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Assisted Living: **Asking the Right Questions**

If you have decided that an assisted living facility is the right choice for you or someone you care for, this checklist will help you choose the right facility to meet your needs. If you are still trying to decide whether an assisted living facility is the right choice or are trying to find a list of facilities to choose from, you may want to read AARP's Tip Sheet titled "Assisted Living: Weighing the Options." Make a copy of this checklist for each of the facilities you are considering. It may make comparing the facilities a little easier.

The Call

Once you have a list of facilities to visit, make a telephone call to each one. Think about what is important in a new home for you, things such as location, size, and types of services. Remember that the person you speak with will most likely be a marketing or sales representative whose job is to promote the facility. Using the checklist on this Tip Sheet can help narrow down the list of facilities to visit.

The Checklist

The following checklist will help you compare facilities. Choosing a quality assisted living facility can be a challenge. Remember that it can be expensive and is a long-term major life decision. If you are looking for yourself, try not to make the visits and decisions alone. Talk with family members and friends. Learning as much as you can about assisted living and each of the facilities you are considering is the best way to gain the confidence you will need to be comfortable that you are making the best choice.

The Visit

Take your checklist and any questions you noted when reviewing the facilities materials so you can ask the staff about them during your visit. As you meet with staff and tour a residence, pay close attention to how you feel and what is going on around you. Spend time with the staff and residents; ask them what they like and dislike about the facility. It is a good idea to make more than one visit; an unscheduled visit on a weekend or in the evening might be very helpful in your decision making.

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Facility Name: _____

Check: First Visit Second Visit Date(s) Visited: _____

Morning Afternoon Evening

Circle: Mon Tue Wed Thu Fri Sat Sun

You may want to attach the facility's rate sheet for easier comparison.

The Call:

How many living units are in the facility? _____

Where is the facility located? _____

Are different size and types of units available? Yes No

Do any units have kitchens or kitchenettes? Yes No

Are all the rooms private? Yes No

Are bathrooms private? Yes No

Does the facility offer special care units, such as those serving people with Alzheimer's disease? Yes No

Is a contract available that details all fees, services, and admission and discharge policies? Yes No

Is there a written care plan for each resident? Yes No

What role does the resident have in developing the care plan? _____

Are additional services available on the same campus if a resident's needs change? Yes No

Can residents choose their own doctors, therapists, or pharmacies? Yes No

How does the facility bill for services? _____

What if a resident runs out of money? _____

Under what conditions would a resident have to leave the facility? _____

The Visit:

Is the facility clean? Yes No

Is the facility cheerful? Yes No

Do you feel good about the facility? Yes No

Are stairs and hallways well lit? Yes No

Are exits well marked? Yes No

Do rooms and bathrooms have handrails and call buttons? Yes No

Are there safety locks on the doors and windows? Yes No

Are there security and fire safety systems? Yes No

Is there an emergency generator or alternate power source? Yes No

Is the floor plan logical and easy to follow? Yes No

Are rooms large enough for a resident's needs? Yes No

Are there kitchens or kitchenettes? Yes No

Are there enough common areas, such as dens and living rooms? Yes No

What special services are available?

Circle all that apply: bank café beauty salon other (make notes below)

The Contract:

Is the contract easy to read? Yes No

Do you understand everything in it? Yes No

Are specific services provided by the facility? Yes No

Does the contract include all of the services you are looking for? Yes No

How frequently are services provided? _____

What do additional services cost? _____

Are health care services included? Yes No

Which ones? _____

When and where are meals served? _____

Are all meals served 7 days a week? Yes No

Does the contract address levels of care? Yes No

How many levels? _____

Who determines level of care? _____

Are there services for each level? Yes No

Are linens/laundry provided? Yes No

Are transportation services provided? Yes No

Is there a parking fee for residents? Yes No for visitors? Yes No

Does the facility offer worship services? Yes No

Is transportation to worship services provided? Yes No

What are the entrance fee(s)? _____

What is the monthly rent? _____

What is the security deposit? _____

Are deposits refundable? Yes No

Are utilities included? Yes No

Which ones? _____

Is telephone included? Yes No Long distance? Yes No

How are rate increases or late payments handled? _____

Does the contract cover transfer and discharge policies? Yes No

Who makes a transfer or discharge decision? _____

How much notice is given to residents who have to leave? _____

Is the living area held if the resident is in the hospital? Yes No

For what cost? _____

Can you have a pet? Yes No

Can you have personal furniture? Yes No

Does the contract deny your right to bring legal action against the facility for injury, negligence, or other cause? Yes No

Can you come and go at will? Yes No

Can personal visitors come and go at will? Yes No



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