

GRAYTIMES

ASSISTED LIVING CHECKLIST

GrayTimes developed this checklist to help you evaluate and compare assisted living communities. It can act as a supplement to the printed marketing materials you receive from facilities. While the list may seem a little overwhelming, we tried to think of *everything* you might want to ask. It is important that you know what an assisted living facility will and will not provide, so you know where you might need to hire supplemental services. We put topics in different sections and included a table of contents so you can print out only the sections that are relevant to your situation.

GrayTimes' online searchable directory (http://graytimes.com/listings_Search.php) has over 500 listings of assisted living communities throughout Minnesota.

Table of Contents

Basic Information	Page 1
Ownership	
Physical Features	
Location	
Unit/Apartment Features	Page 3
Common Areas and Amenities.....	Page 4
Safety and Accessibility.....	Page 5
Security	
Emergency Management	
Personal Safety and Accessibility	
Medical Emergencies	
General Services	Page 7
Meals	
Transportation	
Pets	
Social and Recreational	
Personal Care Services	Page 10
Health Care Services	Page 11
Medication Assistance	Page 12
Aging in Place /Continuum of Care.....	Page 13
Staffing	Page 14
Costs.....	Page 16
Initial Fees	
Monthly Fees	
Personal Care Costs	
Assistance with Payments	

Basic Information

Name of facility _____ Date toured _____

Your overall impressions _____

Ownership

Who owns the facility? _____

Is it non-profit or for-profit? _____

How long has the facility been open? _____

Is the facility part of chain? Yes No

If yes, how many other facilities are there and where are they located? _____

Is management company different from the owner? Yes No

How long has the management staff been at the facility? _____

Who provides home care for the facility? _____

What is the current occupancy level (%) ? _____

Is there a waiting list to move in? If so, how long? _____

Licensure

What is the date of the last inspection or survey by State authorities? _____

Have there been any citations in the past? If so, what were they and how have they been corrected? _____

Is a copy of the most recent report available? Yes No

Note: The results of licensing surveys for Assisted Living Home Care Provider (ALHCP) licensees by the State are available on the Minnesota Department of Health Web site at: <http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurveyresults.htm>

Physical Features

Number of units/apartments _____ Number of floors _____

If more than one level, are elevators conveniently located? Yes No

Notes _____

Location

Is the facility conveniently located to family members, churches, shops, hospital and clinics? Yes No

Is there anything you don't like about the location, for example, too close to a freeway? _____

Is the lighting around the building adequate? Yes No

Storage

Is additional storage space available and where is it located? _____

Is there an extra fee for storage? Yes No Amount \$ _____

Parking

May residents have automobiles? Yes No

Is there garage or off street parking? Yes No

Are parking spots assigned? Yes No

Is there an extra fee for parking? Yes No Amount \$ _____

Is there adequate parking for visitors? Yes No

Notes _____

Units/Apartments

Note: Ask for printed floor plans with prices.

Are units/apartments single or double occupancy? _____ Single _____ Double

What is cost of the second occupant if couples share? \$ _____

Are the apartments large enough for a resident to spend time there without having to rely on the common areas for socialization?
 Yes No

Can residents lock their doors? Yes No

Are there full, private bathrooms in each unit (sink/shower) and are they fully handicap-accessible?
 Yes No

Is there adequate natural light from windows? Yes No

What furniture is provided? _____

May you bring your own furniture? Yes No

Is there a kitchen area with ... ? _____ Stove _____ Microwave _____ Refrigerator _____ Sink

Are electrical and telephone outlets conveniently located? Yes No

How much personal decoration is permitted? _____

Is there central air conditioning or window unit air conditioning? _____

May residents regulate the temperature in their own apartment? Yes No

Is there a locked drawer to store valuables? Yes No

If not, does facility make provisions to store valuables? Yes No

Washer/dryer _____ In apartment _____ Located nearby

Is there a charge to use them? Yes No Amount \$ _____

Notes _____

Common Areas

Are there comfortable, inviting social areas where residents can socialize with friends and family or with each other?

Yes No

Is there an outdoor patio, porch or garden that residents can use?

Yes No

Do all doors and hallways accommodate wheelchairs?

Yes No

Are there handrails in the hallways?

Yes No

What amenities are on site?

