

Senior Care Facility Checklist of Services, Accommodations and Amenities

Use the following checklist to heighten your awareness of what to look for as you evaluate various senior residences. If possible, both the family and the senior should be involved in the decision-making process to ensure a more positive experience. Please note some questions may not apply to every type of facility. You may photocopy this form.

Name of Facility being compared _____

Type of Facility being compared

- | | |
|--|---|
| <input type="checkbox"/> Assisted Living
<input type="checkbox"/> Residential Health Care
<input type="checkbox"/> Retirement Community
<input type="checkbox"/> Long-Term Care/Nursing | <input type="checkbox"/> Subacute Care/Rehabilitation
<input type="checkbox"/> Continuing Care Retirement Community (CCRC)
<input type="checkbox"/> Other _____ |
|--|---|

Requested

- A brochure
- A complete tour
- Lunch with residents
- An overnight stay as a guest

Location and Atmosphere

	Yes	No
Is the residence easy to reach for friends and family?	<input type="checkbox"/>	<input type="checkbox"/>
Do you like the appearance as you arrive?	<input type="checkbox"/>	<input type="checkbox"/>
Is the décor attractive and homelike?	<input type="checkbox"/>	<input type="checkbox"/>
Do administrators and staff interact warmly with residents?	<input type="checkbox"/>	<input type="checkbox"/>
Do residents socialize with each other and appear happy and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
Do the residents talk positively about the residence and staff?	<input type="checkbox"/>	<input type="checkbox"/>
Do the residents seem to be good social companions for you?	<input type="checkbox"/>	<input type="checkbox"/>
Is the staff appropriately dressed, personable and outgoing?	<input type="checkbox"/>	<input type="checkbox"/>
Do staff members treat each other in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the staff seem friendly to you?	<input type="checkbox"/>	<input type="checkbox"/>
Are visits with the resident welcome at any time?	<input type="checkbox"/>	<input type="checkbox"/>
Were all questions answered frankly and clearly to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>

Physical Features

	Yes	No
Is the facility well designed for resident's needs?	<input type="checkbox"/>	<input type="checkbox"/>
Is the floor plan easy to follow?	<input type="checkbox"/>	<input type="checkbox"/>
Do doorways, halls and rooms accommodate wheelchairs and walkers?	<input type="checkbox"/>	<input type="checkbox"/>
Are elevators available for those unable to use stairways?	<input type="checkbox"/>	<input type="checkbox"/>
Are handrails available to aid in walking and climbing steps?	<input type="checkbox"/>	<input type="checkbox"/>
Are floors nonskid or firmly carpeted to ease walking?	<input type="checkbox"/>	<input type="checkbox"/>
Is the residence clean, free of odors and appropriately heated/cooled?	<input type="checkbox"/>	<input type="checkbox"/>
Does the residence meet local and/or state licensing requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Does the residence have sprinklers and clearly marked exits?	<input type="checkbox"/>	<input type="checkbox"/>
Does the residence have a means of security if a resident wanders?	<input type="checkbox"/>	<input type="checkbox"/>
Can the facility be easily evacuated?	<input type="checkbox"/>	<input type="checkbox"/>
Are there fire extinguishers available on each floor?	<input type="checkbox"/>	<input type="checkbox"/>

Medication and Health Care

Are there specific policies regarding medication storage, assistance, training and supervision of staff and record keeping?	<input type="checkbox"/>	<input type="checkbox"/>
Is self-administration of medication allowed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a person who coordinates visits from a nurse, physical therapist, occupational therapist, etc., if needed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there assistance if memory, orientation, or judgment losses occur?	<input type="checkbox"/>	<input type="checkbox"/>
Does a physician or nurse provide regular medical checkups?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clearly stated procedure for responding to a medical emergency?	<input type="checkbox"/>	<input type="checkbox"/>
Are medical services readily available?	<input type="checkbox"/>	<input type="checkbox"/>

Accommodations

	Yes	No
Does the residence have the room accommodations you need?	<input type="checkbox"/>	<input type="checkbox"/>
Is a 24-hour emergency response system accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Are bathrooms private with wheelchair/walker accommodations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the unit have telephone and cable TV hookups?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a kitchenette with refrigerator, sink and cooking option?	<input type="checkbox"/>	<input type="checkbox"/>
Can you keep food in your unit?	<input type="checkbox"/>	<input type="checkbox"/>
Is smoking permitted in units?	<input type="checkbox"/>	<input type="checkbox"/>
Is smoking permitted in public spaces?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any lingering odors in the unit?	<input type="checkbox"/>	<input type="checkbox"/>
Do call buttons work?	<input type="checkbox"/>	<input type="checkbox"/>
Are heating and cooling adequate?	<input type="checkbox"/>	<input type="checkbox"/>

Amenities

Do dining room menus vary from day to day and meal to meal?	<input type="checkbox"/>	<input type="checkbox"/>
Is the food hot, attractive, and tasty?	<input type="checkbox"/>	<input type="checkbox"/>
Are special diets available that meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>
Is drinking water easily accessible throughout?	<input type="checkbox"/>	<input type="checkbox"/>
Are planned, varied recreational and social activities posted?	<input type="checkbox"/>	<input type="checkbox"/>
Do the listed activities seem interesting and appropriate for you?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a high level of participation in activity programs?	<input type="checkbox"/>	<input type="checkbox"/>
Are religious services held weekly?	<input type="checkbox"/>	<input type="checkbox"/>