

SENIOR INFORMATION & ASSISTANCE

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Assisted Living Facility Checklist

Certification / Experience

Does the Assisted Living Facility have a Washington State and Medicaid Certification?	Yes	No
What types of licenses or certifications does the staff have? (i.e. LPM, RN, NAC) Are their First Aid/CPR certifications current?	Yes	No
Notes:		

Staff

Is the facility adequately staffed?	Yes	No
How many staff are available at night?		
Who will provide personal care? Who will provide nursing care?		
Notes:		

Daily Routine

When are meals scheduled?		
How often does staff check in on residents?		
When are doors locked for the night? Opened?		
Notes:		

Food

Did you receive a menu or meal plan?	Yes	No
Did you visit a mealtime and observe nutritious food being served?	Yes	No
Can residents have meals in their room? Is there a charge for this?	Yes	No

Are residents allowed choices or special requests?	Yes	No
Are snacks served?	Yes	No
Are there accommodations for keeping food in residents' apartments?	Yes	No
Notes:		

Care Practices

Does the facility provide the type of care your family members need?	Yes	No
Does the facility allow other caregivers to attend to residents' needs?	Yes	No
Does the staff respond quickly to calls for assistance?	Yes	No
What is the procedure for responding to medical emergencies?		
What is the policy for storage and administration of medication?		
Are Residents encouraged to remain as independent as possible?	Yes	No
Are residents and family involved in determining care needs?	Yes	No
Notes:		

Visitation

Does the facility allow reasonable unrestricted visitation?	Yes	No
Have you felt welcomed when you made an unscheduled visit?	Yes	No
Notes:		

Setting / Impressions

Is the facility clean and homelike?	Yes	No
Is the facility accessible and safe for the residents' level of mobility?	Yes	No
Are there safety grab bars in the bathroom and handrails in the halls?	Yes	No
What were your impressions?		
Does the facility have written policies regarding residents' rights?	Yes	No
Is staff friendly and professional to residents and each other?	Yes	No
Do residents socialize with each other and appear happy and comfortable?	Yes	No
Notes:		

Conflict Resolution

Has the facility had experiences of conflict resolution?	Yes	No
Were the conflicts resolved in a manner comfortable to you?	Yes	No
Does the operator have a policy regarding resident behavior management?	Yes	No
Notes:		

Contracts

What is the rate (cost) of this Assisted Living Facility?		
Did you read the contract thoroughly?	Yes	No
Are there extra charges for any services?	Yes	No
Is the rate negotiable? When, how, and why will rates increase?	Yes	No
Does the contract contain provisions for refunds?	Yes	No
Does the contract contain references to deposits of any kind (bed-holding fees, paying for multiple months, damage deposit, advance notification)?	Yes	No
Did you receive a copy fo the contract?	Yes	No
Notes:		

Services and Activities

Is there a calendar of daily activities?	Yes	No
How often are dental, vision, and foot care needs monitored?		
Who will take residents to the doctor or other appointments?		
Are nail and hair care services provided? If so are they provided by licensed professionals? Who? Cost?	Yes	No
Are residents able to attend religious services of their choice?	Yes	No
Notes:		

Rooms

Is any furniture provided?	Yes	No
Can residents decorate their rooms with personal items?	Yes	No
Is the shower safe and accessible?	Yes	No
Is shelving and closet space adequate? Is shelving easy to reach?	Yes	No
Is the lighting adequate?	Yes	No
Do the rooms have telephone and cable TV hook-ups? If so who is responsible for the payment?	Yes	No
Notes:		