_____ Recreation or card room

_____ Hobby or craft room

_____ Community room

_____ Computer room

_____ Exercise room and/or pool

_____ Gift shop

_____ Beauty salon/ Barber shop

Note: Are these the same location? Some men or women might prefer separate areas.

_____ Library

_____ Chapel

_____ Convenience store

_____ Postal service

_____ Banking services

_____ Area for family to use for family gatherings

_____ Snack kitchen for family use

_____ Dining Room

_____ Private dining area for family use

Cost for use \$ _____

_____ Guest rooms

Cost for use \$ _____

Other amenities not listed above _____

Notes _____

Safety and Accessibility

Security

Are outside doors locked at all times? Yes No

If not, what times are they locked? _____

How does a resident or family member get into the facility when doors are locked? _____

Who monitors who comes into the building? _____

Is there a main desk staffed at all times? Yes No

Is there a security guard and at what times? Yes No Times _____

Are exit signs clearly marked and lighted? Yes No

Are exits easy to reach? Yes No

Are exit doors alarmed? Yes No

Are there safety locks on the windows? Yes No

Emergency Management

What is the evacuation plan? _____

Is it posted and easy to understand? Yes No

How often are drills for residents and staff? Yes No

What procedures are there to assist residents who may need help evacuating the facility?

Are there sprinklers in residents' apartment or common areas? Yes No

What sort of disaster plan does the facility have for such things as power outages or tornadoes?

Where would residents go in case of a tornado or severe storm? _____

Is there an emergency generator or alternate power source? Yes No

In a power outage, what arrangements are made for those who may be dependent on equipment such as oxygen that requires electricity to power it? _____

Are there smoke alarms for the hearing or visually impaired? Yes No

Notes _____

Personal Safety and Accessibility

What sort of emergency call or alarm systems are there for residents? _____

Are these easy to use and located through the apartment? Yes No

Is there a call system in the bathroom Yes No

Do residents wear pendant or wrist call buttons? Yes No

Do the pendant or wrist buttons work outside of apartments? Yes No

Is the emergency call or alarm system monitored constantly? Yes No

Who monitors it? _____

Are there grab bars in the bathrooms? Yes No

Are the floor surfaces non skid? Yes No

Are there wheelchair ramps? Yes No

Notes _____

Medical Emergencies

How is the staff trained to handle emergencies? _____

Procedures for responding to a medical emergency? _____

When would staff call 911? _____

When would the facility call the family or the resident's doctor? _____

Is there a defibrillator on site? Yes No

Are all staff members trained to use it? Yes No

Notes _____

Transportation

Is transportation is available to? _____ Medical appointments
_____ Other appointments
_____ Shopping
_____ Visits to friends and relatives
_____ Other

What geographic areas are included? _____

Is there a charge for this transportation? Yes No Amount \$ _____

How is this transportation arranged for by the resident? _____

Can you request transportation on short notice? _____

What form is the transportation? _____ Van _____ Car _____ Other

Is the transportation handicap-accessible? Yes No

Pets

Are pets allowed to reside with the resident? Yes No

Are there additional monthly fees or deposits? Yes No Amount \$ _____

Will staff help with care of the pet and is there a charge for this? Yes No Amount \$ _____

If pets are not accepted, can they visit? Yes No

Notes _____

Social and Recreational

Note: Ask for a calendar so you can see what is offered and how often. This can help you evaluate whether there is a match between what is offered and the interests of you or your family member. Are the activities compelling and interesting or designed primarily to keep residents busy? You might also want to check on what arrangements or considerations are made for those who don't celebrate traditional religious holidays or services.

Is the social director full or part time and what is her/his background and experience? _____

Examples of activities offered? _____

Is a schedule of social activities published? Yes No

Is the family notified of activities? How? _____

Are there trips/events planned outside the facility? Yes No

What kind and how often? _____

If there are bus trips, what arrangements are made for those who cannot climb bus stairs? _____

Are there special events for holidays? Yes No

Are chapel services offered? Yes No

Denomination? _____

Notes _____

Personal Care Services

Note: *The facility owner may provide home and health care services or hire one or more outside home care providers to do so. If the provider is different from the owner of the building, you will want to check on references for both.*

Minnesota has licenses for these providers:

1. A Class F home care provider provides home care services in a housing-with-services setting and cannot provide therapies such as physical or occupational therapy.
2. A Class A home care provider can provide home care services any place the client lives and may provide therapies including, but not limited to, physical and occupational therapy.

