

## **Checklist on Choosing an Assisted Living Facility**

- \_\_\_ **Identify an individual's medical, emotional, social, and spiritual needs. What will happen when and if these needs change?**
- \_\_\_ **Consider a person's life-style needs and preferences, e.g. location/size of home, semi-private or private room and bath, handicapped accessibility, etc.**
- \_\_\_ **Request a copy of the facility's statement of deficiencies and Plan of Correction from the most recent survey.**
- \_\_\_ **Assess the overall cleanliness and maintenance of a home.**
- \_\_\_ **How often are a resident's room cleaned and linens changed?**
- \_\_\_ **Request a copy of the Resident Agreement (Contract). Pay special attention to costs, services provided, and discharge policies. Consider having a lawyer review it.**
- \_\_\_ **Determine how long the client's financial resources will last based on the facility's monthly fee. Looking ahead, consider what will happen if the client is not able to pay the full amount.**
- \_\_\_ **Request a copy of the Uniform Disclosure Statement. Identify hidden costs not clearly indicated on the Resident Agreement.**
- \_\_\_ **Inquire about Management/ Staffing credentials, Staff-to-Resident ratios.**
- \_\_\_ **Request copies of Staffing and Personal Care schedules.**
- \_\_\_ **What activities are offered and how often are they provided?**
- \_\_\_ **Talk to staff and residents to determine comfort level with the facility.**
- \_\_\_ **Check for a current license from The Office of Health Care Quality.**
- \_\_\_ **Visit a facility during the week and weekend to observe the services offered, and what it's like to live there.**
- \_\_\_ **Will free transportation be provided to and from medical appointments?**
- \_\_\_ **Review approved diet menus. Will special dietary needs and requests be met?**
- \_\_\_ **What are the Fire and Emergency Disaster Procedures and Plans? How often are they practiced? Are Exit Alarms working?**
- \_\_\_ **Request a copy of and discuss the individualized Service Plan.**
- \_\_\_ **Inquire about any restrictions on Visiting Privileges.**
- \_\_\_ **Are residents required to use a particular pharmacy?**
- \_\_\_ **Are there restrictions on visiting Senior Centers and other Programs?**