

# Assisted Living Checklist

This checklist is a very important tool to help adequately evaluate and compare potential facilities in which to place your loved-one. Please make enough copies of this checklist so that you will have a new checklist for each facility you visit. After completing the checklist on each facility, compare the checklists to see which were the best.

This first page is to allow you to gather general information about the facility. The second and third pages of the checklist will allow you to rank each statement from one (strongly disagree) to ten (strongly agree). You will then be able to total the numbers of each category, which will allow for ease in comparing each facility.

## General Information

Name of Assisted Living Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Administrator: \_\_\_\_\_  
Admissions Coordinator: \_\_\_\_\_  
Date of Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## The Basics

|  |       |          |
|--|-------|----------|
| Does the facility have a bed available?                        | Yes   | No       |
| Can the facility meet my loved-one's level of care?            | Yes   | No       |
| Is the facility in a convenient location?                      | Yes   | No       |
| Are the facility's latest survey reports available for review? | Yes   | No       |
| The staff-to-resident ratio is:                                | _____ | to _____ |

**Comforts of Home**

|  |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|----|
| The food is appealing and tasty.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility is beautifully decorated                                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The residents' rooms are decorated with personal affects.                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility environment feels home-like.                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The common areas contain comfortable furniture.                          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The inside of the facility is in good repair.                            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility is free of clutter and is well-lighted.                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility has enough outdoor areas for resident enjoyment.            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility is free from overwhelmingly unpleasant smells.              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility offers enough grab bars and/or handrails for residents' use | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*Category Score:*

**Feeling of Family**

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| Residents and/or families actively participate in councils. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The residents are treated with respect by the staff.        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The staff tries to meet each resident's individual needs.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The residents enjoy one another's company.                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*Category Score:*

**Meaningful Way of Life**

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| The residents are dressed appropriately and have good hygiene.              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| There are sufficient daily activities.                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| There is a variety of activities on an activities calendar.                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The staff encourages residents to do simple tasks independently.            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The staff is responsive to calls for assistance.                            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The resident and/or the family is involved in the resident's care planning. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| The facility offers a variety of therapies.                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*Category Score:*

**Other**

|                        |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|----|
| Your personal criteria | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Your personal criteria | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

*Category Score:*

*Total Score:*

**Notes / Comments:**