept	1	2	3	4	5
The home is well-lit and at a comfortable temperature	1	2	3	4	5
Common rooms are quiet, comfortable and clean	1	2	3	4	5
Hallways are not blocked, cluttered or needing maintenance	1	2	3	4	5
Rooms have suitable storage and furniture	1	2	3	4	5
Rooms are decorated and homely	1	2	3	4	5
Every room has water and glasses readily available	1	2	3	4	5
There are handrails in bathrooms and hallways	1	2	3	4	5
Smoke detectors and sprinklers	1	2	3	4	5
Exits are not hard to find	1	2	3	4	5
Outdoors is well maintained and visitor parking is available	1	2	3	4	5
Outdoor areas are available for residents	1	2	3	4	5

Rooms and Common Areas Total

Residents

	<i>Worst</i>				<i>Best</i>
Residents are clean, appropriately dressed and groomed	1	2	3	4	5
Residents are interacting with each other	1	2	3	4	5
Residents seem to be in a good mood overall	1	2	3	4	5

Residents Total

Tour Observations

Staff

	<i>Worst</i>				<i>Best</i>
	1	2	3	4	5
Interaction between residents and staff is positive	1	2	3	4	5
Staff react quickly to calls for help	1	2	3	4	5
Staff work comfortably with residents	1	2	3	4	5
There are enough staff to help residents	1	2	3	4	5

Staff Total

Meals

	<i>Worst</i>				<i>Best</i>
	1	2	3	4	5
Menu offers options and is well-balanced	1	2	3	4	5
Meal times provide a flexible window for eating	1	2	3	4	5
Residents eat their meals at their own pace and there is no rush	1	2	3	4	5
The food smells and looks good and is served at proper temperatures	1	2	3	4	5
Snacks are available throughout the day	1	2	3	4	5

Meals Total

Activities

	<i>Worst</i>				<i>Best</i>
	1	2	3	4	5
Activity schedule is well rounded	1	2	3	4	5
Residents participate in activities	1	2	3	4	5

Activities Total

Interview Questions

How does the Facility ensure there is enough staff at night, weekends and holidays?

Do residents have the same staff on a daily basis?

What is the staff turnover (in years)?

What precautions has the facility taken to safeguard residents against abuse and neglect?

What is the protocol for suspected or reported abuse or neglect?

What is the facility's medical emergency protocol?

What types of insurance are residents required to have

What are the resident's rights at the community

Interview Questions

What are the community rules?

Under what conditions may the community terminate the agreement

Under what conditions may the resident terminate the agreement

Who owns the community?

What is the financial condition of the community?

Has the facility corrected all violations reported in the state inspection?

With what circumstances can the monthly fee increase, and by how much?

How are a resident's care needs assessed? How often do you revisit resident needs?

Interview Questions

When do you schedule meetings to assess and reassess residents' needs? Who is invited?

How do you ensure that residents have freedom to choose their routines?

Does this facility have any religious or cultural affiliation?

Does this facility have independent family and resident councils? What are the roles of these groups?

Is the entrance fee refundable and what are the terms?

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