Only a Medicare Certified Class A home health agency is eligible to receive Medicare payment.

What is the licence classification of the home care provider? _____

Are they Medicare certified? Yes No

Does staff provide 24-hour assistance with activities such as dressing, toileting, bathing? Yes No

What sort of wait times may be involved? _____

Does the resident have any say in what time of day these services are provided? Yes No

For example, if a resident need help getting out of bed in the morning, how is the time the staff arrives decided and is this the same time each day?

How often does staff check on individual residents during the day and during the night? _____

How is it decided who needs to be checked on and when? _____

If laundry provided, what is included and how often is it done? _____

If cleaning/housekeeping is done in resident's units, what does it include and how often is it done? _____

How often are beds changed and sheets washed? _____

How is personal mail handled? _____

Is assistance available for help with personal finances? _____

Notes _____

Health Care Services

What health care staff is on site and what are their qualifications and training? _____

Is there a nurse on site 24/7 or just on call? _____ 24/7 _____ On call

Does a nurse do regular visits to residents for checkups? Yes No

Is there a physician who makes house calls to the facility? Yes No

Doctor's clinic and hospital affiliation? _____

Insurance affiliation? _____

Can residents choose their own doctors, therapists, pharmacies? Yes No

Are wellness services and exercise programs provided? Yes No

Will facility make medical appointments if residents are unable to? Yes No

Is a medical care plan developed for each resident? Yes No

What input does resident and family have? _____

If needed, are the following care options available on site or can they be scheduled?		Cost?
_____	Insulin injections	\$ _____
_____	Other injections available	\$ _____
_____	Therapy services (Physical, Occupational and Speech)	\$ _____
_____	Wound care	\$ _____
_____	Blood pressure checks	\$ _____
_____	Blood glucose	\$ _____
_____	Oxygen management	\$ _____
_____	Nebulizer treatments	\$ _____
_____	Routine foot care/ Podiatry	\$ _____
_____	Overnight companion or respite	\$ _____
_____	Nutritional counseling	\$ _____
_____	Dental care	\$ _____
_____	Specialized therapies	\$ _____

Notes _____

Medication Assistance

What are the procedures and policies on assisting residents with medications? _____

May a resident self-administer medication? Yes No

What is the training of staff who administers medication or health care? _____

How are records kept on each resident to avoid mix-ups on medication? _____

Can the facility arrange prescription delivery? Yes No

Can you use your own pharmacy to fill prescriptions? Yes No

Notes _____

Aging in Place/Continuum of Care

What happens if the health care needs of a resident change? Are more services available? _____

Under what conditions are residents asked to move if there is a change in health status? _____

What behaviors, conditions, or other circumstances are reasons for discharge? _____

Is the residence affiliated with a hospital or nursing home should acute or long-term care be needed? If so, is there a priority admission process? _____

If a resident has to move, will the facility help with finding an appropriate place to live? Yes No

Can the facility manage a broad range of health care? _____

Are there end-of-life services available such as hospice? Yes No

If residents need temporary hospital or nursing home care, are their rooms held? Yes No

Is there a discount for unused services during these kind of absences? Yes No

Notes _____

Staffing

Who is in charge during the day? _____

Nights? _____

Weekends? _____

What background checks (past employment and criminal histories) are performed? _____

How many staff are employed and in what capacities?	Full time	Part time
Nurse (Registered or Licensed Practical)	_____	_____
Health Aides	_____	_____
Personal Care Aides	_____	_____
Dietitians	_____	_____
Cooks	_____	_____
Activities Director	_____	_____
Manager	_____	_____
Maintenance	_____	_____
Cleaning	_____	_____
Other	_____	_____

What is the ratio of direct care staff to resident? _____

What is the ratio on the night shift? _____

Weekends? _____

Holidays? _____

What training do direct care employees receive? _____

What is the turnover rate among direct care staff? _____

Are there frequent vacancies? _____

Notes _____

Staffing continued

Is the facility often understaffed? _____

How are the English speaking skills of staff members? _____

How long does it take for staff to respond to a resident's request for help or to an alarm? _____

Do staff members knock on doors or announce themselves before entering rooms? Yes No

Do all of the staff wear name badges? Yes No

Is there a full-time maintenance staff? Yes No

How are requests for maintenance handled? _____

Who can residents or family members talk to about questions, concerns or complaints? _____

Notes

Costs

Note: Cost for living in an Assisted Living Facility often include a monthly rent or fee and additional service charges. Facilities differ in how they break out pricing, so it is important to know what is included in the standard monthly fee and what will be additional charges. These charges can quickly add up, so be sure you have a good idea of what the possible costs will be.

