

What to Look For When You Are Looking for an Assisted Living Facility: A Checklist

Should you decide on care in an assisted living facility, you may want to visit one or more facilities before making your final choice. This checklist asks questions which may be of interest to consumers, family members and friends of consumers and guardians of person seeking placement in an assisted living facility, also known as a community-based residential facility (CBRF). The questions are designed to assist you to determine if a particular CBRF is compatible with an individual's life style, and has the services that will meet his/her needs.

PHYSICAL STRUCTURE

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Does the home appear to be safe and secure?				
2. Are telephones available?				
3. Can or do residents have telephones in their rooms?				
4. Are halls free of obstacles (furniture, equipment)?				
5. Are exits unobstructed and easy to reach?				
6. Are fire extinguishers visible?				
7. Is there an evacuation plan posted?				
8. Are drills held at least quarterly?				
9. Are floors clean and non-slippery?				
10. Are there any obvious odors?				
11. Are doorways/hallways, rooms big enough to accommodate wheelchairs if so licensed?				
12. Is the temperature in the facility comfortable?				

STAFF

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Does the home have a current state license?				
2. Do staff know the residents?				
3. Do staff show interest in individual residents?				
4. Do residents talk freely with staff?				
5. Are residents treated with respect and dignity?				
6. Is privacy respected (knocking before entering rooms)?				
7. Are calls for assistance responded to quickly?				
8. Is the appearance of staff neat and clean?				
9. Does there appear to be enough staff to meet residents' needs?				

RESIDENTS

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Do residents appear generally happy?				
2. Do residents appear to receive good care?				
3. Do residents appear to respect each other?				

HEALTH RELATED SERVICES

CBRF 1		CBRF 2	
Yes	No	Yes	No

1. Does the facility control residents' medications?				
2. Can residents retain their personal physician?				
3. Does the facility assume responsibility for making medical appointments if residents are unable to?				
4. Does the facility provide transportation for medical appointments? Is there a charge?				
5. Does the facility have a plan to respond to medical emergencies and dental needs?				
6. Are staff trained in the provision of emergency First Aid?				
7. Will the facility arrange for home health care services if needed by the resident?				
8. Will the facility provide or arrange for specialized therapies if needed?				

RESIDENT BEDROOMS

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Does the assigned room appear to meet his/her needs?				
2. Are rooms attractive, clean, well-lit, well-ventilated?				
3. Is there a bedside stand, reading light and chest of drawers for each resident?				
4. Is closet space/storage space sufficient?				
5. Can residents use their own furnishings in their room?				
6. Are provisions made for privacy?				
7. Is there space for private visits in the facility?				
8. Are there more than two residents per room?				

BATH AND SHOWER ROOMS

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Are bathrooms conveniently located?				
2. Are bathrooms clean, well-maintained and odor-free?				
3. Are handgrips or rails near toilet and bathing areas if needed by the residents?				
4. Do bathrooms have showers or tubs?				
5. Are bathrooms equipped with locks for privacy?				
6. How many people share a bathroom?				
7. How and how often to residents take baths/showers?				

OTHER LIVING AREAS

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Are other living areas sufficient in size for the number of people in the facility?				
2. Is there sufficient space for visitors, conversation, TV watching and quiet reading?				
3. Are living areas clean, comfortable, furnished and generally pleasant?				
4. Are separate smoking and non-smoking areas available?				

LEISURE TIME ACTIVITY

CBRF 1		CBRF 2	
Yes	No	Yes	No

1. Are activity calendars posted?				
2. Does the daily calendar state the correct date?				
3. Do activities include a variety of interests?				
4. Are planned activities appropriate to the age and abilities of the residents?				
5. How often are there planned outings?				
6. Do residents participate in planning the activities?				
7. Are residents encouraged to participate in community activities?				
8. Does the facility provide transportation to community activities?				
9. Are arrangements made for residents to attend religious services and to practice their beliefs?				

PERSONAL CARE

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Does the facility provide help with bathing, getting in and out of bed, care for hair and teeth, dressing, exercise, and other personal care needs if residents require it?				
2. Do they provide care through the end of life?				
3. Does the facility teach personal care activities to improve independent functioning such as feeding, grooming and dressing if needed?				
4. How much personal care would be too much for the facility to handle?				

KITCHEN AREA

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Is the kitchen clean, well-lit and well organized?				
2. Are foods stored in a clean, dry area?				
3. Do staff handle food in a safe, sanitary manner?				
4. Can residents use the kitchen?				

DINING AREA

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Is the dining area pleasant, comfortable, clean and easily accessible?				
2. Is it large enough to hold the majority of residents?				
3. Is the atmosphere relaxing (so that mealtimes do not appear chaotic and rushed)?				
4. Can residents choose where and with whom they will eat?				
5. Are tables convenient for wheelchairs when needed?				
6. Is the dining room used for other activities?				

MENUS AND FOODS

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Is the menu available? Did the facility serve what was				

on the menu?				
2. Does the facility monitor nutritional needs and provide modified diets when needed?				
3. Are hot foods served hot, cold foods served cold?				
4. Are dishes and silverware used (instead of disposable plates and utensils)?				
5. Does the food appear appetizing?				
6. Do meals appear to be nutritionally balanced?				
7. Are fresh fruits and vegetables served in season?				
8. Do residents appear to enjoy their meals?				
9. Do residents appear to get enough to eat?				
10. Is food served family style or do staff determine portion size?				
11. Are residents able to have snack foods and/or soft drinks in their bedrooms?				
12. Are provisions made for residents who are ill and unable to eat in the dining room?				
13. Who plans the meals? Do residents have input into meal planning?				

WRITTEN DOCUMENTS AVAILABLE TO RESIDENTS

	CBRF 1		CBRF 2	
	Yes	No	Yes	No
1. Is there a program statement? Do the program and services appear to be appropriate to meet the needs of the prospective resident?				
2. Is there an admission agreement? Does it clearly specify:				
- Provided services in the monthly rate?				
- Daily or monthly rate?				
- Additional charges for services not covered in the rate?				
- Thirty-day notice for a change in the rate or service?				
- When payment is to be made?				
- What the refund policy is?				
- What type of notice needs to be given when someone:				
1) is asked to leave				
2) decides to leave				
- If someone dies, how long does the family continue to cover the cost of the room?				
3. Does the facility have a resident's bill of rights and complaint procedure?				
4. Did the facility have any complaints in the past year?				
5. If so, were they resolved?				
6. Does the facility have Wisconsin Administrative Code Chapter 83 governing CBRFs available for review?				

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