

OAKLAND COUNTY SENIOR RESOURCE DIRECTORY Assisted Living Facility Checklist

| QUESTIONS | Y | N | COMMENTS | | |
|--|---|---|----------|--|--|
| ASSISTED LIVING LICENSING AND FINANCIAL INFORMATION | | | | | |
| Is the facility licensed? | | | | | |
| Is there an application fee or security deposit? Are they refundable? | | | | | |
| Is a signed contract for care/cost required? | | | | | |
| Can a contract be terminated by the resident/family? | | | | | |
| For what reasons will a contract be terminated by the facility? How much notice is given? | | | | | |
| Is there a refund policy? | | | | | |
| What services are included in the monthly rate? | | | | | |
| Are additional services available? What are the costs? | | | | | |
| What utilities are included in the monthly rate? | | | | | |
| What will happen when the resident's funds run out? | | | | | |
| Is the resident's personal property insured by the facility? | | | | | |
| May residents manage their own finances? | | | | | |
| FACILITY CHECKLIST | | | | | |
| Is the environment clean and well maintained? | | | | | |
| Is the atmosphere warm, friendly, homelike? | | | | | |
| Is there more than one type/style of housing unit? | | | | | |
| Are units furnished or unfurnished? | | | | | |
| Is there a 24 hour emergency response system/staffing? | | | | | |
| May residents smoke in their room or in public areas? | | | | | |
| Is a kitchen area/unit provided? | | | | | |
| If there is no kitchen, may residents keep food in their unit? | | | | | |
| Is there a policy regarding pets? | | | | | |
| Is phone/cable TV available? How is it billed? | | | | | |
| Is the facility well designed for residents' mobility? (wide hallways with hand rails) | | | | | |
| Is there safety equipment including bathroom grab bars and emergency pull cords? | | | | | |
| Is there a safety program that allows residents to indicate that they are in at night/up in the morning? | | | | | |
| Is there a generator in case of power outages? | | | | | |



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| ASSISTED LIVING FACILITY CHECKLIST (continued) | | | | |
| Is there a visitation policy? | | | | |
| How many meals are provided in the monthly rate? | | | | |
| Are the meals provided both balanced and appealing? Are beverages and/or snacks available between meals? | | | | |
| Are special requests for food honored? | | | | |
| May residents have their meal brought to their room? | | | | |
| Are guest meals available? How much notice required? | | | | |
| Is there a private room for entertaining guests? | | | | |
| Are there overnight facilities for families? | | | | |
| STAFFING/SERVICES | | | | |
| Is the staff friendly, caring, and attentive? | | | | |
| Is the direct care staff employed by the facility or another agency? Who supervises them? | | | | |
| Is staff trained in assisting/caring for seniors? | | | | |
| Are criminal background checks completed on all staff? | | | | |
| Are resident's needs reassessed periodically? | | | | |
| When care needs change, are alternatives discussed with the resident and/or family? | | | | |
| Is there a policy on response to medical emergencies? | | | | |
| Is staff available to give twenty-four hour assistance activities of daily living? | | | | |
| Is there onsite medical care available? | | | | |
| Are there medication policies? (administration, storage, reminders) | | | | |
| Is transportation service available? Do they provide group trips for errands and/or individual appointments? | | | | |
| Is there an organized activity program? Are there planned activities outside the facility? | | | | |
| What housekeeping and laundry services are provided in the monthly rate? | | | | |