LONG-TERM CARE FACILITY CHECKLIST

If you will be visiting multiple facilities, make several copies of this form so you can use one at each place.

Facility Name: ____________________________________________________________________________

First Impressions

____ Do you like the facility’s outward appearance?
____ Is the location convenient for visits by family and friends?
____ Is the residence clean, free of odors and appropriately heated/cooled?
____ Does the staff address residents by their names and interact with them during your tour?
____ Do you notice the residents socializing with each other and do they appear content?
____ Can you talk with residents about how they like living there and about the staff?
____ Are staff members courteous to residents and to each other?
____ Does staff respond to requests for assistance in a timely way?
____ Are visits with the residents encouraged and welcome at any time?
____ How many of the units are occupied?
____ What is the noise level in the facility?

Living Area and Accommodations

____ Is the floor plan well-designed and easy to follow?
____ Are there different sizes and types of units available with optional floor plans?
____ Are single units available and/or double occupancy units for sharing with another person?
____ What furniture is provided and what can residents bring from home?
____ May residents decorate their own rooms?
____ Is there adequate storage space in the individual units?
____ Are the common areas attractive, comfortable and clean?
____ Is there an outside courtyard or patio for residents and visitors?
____ Are residents allowed to smoke in their units or are there designated public areas?
____ What laundry services or facilities are available for residents’ personal clothing?

Safety and Accessibility

____ Are doorways, hallways and rooms accessible to wheelchairs and walkers?
____ Are bathrooms accessible for wheelchairs and walkers?
____ Are elevators available for those unable to use stairways?
____ Are there handrails in the hallways to aid in walking?
____ Are floors of a non-skid material and carpets conducive to safe walking?
____ Does the residence have good lighting, sprinklers and clearly-marked exits?
____ Does the residence provide ample security and is there an emergency evacuation plan?
____ Is a 24-hour emergency response system installed in each unit? What happens when it is activated?
Services

What services are available to all residents at the base rate?

Are there additional charges for personal care services? Who provides these services and what are their qualifications?

Are housekeeping, linen service and personal laundry included in the fees, or are they available at an additional charge?

Does the facility offer any special services or areas for dementia patients? How do these services differ from the usual? Is there an additional charge for these?

To what extent are medical services available within the facility, and how are these services provided?

How are medical emergencies handled? Does the residence have a clearly-stated procedure for responding to medical emergencies? Is there an arrangement with a nearby hospital?

Is there a staff person to coordinate home care visits from a nurse, physical or occupational therapist, etc. when needed on a temporary basis?

Does the residence provide transportation to doctors’ offices, the hairdresser, shopping and other activities desired by residents and how is it arranged?

Are pharmacy, barber/beautician and/or physical therapy services offered on-site or nearby?

Social and Recreational Activities

What kinds of group/individual recreational activities, if any, are offered? Who schedules them?

Is there an organized activities program with a posted daily schedule of events?

Does the facility schedule trips or go to other events off-premises?

Are the resident social and activity areas appropriate and desirable to the prospective resident?

Are there supplies for social activities/hobbies (games, cards, crafts, computers, gardening)?

Are religious services held on the premises or are arrangements made for residents to attend nearby services?

Are there fitness facilities? Regularly-scheduled exercise classes?

Are residents’ pets allowed? Does facility have pets and who cares for them?

Food

Does the residence provide meals? If so how many times a day, how many days a week, and how does the menu vary from meal to meal? Are menus posted?

Can special diets be accommodated? Does a qualified dietitian plan or approve menus?

Are residents involved in menu planning and may they request specific foods?

Does the dining room environment encourage residents to relax, socialize, and enjoy their food?

May residents eat meals in their units? May they keep snacks or other food in their units?

Are meals provided only at set times or is there some flexibility? Are snacks available?

Can residents have guests dine with them for an additional fee? Is there a private dining room for special events and occasions, if desired?

Can you visit during a meal and eat with the residents?

What do residents say about the food?
Moving In, Contracts, and Finances

___ Is there a waiting list? If so, how long do they estimate it will be for a unit to become available?
___ What is involved with the moving in/out process?
___ Is there a written statement of residents’ rights and responsibilities?
___ Does the contract clearly disclose all fees for healthcare, accommodations, personal care, supportive services, as well as admission and discharge provisions?
___ How much is the monthly fee? What does this include?
___ How often can fees be increased and for what reasons? Is there a limit on the amount of increase per year? What is the history of monthly fee increases?
___ Are residents required to purchase renters’ insurance for personal property in their units?
___ Do billing, payment and credit policies seem fair and reasonable?
___ Is prepayment, a deposit, or an entrance fee required? Is any of that refundable?
___ May resident handle his/her own finances with staff assistance if able or must a family member/ outside party be designated?
___ Is the contract for a specific period of time or month-to-month?
___ When may a contract be terminated and what are the policies for refunds and transfers?
___ What happens if funds are depleted and full payment can no longer be made?
___ Does the facility accept Medicaid? Special Assistance for Adults?
___ What additional services are available if the resident’s needs change? Is staff available to coordinate these services?
___ Is there a procedure to pay for additional services such as skilled nursing care or physical therapy when the services are needed on a temporary basis?
___ Under what circumstances would the resident be forced to move out because of increased needs for care?
___ What happens if the resident needs to be hospitalized temporarily? How long can the facility hold a room for the resident, and what would it cost to do that?

Staff

___ What are the hiring procedures and requirements for eligibility?
___ Are criminal background checks, references, and certifications required?
___ Is there a staff training program in place and what does it entail?
___ What is the staff turnover rate for patient care aides? What does the facility do to encourage staff to stay?
___ How long has the current administrator been there?
___ What is the staff-to-patient ratio during the day? At night? On weekends?
___ Does the facility have RNs on duty at all times? LPNs?

Licensure and Certification

___ Does the facility have a current license displayed?
___ If the state requires the administrator to be licensed/certified, does she/he have a current license?
___ What reputation does the facility have in the community?
___ How long has it been in business? Is it in good financial health?
Complaints and Problem-Solving

1. Is the administrator, or other appropriate staff person, generally available to answer questions or discuss problems and would you be comfortable dealing with them on a daily basis?
2. Is there a resident council or organization through which residents have a means of voicing their views?
3. What is the procedure for handling resident or family concerns?
4. Is there an appeals process for dissatisfied residents?
5. Has the facility experienced any complaints or corrective actions? Are they willing to discuss past problems and how they were resolved?
6. Has the facility ever been sanctioned or fined, or had its Medicare/Medicaid certification suspended?

Your questions and concerns:

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SOURCE: adapted from www.carepathways.com