



Assisted Living Checklist

Facility Investigation Checklist (Observations)

Building and Environment

| | | |
|---|-----|----|
| Residence is clean and odor-free. | Yes | No |
| The layout and floor plan makes rooms and community easy to navigate. | Yes | No |
| Resident rooms are in close proximity to staff. | Yes | No |
| Lighting is good at all times of the day. | Yes | No |
| Temperature is comfortable | Yes | No |
| Sprinklers and smoke detectors are present. | Yes | No |
| Restrooms have grab bars. | Yes | No |
| Call system is available | Yes | No |
| Interior is warm and inviting | Yes | No |
| Resident room has individual temperature control | Yes | No |
| Resident Room has a private bathroom | Yes | No |

Social Environment

| | | |
|--|-----|----|
| Residents appear engaged and happy. | Yes | No |
| Management personnel are professional and qualified. | Yes | No |
| Visitors are introduced to staff and residents. | Yes | No |
| Staff smile and are friendly. | Yes | No |
| You are greeted and feel welcome. | Yes | No |
| Staff members are kind and caring to residents. | Yes | No |

Medical and Medication Policies

| | | |
|---|-----|----|
| Medical records are kept for each individual resident | Yes | No |
| The facility is licensed | Yes | No |
| Recent surveys are posted | Yes | No |
| Medications are properly stored and distributed | Yes | No |
| Medications and supplies can be delivered | Yes | No |
| Individual plan of care is kept on each resident | Yes | No |
| Resident is allowed to age in place | Yes | No |
| Facility has an on-site nurse | Yes | No |
| Is there a physician who comes to the facility if needed? | Yes | No |
| Does the facility provide transportation to medical appointments? | Yes | No |

Questions to ask if you call or visit a facility

1. What types of rooms are available?
2. What is the cost of a room and what services are provided for that fee?
3. Are there any additional fees?
4. What are the staff-to-resident ratios?
5. Are pets allowed?
6. What type of outdoor space is available?
7. What type of phone, internet, and T.V. service is available?
8. What kind of ownership is the Facility? (Example: Local; Corporation; and etc.)
9. What type of rental agreement does the facility have?
10. What kind of residents does the facility have?