

## BASA ASSISTED LIVING 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.

### TIPS & 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.

### Facility Identification Sheet

#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.*

Residence

#1 #2 #3 **FINANCES**

\_\_\_\_\_ 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?
- \_\_\_ \_\_\_ \_\_\_ Is financial assistance available to residents?

Residence

**#1 #2 #3 STAFFING**

- \_\_\_ \_\_\_ \_\_\_ Do staff members appear courteous & attentive to residents and to each other?
- \_\_\_ \_\_\_ \_\_\_ 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?

Residence

**#1 #2 #3 SERVICES**

- \_\_\_ \_\_\_ \_\_\_ 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 \_\_\_\_\_
- \_\_\_\_\_ 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.)

Residence

#1 #2 #3 **PHYSICAL ENVIRONMENT**

- \_\_\_\_\_ 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?
- \_\_\_\_\_ Do units come fully furnished?
- \_\_\_\_\_ Are residents able to provide their own  
furnishings?
- \_\_\_\_\_ Are the fixtures/appliances in good condition  
and working properly?
- \_\_\_\_\_ 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.)

Residence

**#1 #2 #3 POLICIES AND PROTECTIONS**

- \_\_\_\_\_ 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?
- \_\_\_\_\_ 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?

Residence

#1 #2 #3 **MEALS**

\_\_\_ 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 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: \$\_\_\_

This checklist is supplied by the Bay Area Senior Advocates

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