According to the Minnesota Department of Health, "Assisted Living Establishments" must offer at least:

- (1) two meals per day,*
- (2) weekly housekeeping and weekly laundry service,*
- (3) a system for daily checks, and*
- (4) "awake" staff 24/7 to respond to health and safety needs of clients.*

Initial Fees

Is there an entry or move-in fee? Yes No Amount \$ _____

Is there a security deposit? Yes No Amount \$ _____

Is the entrance fee or security deposit refundable if a resident cannot move in or has to leave? Yes No

Are there any other up-front fees or payments? If so, what are they and how much? _____

Is a signed lease required and, if so, what does it cover? _____

How long is the lease? _____

What are the termination provisions? _____

If a resident moves out in the middle of the month or before the lease is up, is any portion of the monthly fee refundable?

Yes No Portion _____

What portion of any fees or deposits is refunded to a resident's estate? _____

Under what circumstances would fees increase and how much notice is given? _____

Does the resident need to purchase renter's insurance? Yes No

Notes _____

Monthly Fee

What is the monthly fee? \$ _____

What is included in monthly fee?

If not included, what is the additional charge?

<input type="checkbox"/>	Telephone service		_____
<input type="checkbox"/>	Long distance phone service		_____
<input type="checkbox"/>	Utilities		
<input type="checkbox"/>	Heat		_____
<input type="checkbox"/>	Electricity		_____
<input type="checkbox"/>	Water		_____
<input type="checkbox"/>	Trash		_____
<input type="checkbox"/>	Cable TV or satellite TV		_____
<input type="checkbox"/>	Internet connection		_____
<input type="checkbox"/>	Parking		_____
<input type="checkbox"/>	Keeping a pet		_____
<input type="checkbox"/>	Housekeeping		_____
<input type="checkbox"/>	Laundry		
<input type="checkbox"/>	Personal laundry		_____
<input type="checkbox"/>	Linen and towels		_____
<input type="checkbox"/>	Meals	<i>How many days per week</i>	
<input type="checkbox"/>	Breakfast	_____	_____
<input type="checkbox"/>	Lunch	_____	_____
<input type="checkbox"/>	Dinner	_____	_____
<input type="checkbox"/>	Special diets	_____	_____
<input type="checkbox"/>	Snacks	_____	_____
<input type="checkbox"/>	Personal care or services		_____
<input type="checkbox"/>	Beauty salon/Barber		_____
<input type="checkbox"/>	Emergency Response/Call System		_____
<input type="checkbox"/>	Transportation		_____
<input type="checkbox"/>	Other		_____

Notes

Personal Care Costs

Note: Facilities calculate charges for personal care differently. Some have levels of care packages, others use increments of time, some a point system and others an "a la carte" package. This can be the most confusing part of the pricing information, so be sure to get written material to take with you to review.

These personal care costs are often called "Activities of Daily Living" (ADLs) and include such things as dressing, eating, mobility, hygiene, grooming (bathing, toileting, incontinence). You should be given a list of ADLs and what the facility charges for each. Ask if there is a differential cost for Day or Night and how they define times for days, evenings and nights.

Usually these care costs are based on a care plan developed before the resident moves into the facility.

When is a care plan for the resident developed and by whom? _____

How often is it reviewed and by whom? _____

What is the family or resident input? _____

If the care plan changes, what is the impact on fees? _____

Under what other circumstances might the fees change? _____

How much notice is given if there is a fee increase? _____

Is there a limit on the amount of increase per year? What is the history on monthly fee increases? _____

How are personal care charges calculated? _____ Time increments _____ Plan level _____ A la carte

What is the billing cycle for these charges? _____

How is billing and payment handled? _____

Notes _____

Personal Care Costs continued

What other charges or fees are there?

Assistance with Payments

Are residents accepted who receive financial assistance from federal, state or county programs? Yes No

Does the facility offer an assistance program to help residents meet their costs? Yes No

What happens if a resident runs out of funds? _____

Notes _____

