



Senior Housing Checklist

This checklist is designed as an educational tool to help consumers compare and contrast different assisted living residences. Assisted living has no formal definition, so you will notice a wide variety in the services offered, the physical environments, policies and protections, etc. It is up to you, the consumer, to decide what residence is best suited to meet your individual needs and preferences.

Here are a few tips and suggestions:

- (1) Visit several residences so you have a basis for comparison.
- (2) Schedule a guided tour with a knowledgeable staff person.
- (3) Review the checklist prior to your visit and highlight the questions most important to you.
- (4) Do not be afraid to ask questions.
- (5) Do several informal walk-throughs at different times of the day.
- (6) Talk with current residents and family members.

#1 Residence _____

Address _____

Telephone () _____ Contact Person _____

Visit Date _____ Appt. Time _____ am/pm

#2 Residence _____

Address _____

Telephone () _____ Contact Person _____

Visit Date _____ Appt. Time _____ am/pm

#3 Residence _____

Address _____

Telephone () _____ Contact Person _____

Visit Date _____ Appt. Time _____ am/pm

Checklist Note: For each residence you visit, check the box if the answer is "yes" to the stated question. If the answer is "no", leave the box blank.

Finances

Residence

#1 #2 #3

- ___ ___ ___ Is the residency agreement or contract in clear and understandable language?
- ___ ___ ___ Do you understand the terms and conditions under which the contract can be terminated? (i.e. health or behavioral reasons, inability to pay, etc.)
- ___ ___ ___ Is it clear what the monthly base rate does and does not cover? (such as cable television, telephone, utilities, beauty shop, personal care items)
- ___ ___ ___ Is a price sheet available for non-covered services?
- ___ ___ ___ Is there an initial entrance fee or security deposit? Amount \$ _____
If yes, is all or part of it refundable?
- ___ ___ ___ Is a history of rate increases available for review?
- ___ ___ ___ If a resident's care needs increase, does the monthly rate increase?
- ___ ___ ___ Are Medicaid payments accepted?
- ___ ___ ___ Is financial assistance available to residents?

Staffing

Residence

#1 #2 #3

- ___ ___ ___ Do staff members appear courteous & attentive to residents and to each other?
- ___ ___ ___ Do staff members seem easily accessible to residents & family?
- ___ ___ ___ Is there a licensed nurse on the premises? Hours on site: _____
- ___ ___ ___ Is the nurse available for periodic medical care and/or treatment? (i.e. injections, dressing changes, etc.) Charge \$ _____
- ___ ___ ___ Are direct care workers licensed or do they receive special training on an ongoing basis?
- ___ ___ ___ Are background checks performed on all employees?
- ___ ___ ___ Are the services of other licensed professionals available? (i.e. social worker, recreational therapist, podiatrist, etc.)
- ___ ___ ___ Is direct care staff available on site 24/7 including holidays?
(Staff-to-resident ratio: AM _____ PM _____ Midnight _____)
- ___ ___ ___ Is supervision of staff provided by a trained professional?
- ___ ___ ___ Is staff able to accommodate special needs? (i.e. transferring, incontinence, stand by assists)

Services

Residence

#1 #2 #3

- ___ ___ ___ Is there an initial assessment to determine appropriateness for placement?
(i.e. continency, mobility, cognitive function, etc.)
- ___ ___ ___ Is there ongoing assessment of resident needs?
- ___ ___ ___ Are personal care services available? (i.e. bathing, grooming) Charge: \$ ___
- ___ ___ ___ Are health monitoring services available? (vital signs, glucose checks, etc.)
- ___ ___ ___ Is the residence part of a continuing care community or does it have an affiliation
with a nursing home or hospital?
- ___ ___ ___ Does the residence offer medication assistance?
Set-up ___ Reminders ___
- ___ ___ ___ Does the residence use a pharmacy that provides delivery and review
of medications?
- ___ ___ ___ If you need assistance with medications, must you use a specific pharmacy?
- ___ ___ ___ Is a calendar of activities, exercise programs, and events available for review?
- ___ ___ ___ Is there access to religious services?
- ___ ___ ___ Is transportation available for individual appointments? Charge: \$ ___
- ___ ___ ___ Is staff available to assist with transportation needs such as scheduling,
boarding, carry-ons, groceries, etc?
- ___ ___ ___ Are beauty/barber services available on site?
- ___ ___ ___ Are housekeeping services available? Daily ___ Weekly ___ Other ___
- ___ ___ ___ Are laundry services available? Personal ___ Linens and bedding ___
- ___ ___ ___ Does the residence have specialized programs for people with dementia?
- ___ ___ ___ Are the services of a physical, occupational, or speech therapist available
or arranged?
- ___ ___ ___ Is a personal shopper or errand service available?
- ___ ___ ___ Are separate overnight accommodations available to guests? Charge: \$ ___
- ___ ___ ___ Are you allowed to bring in services from outside the residence?
(i.e. private duty nurse or aide, hospice, cleaning, etc.)

