

Checklist for Touring an Assisted Living/Memory Care Facility

Name of Facility: _____

Address: _____

Phone Number: _____ Date of Visit: _____

Key Staff: _____

Note: Medicare generally does not cover the cost of assisted living. This applies to all states in the U.S.

| | Yes | No | Notes |
|--|-----|----|-------|
| Basic Information | | | |
| Is your facility Medicaid-certified? If so, what is the transition process to Medicaid coverage if the need arises? | | | |
| Is the facility a non-profit? | | | |
| Is the facility located close enough for friends and family to visit? | | | |
| Will I get a written copy of the resident policies that must be followed? | | | |
| Are there extra charges for other services like beauty/barber shop services? | | | |
| Before moving in, will the facility tell me in writing about their services, charges, and fees? | | | |
| Can a resident be evicted from the facility? | | | |
| Is your facility licensed for "aging in place?" If not, what are the options for residents as their care needs change over time? | | | |
| Can a resident under hospice care remain in your facility till death? | | | |
| What measures does your facility take to ensure constant supervision and assistance for residents, particularly those at a higher risk of falls or requiring more personalized attention? | | | |
| Safety and Care | | | |
| Have you visited the agency website that licenses the facility to access resources such as inspection reports and compare the quality of care among different facilities? The facility should also have a copy of these reports. | | | |
| Has the facility corrected all citations in its last state inspection report? | | | |
| How is the facility taking action to improve quality or staffing as needed? | | | |
| Can residents still see their doctors? If needed, does the facility help arrange transportation? | | | |
| Does the facility have an in-house physician? | | | |

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| Are care plan meetings held with residents and family members, and are they held at convenient and flexible times whenever possible? | | | |
| Have you checked the facility's online reviews? | | | |
| Are bedrails allowed if a physician orders and the resident is under hospice care? | | | |
| How do you prevent residents from falling off their beds? | | | |
| Is the facility staff trained in fall prevention techniques? Please elaborate. | | | |
| Is there a protocol that the staff follows when a resident falls? Please elaborate. | | | |
| Are cameras (without audio) allowed in the resident's room? Are there surveillance cameras in the common areas? | | | |
| Is adequate security in place, such as controlled access to the building and safety measures to prevent wandering? | | | |
| Speak to family members of residents in the facility on different days and times. Are they satisfied with the care? | | | |
| Is there a medication administration system, or can the resident bring their medications? | | | |
| How do you prevent residents from getting pressure sores? Write down what they say for future reference. | | | |
| Preventing Abuse/Neglect | | | |
| Does the staff and residents' relationship appear warm, polite, and respectful? | | | |
| Does the facility conduct background checks of their staff and doesn't hire staff members with a finding or history of abuse, neglect, or mistreatment of residents in any state | | | |
| Facility Appearance | | | |
| Are residents clean, well-groomed, and appropriately dressed for the season or time of day? | | | |
| Is the facility free from overwhelming, unpleasant odors? | | | |
| Does the facility appear clean and well-kept? | | | |
| Is the temperature in the facility comfortable for residents? | | | |
| Does the facility have good lighting? | | | |
| Are the noise levels in the dining room and other common areas comfortable? | | | |
| | | | |

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| Facility Living Spaces | | | |
| Is the furniture sturdy, comfortable, and attractive? | | | |
| Are the exits marked? Check for exit signs. | | | |
| Are there quiet areas where residents can visit with friends and family? | | | |
| Does the facility have smoke detectors and sprinklers? | | | |
| Are all common areas, resident rooms, and doorways designed for wheelchairs? | | | |
| Are handrails and grab bars appropriately placed in the hallways and bathrooms? | | | |
| | | | |
| Menus and Food | | | |
| Do residents have a choice of food items at each meal? Is the facility equipped to cater special meals, such as no-salt or vegetarian? | | | |
| Are nutritious snacks available? | | | |
| Does the staff help residents eat and drink at mealtimes if needed? | | | |
| What is the facility's policy when a resident cannot eat independently? | | | |
| | | | |
| Staff | | | |
| Does staff knock on the door before entering a resident's room? | | | |
| Is there a nurse on duty 24 hours a day? | | | |
| How many nurses, including direct care staff, can help during the day, at night, and on weekends? | | | |
| Will staff call the resident's doctor if there is a medical need? | | | |
| Has there been a turnover in administrative staff, like the administrator or director of nursing, in the past year? | | | |
| Does the staff speak the resident's primary language? If not, is an interpreter available, or is another system in place to help with communication needs? | | | |
| Is the staff satisfied working at the facility? Interview employees alone on various days and at different times. | | | |
| Residents' rooms | | | |
| Can residents have personal belongings and furniture in their rooms? | | | |
| Does each resident have a closet and drawers in their rooms for storage? | | | |

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| Does each resident have a window in their bedroom? | | | |
| Do residents have access to the internet, phone, and television? | | | |
| Are there policies and procedures to protect residents' possessions, including lockable cabinets and closets? | | | |
| Is there a phone line in the resident's room? | | | |
| Is there regular cleaning of the residents' rooms? How often in one week? | | | |
| Does the resident get to choose when to bathe, get up, or go to sleep? Please elaborate on what we may expect. | | | |
| If applicable, what is the shower schedule for residents who need assistance to bathe? | | | |
| What is the procedure and timeline for vacating the room? | | | |
| Activities | | | |
| Do residents help plan or choose the available activities? | | | |
| Does the facility have outdoor areas for resident use? | | | |
| Is staff available to help residents go outside? | | | |
| Does the facility have an active volunteer program? | | | |
| Can residents have visitors at any time? Even early or late hours? | | | |
| Are there escort procedures for leaving the facility? | | | |
| Does the facility offer religious or cultural support? If not, how will it meet the residents' needs? | | | |

Other Notes: _____
