LONG-TERM CARE FACILITY CHECKLIST

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: _________________________________________________________________

<table>
<thead>
<tr>
<th>First Impressions</th>
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<tbody>
<tr>
<td>Do you like the facility’s outward appearance?</td>
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<tr>
<td>Is the location convenient for visits by family and friends?</td>
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<tr>
<td>Is the residence clean and free of odors?</td>
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<tr>
<td>Is the facility appropriately heated/cooled?</td>
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<tr>
<td>What is the noise level in the facility?</td>
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<tr>
<td>Does the staff address residents by their names and interact with them during your tour?</td>
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<tr>
<td>Do you notice the residents socializing with each other and do they appear content?</td>
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<tr>
<td>Can you talk with residents about how they like living there and about the staff?</td>
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<tr>
<td>Are staff members courteous to residents and to each other?</td>
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<tr>
<td>Do staff respond to requests for assistance in a timely manner?</td>
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<tr>
<td>Are visits with residents encouraged and welcome at any time?</td>
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<tr>
<td>Is the floor plan of the common areas well-designed and easy to follow?</td>
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<table>
<thead>
<tr>
<th>Living Area and Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many units are there, and how many are occupied?</td>
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<tr>
<td>Are there different sizes and types of units available with optional floor plans?</td>
</tr>
<tr>
<td>Are single units available? Are double occupancy units available for sharing with another person?</td>
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</tbody>
</table>
• 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? ______

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 (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?

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**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?
___________________________________________________________________________
___________________________________________________________________________

<table>
<thead>
<tr>
<th>Food</th>
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| • 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?  
___________________________________________________________________________
___________________________________________________________________________

<table>
<thead>
<tr>
<th>Moving In, Contracts, and Finances</th>
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| • 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?  
___________________________________________________________________________
___________________________________________________________________________
• 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>
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<th>Staff</th>
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• 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?

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**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?

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**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?

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Source: Adapted from [www.carepathways.com](http://www.carepathways.com)

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**OTHER NOTES**

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