Physical Environment

Residence

#1 #2 #3

- ___ ___ ___ Do all units have private bathrooms? If not, how many residents share a bath?
- ___ ___ ___ Do individual bathrooms include a tub or shower?
- ___ ___ ___ Is the bathroom handicapped-accessible? (including tub & shower)
- ___ ___ ___ Is there a kitchenette within each unit? If not, are there cooking facilities available?
- ___ ___ ___ Are the fixtures/appliances in good condition and working properly?
- ___ ___ ___ Do units come fully furnished?
- ___ ___ ___ Are residents able to provide their own furnishings?
- ___ ___ ___ Is there adequate closet/storage space?
- ___ ___ ___ Do units have individual temperature controls for heating/cooling?
- ___ ___ ___ Is the unit in a good location for your individual needs and preferences? (close to dining room/activity areas/pleasant view/quiet setting, etc.)
- ___ ___ ___ Are there comfortable common areas for social gathering and activities?
- ___ ___ ___ Can more than one person live in a unit? (i.e. spouse, sibling) Charge: \$_____
- ___ ___ ___ Is parking available? (covered/uncovered) Charge: \$_____
- ___ ___ ___ Is the residence easily accessible to visitors? (convenient parking, handicap accessible, visiting hours, etc.)
- ___ ___ ___ Is location convenient to hospital and support services? (physicians, shopping, church, public transportation, etc.)

Policies and Protections

Residence

#1 #2 #3

- ___ ___ ___ Is there a process to address conflicts and/or grievances related to staff or care issues, physical environment, etc?
- ___ ___ ___ Is there a regular evaluation process or quality assurance program?
- ___ ___ ___ Does the provider hold a state-issued license? (Michigan issues licenses only for Adult Foster Care, Home for the Aged, and Nursing Home)
- ___ ___ ___ If licensed, are the latest inspection reports available for review?
- ___ ___ ___ If not licensed, what are the procedures for quality assurance?
- #1 _____
- #2 _____
- #3 _____
- ___ ___ ___ Is there a process to address conflicts and/or grievances related to staff or care issues, physical environment, etc?
- ___ ___ ___ Are the house rules and standards, including residents' rights, available for review?
- ___ ___ ___ Are there restrictions on visits by children or young adults?
- ___ ___ ___ Are overnight visitors allowed in resident rooms?
(Number of nights allowed: _____)
- ___ ___ ___ Are pets allowed? (If yes, is there a limit on number, type, size?)
Charge: \$_____
- ___ ___ ___ Is smoking allowed in resident rooms or common areas?
- ___ ___ ___ Is there a designated smoking area outside?
- ___ ___ ___ Is alcohol use allowed?

Meals

Residence

#1 #2 #3

___ ___ ___ Are meals covered in the basic rate? (Number per day ___)

___ ___ ___ If not, can residents pay for a meal-plan package? Charge: \$___

___ ___ ___ Are meals in the dining room provided at convenient times?
Breakfast ___ Lunch ___ Dinner ___

___ ___ ___ Can meals be delivered to resident rooms? Charge: \$___

___ ___ ___ Are special diets accommodated?

___ ___ ___ Are other options available if resident does not care for the planned meal?

___ ___ ___ Are residents involved in menu planning?

___ ___ ___ Does the menu provide interesting variety and choices?

___ ___ ___ Is there assigned seating in the dining room?

___ ___ ___ Are guest meals available? Charge: \$___

For Assistance with your search for a new home for yourself or your loved one, call the Alliance for Senior Housing at 231.263.4040 or 888.816.4040