LONG-TERM CARE FACILITY CHECKLIST

Last updated: March 2019

If you will be visiting multiple facilities, which is strongly recommended, make copies of this page so that you may take notes about each facility.

Name of place: _________________________________________________________________

First Impressions

- Do you like the facility’s outward appearance? ________________________________
- Is the location convenient for visits by family and friends? ______________________
- Is the residence clean and free of odors? ______________________________________
- Is the facility appropriately heated/cooled? ____________________________________
- What is the noise level in the facility? _________________________________________
- 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? What do they say? ________________________________________________________________

- Are staff members courteous to residents and to each other? ____________________
- Do staff respond to requests for assistance in a timely manner? __________________
- Are visits with residents encouraged and welcome at any time? __________________
- Is the floor plan of the common areas well-designed and easy to follow? ____________

Living Area and Accommodations

- How many units are there, and how many are occupied? _________________________
- Are there different sizes and types of units available with optional floor plans? ______

- Are single units available? Are double occupancy units available 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? ___________________

• What laundry services or facilities are available for residents’ personal clothing? ______

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**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? ____________________________________________________________

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**Services**

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

• Are there additional charges for personal care services (help with bathing, dressing, etc)? 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 facility provide transportation to doctors’ offices, the hairdresser, shopping and other activities desired by residents? If so, how is that 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? Can you meet her/him?

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

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

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

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

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

• Are there fitness facilities? What about regularly-scheduled exercise classes?
• Are residents’ pets allowed? Does the facility have pets, and if so 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? Can you look at a menu? 

___________________________________________________________________________

___________________________________________________________________________

• 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 tour the facility 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? Can you take home a copy? 

___________________________________________________________________________

___________________________________________________________________________

• 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? 

___________________________________________________________________________

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• 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 the resident handle her/his 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? What about Special Assistance?_______________________

• 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 care needs, change in finances, etc.)? __________________________

• 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? ________________________________

<table>
<thead>
<tr>
<th>Staff</th>
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<tbody>
<tr>
<td>• What are the hiring procedures and requirements for eligibility? __________________________</td>
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<td>• Are criminal background checks, references, and certifications required? ________________</td>
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<td>• Is there a staff training program in place and what does it entail? ________________________</td>
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<tr>
<td>• What is the staff turnover rate for patient care aides? What does the facility do to encourage staff to stay? ________________________________</td>
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<tr>
<td>• How long has the current administrator been there? ________________________________</td>
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• 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?  ________________________________

Complaints and Problem-Solving

• 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?  _____

• Is there a resident council or organization through which residents have a means of voicing their views?  _________________________________________________________________

• What is the procedure for handling resident or family concerns?  ________________________

• Is there an appeals process for dissatisfied residents?  _________________________________

• Has the facility experienced any complaints or corrective actions? Are they willing to discuss past problems and how they were resolved?  ________________________________________

• Has the facility ever been sanctioned or fined, or had its Medicare/Medicaid certification suspended?  ________________________________________________________________

Source: Adapted from www.carepathways.com

OTHER NOTES

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