## **Assisted Living Checklist**

## **Section I: Client Information**

In this section, you'll need to provide detailed information about the person moving into an assisted living facility. This information helps to understand their unique needs and preferences.

- **Personal Details:** Fill in the name, age, and contact information, along with the preferred communication method and emergency contacts.
- **Medical Information:** List the primary care physician's contact information, current medical conditions, medications, allergies, dietary restrictions, mobility, physical limitations, and specialized care needs such as dementia or diabetes management.
- **Lifestyle Preferences:** Describe hobbies, social preferences, daily routine, cultural practices, and pet requirements.
- **Legal and Financial Information:** Provide details about Power of Attorney, insurance, financial considerations, and existing service agreements.
- Other Considerations: Include any specific requests or questions to address with the facility staff, such as room type preferences or exceptional amenities.

Please provide as much detail as possible to ensure that the chosen facility can accommodate the individual's needs and preferences.

| Client Information:                                  |  |
|------------------------------------------------------|--|
| Name:                                                |  |
| Age:                                                 |  |
| Contact information:                                 |  |
| Emergency contact information:                       |  |
| Preferred communication method (phone, email, etc.): |  |
|                                                      |  |
| Medical Information:                                 |  |
| Primary care physician and contact information:      |  |
|                                                      |  |
| Medical history and current medical conditions:      |  |
|                                                      |  |
|                                                      |  |
|                                                      |  |

| Medication list and dosage instructions:                      |
|---------------------------------------------------------------|
|                                                               |
| Allergies and dietary restrictions:                           |
|                                                               |
| Mobility and physical limitations:                            |
|                                                               |
| Specialized care needs (e.g., dementia, diabetes management): |
|                                                               |
| Lifestyle Preferences:                                        |
| Hobbies and interests:                                        |
|                                                               |
| Social engagement preferences:                                |
|                                                               |

| Preferred daily routine and schedule:                              |
|--------------------------------------------------------------------|
|                                                                    |
| Cultural, religious, or spiritual practices and needs:             |
|                                                                    |
| Pet requirements (if any):                                         |
|                                                                    |
| Legal and Financial Information:                                   |
| Power of Attorney or legal guardian details:                       |
|                                                                    |
| Insurance information (including Medicare/Medicaid if applicable): |
|                                                                    |
| Financial considerations for assisted living fees:                 |
|                                                                    |

| Existing service agreements (e.g., home care services): |
|---------------------------------------------------------|
|                                                         |
| Other Considerations:                                   |
| Preferences for room type (private, shared, etc.):      |
|                                                         |
| Specific requests for amenities or services:            |
|                                                         |
| Concerns or questions to address with facility staff:   |
|                                                         |

## **Section II. Facility Evaluation**

This section serves as a checklist to evaluate potential assisted living facilities. As you tour and research various options, use this list to check off the attributes and services corresponding to the individual's needs.

- **Location:** Evaluate the facility, considering proximity to family, shopping, entertainment, and medical facilities.
- **Facility:** Assess the appearance, cleanliness, room layouts, accommodations, and security features.
- Staff: Review staff qualifications, training, staffing ratios, and interactions with residents.
- **Services and Amenities:** Check the availability and quality of meals, housekeeping, transportation, activities, and wellness programs.
- **Personal Care:** Assess assistance for daily activities, medication management, and specialized needs.
- **Health Care:** Evaluate on-site medical care, coordination with external providers, and therapy services.

- Costs: Understand the fees, additional costs, deposits, and how fee increases are handled.
- Contracts and Agreements: Review the contract details, rights, obligations, and termination policies.
- Regulations and Licensing: Check compliance with regulations, recent inspections, and licensing status.
- Resident and Family Feedback: Seek feedback from current residents and their families.
- Special Needs: Evaluate any specialized care or programs that may be needed.

Remember, this checklist helps ensure you consider all essential aspects of assisted living

| facilities, enabling you to make an informed decision that aligns with the individual's needs and preferences. Take your time, and don't hesitate to ask questions or seek professional guidance. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Location:                                                                                                                                                                                         |
| ☐ Proximity to family and friends                                                                                                                                                                 |
| Access to shopping, dining, and entertainment                                                                                                                                                     |
| ☐ Near medical facilities and hospitals                                                                                                                                                           |
|                                                                                                                                                                                                   |
| Facility:                                                                                                                                                                                         |
| Overall appearance and cleanliness                                                                                                                                                                |
| Room layouts and accessibility                                                                                                                                                                    |
| Types of accommodations available (e.g., private rooms, shared rooms)                                                                                                                             |
| <ul> <li>Security and safety features</li> </ul>                                                                                                                                                  |
|                                                                                                                                                                                                   |
| Staff:                                                                                                                                                                                            |
| Staff qualifications and training                                                                                                                                                                 |
| Staff-to-resident ratio                                                                                                                                                                           |
| ☐ Background checks and references                                                                                                                                                                |
| ☐ Interaction with residents                                                                                                                                                                      |

| Se                        | Services and Amenities:                                            |  |  |
|---------------------------|--------------------------------------------------------------------|--|--|
|                           | Meals (quality, dietary options, meal times)                       |  |  |
|                           | Housekeeping and laundry services                                  |  |  |
|                           | Transportation                                                     |  |  |
|                           | Social activities and community engagement                         |  |  |
|                           | Exercise, wellness, and recreational programs                      |  |  |
|                           |                                                                    |  |  |
| Pe                        | rsonal Care:                                                       |  |  |
|                           | Assistance with daily activities (bathing, dressing, eating, etc.) |  |  |
|                           | Medication management and reminders                                |  |  |
|                           | Customized care plans                                              |  |  |
|                           | Special needs accommodations (e.g., dementia care)                 |  |  |
|                           |                                                                    |  |  |
| He                        | alth Care:                                                         |  |  |
|                           | On-site medical care availability                                  |  |  |
|                           | Coordination with external medical providers                       |  |  |
|                           | Therapy services (physical, occupational, speech, etc.)            |  |  |
|                           |                                                                    |  |  |
| Со                        | sts:                                                               |  |  |
|                           | Monthly fees and what's included                                   |  |  |
|                           | Additional costs for extra services                                |  |  |
|                           | Deposit and refund policies                                        |  |  |
|                           | Understanding of fee increases and how they are handled            |  |  |
|                           |                                                                    |  |  |
| Contracts and Agreements: |                                                                    |  |  |
|                           | Review of contract details                                         |  |  |
|                           | Understanding rights and obligations                               |  |  |
|                           | Termination policies                                               |  |  |

| Regulations and Licensing:    |                                                                     |  |  |
|-------------------------------|---------------------------------------------------------------------|--|--|
|                               | Compliance with state and local regulations                         |  |  |
|                               | Recent inspections and any violations                               |  |  |
|                               | Licensing and accreditation status                                  |  |  |
|                               |                                                                     |  |  |
| Resident and Family Feedback: |                                                                     |  |  |
|                               | Interviews with current residents                                   |  |  |
|                               | Feedback from family members of residents                           |  |  |
|                               |                                                                     |  |  |
| Special Needs:                |                                                                     |  |  |
|                               | Specific care for medical or personal needs (e.g., mobility issues) |  |  |
|                               | Specialized programs for memory care or other unique needs          |  |  |