

How to Choose an Assisted Living Facility

COMPARISON CHECKLIST

This brochure was designed to help consumers in choosing the most appropriate assisted living facility for themselves or their loved ones. Remember to use all five senses when visiting and making your selection. Trust your initial feelings and reactions. The following questions are meant to assist you in your decision making process.

FACILITY A: _____

FACILITY B: _____

FACILITY C: _____

	FACILITY		
	A	B	C
PROVIDER AGREEMENT/POLICIES:			
1. Do the admission criteria match my needs?	_____	_____	_____
2. Have I reviewed the terms of the financial/provider agreement?	_____	_____	_____
3. Is the unused portion of the rent refunded upon transfer/discharge?	_____	_____	_____
4. Do I have a choice in the selection of medical/health care providers if additional services are needed?	_____	_____	_____
5. Can I keep my current doctor or healthcare provider?	_____	_____	_____
6. Are the specific services offered clearly identified in the agreement?	_____	_____	_____
7. Have I reviewed the house rules?	_____	_____	_____
8. Have I reviewed all of the reasons for which I may be transferred or discharged?	_____	_____	_____
9. Can I choose my own pharmacy? If not, is there an extra charge to use my own?	_____	_____	_____
10. If I deplete my funds and go on Medicaid, can I remain in the facility or will I have to move to another facility that accepts Medicaid? If I can remain, do I have to change rooms?	_____	_____	_____

FACILITY

A B C

LICENSE/CERTIFICATION:

- | | | | |
|----------------------------------------------------------------|-------|-------|-------|
| 1. Is the facility licensed by the state and in good standing? | _____ | _____ | _____ |
| 2. Is the facility Medicaid certified? | _____ | _____ | _____ |

SPACE:

- | | | | |
|------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1. Is the bedroom private or shared? | _____ | _____ | _____ |
| 2. If I am on Medicaid or plan to be on Medicaid, is there an extra charge for a private room? | _____ | _____ | _____ |
| 3. Is the bathroom private or shared? | _____ | _____ | _____ |
| 4. Is the facility clean? | _____ | _____ | _____ |
| 5. Is there space for personal belongings? | _____ | _____ | _____ |
| 6. Does the floor plan allow for easy mobility for me? | _____ | _____ | _____ |
| 7. Are there private areas other than the bedroom for visits? | _____ | _____ | _____ |
| 8. How is room temperature controlled? | _____ | _____ | _____ |
| 9. Can I open the windows in my room? | _____ | _____ | _____ |

SAFETY:

- | | | | |
|---------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1. Is bathroom safety equipment installed or available if needed? (grab bars, raised toilet seat) | _____ | _____ | _____ |
| 2. Is there a call system? | _____ | _____ | _____ |
| 3. Are walkers/wheelchairs permitted? | _____ | _____ | _____ |
| 4. Are hallways and doorways wide enough for wheelchairs? | _____ | _____ | _____ |

CARE PLANS:

- | | | | |
|-----------------------------------------------------------------|-------|-------|-------|
| 1. Am I involved in the care planning process? | _____ | _____ | _____ |
| 2. Is my family/responsible party involved? | _____ | _____ | _____ |
| 3. Is my physician or other health provider involved? | _____ | _____ | _____ |
| 4. Are the care plans updated to reflect changes in care needs? | _____ | _____ | _____ |
| 5. How often are care plans updated? | _____ | _____ | _____ |

FACILITY
A B C

PERSONAL SERVICES:

Does the facility provide:

- | | | | |
|---------------------------------------------------------------------------------------|-------|-------|-------|
| 1. Assistance with dressing? | _____ | _____ | _____ |
| 2. Assistance with bathing? | _____ | _____ | _____ |
| 3. How many times per week is bathing provided? | _____ | _____ | _____ |
| 4. Assistance with toileting? | _____ | _____ | _____ |
| 5. Assistance with incontinency? Does this include assistance with bowel and bladder? | _____ | _____ | _____ |
| 6. Assistance with transfers from wheelchair to bed, etc. | _____ | _____ | _____ |
| 7. Assistance with medications? | _____ | _____ | _____ |

TRANSPORTATION:

- | | | | |
|---------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1. Does the facility provide transportation to doctor appointments and other regions of Larimer County? | _____ | _____ | _____ |
| 2. If so, what are the days & hours transportation is offered? | _____ | _____ | _____ |

STAFF:

- | | | | |
|-----------------------------------------------------------------------------------------|-------|-------|-------|
| 1. What is the operator/administrator's training? | _____ | _____ | _____ |
| 2. Do staff receive training to work with special needs or behaviors, such as dementia? | _____ | _____ | _____ |
| 3. What is the ratio of staff to resident? | _____ | _____ | _____ |
| 4. Are staff awake at night? | _____ | _____ | _____ |

MEALS:

- | | | | |
|-----------------------------------------------------------------------------|-------|-------|-------|
| 1. Are specialized diets available? | _____ | _____ | _____ |
| 2. Are cultural or ethnic preferences considered? | _____ | _____ | _____ |
| 3. Are residents involved in menu planning? | _____ | _____ | _____ |
| 4. Can residents help with meal preparation and have access to the kitchen? | _____ | _____ | _____ |
| 5. Are snacks/beverages readily available between meals? | _____ | _____ | _____ |
| 6. Are extra helpings and substitutions available? | _____ | _____ | _____ |

FACILITY

A B C

SOCIALIZATION:

- | | | | |
|--------------------------------------------------------------------|-------|-------|-------|
| 1. Are activities available within the facility? | _____ | _____ | _____ |
| 2. Does the facility take residents on outings? | _____ | _____ | _____ |
| 3. Is somebody designated to conduct activities? | _____ | _____ | _____ |
| 4. Would my interests match the level/type of activities provided? | _____ | _____ | _____ |
| 5. Is there a written schedule of activities? | _____ | _____ | _____ |
| 6. Does the facility provide transportation for activities? | _____ | _____ | _____ |

COMMUNICATION:

- | | | | |
|----------------------------------------------------------------------------|-------|-------|-------|
| 1. Does the facility inform family/physician when an unusual event occurs? | | | |
| 2. Do you feel comfortable talking with the:
Administrator/Operator | _____ | _____ | _____ |
| Manager/Billing | _____ | _____ | _____ |
| Staff/Caregivers | _____ | _____ | _____ |
| 3. Is the grievance procedure easily understood? | _____ | _____ | _____ |
| 4. Is telephone use accessible and conducive to privacy? | _____ | _____ | _____ |
| 5. How would I make long distance phone calls and what are the charges? | _____ | _____ | _____ |

FACILITY TOUR/OBSERVATIONS:

- | | | | |
|-------------------------------------------------------------------------------|-------|-------|-------|
| 1. Have I toured the entire facility? | _____ | _____ | _____ |
| 2. Have I observed the kitchen and pantry? | _____ | _____ | _____ |
| 3. Have I observed a meal? | _____ | _____ | _____ |
| 4. Does the atmosphere seem pleasant? | _____ | _____ | _____ |
| 5. Does there seem to be enough staff available? | _____ | _____ | _____ |
| 6. Are pets allowed? (i.e.: Can I bring my pet or are there facility's pets?) | _____ | _____ | _____ |
| 7. Do residents seem happy and engaged? | _____ | _____ | _____ |
| 8. Do residents appear to be clean, groomed and odor-free? | _____ | _____ | _____ |
| 9. Have I observed for staff/resident interaction? | _____ | _____ | _____ |
| 10. Have I observed for cleanliness and odors? | _____ | _____ | _____ |

ADDITIONAL RESOURCES

Larimer County Office on Aging Ombudsman: (970) 498-7754 or visit their website at: www.larimer.org/seniors, click on Office on Aging.

State Ombudsman Program: Serves as advocate for residents and families
303-722-0300 or 1-800-288-1376

Colorado Department of Public Health and Environment--Health Facilities Division: Licenses and inspects assisted living facilities
303-692-2800

We realize that making the decision to place a loved one in a care facility can be difficult. When making your final selection, keep these tips in mind:

- ✓ Trust your initial feelings and reactions;
- ✓ Try not to make a hasty decision. There are many homes from which to choose;
- ✓ Consider the location of the home. Your presence and involvement in the facility is important to the care your loved one receives;
- ✓ Make an unannounced visit after your initial tour and remember meals, evenings and weekends are a great time to visit;
- ✓ Talk to residents;
- ✓ Talk to direct line staff (i.e. aides, CNA's, etc.)
- ✓ Ask for references;
- ✓ Ask to take home copies of the admission packet and house rules;
- ✓ Take the time to review the materials and, ask lots of questions.

NOTES/COMMENTS

FACILITY A: _____

FACILITY B: _____

FACILITY C: _____

