



## 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