



## Assisted Living Checklist

Community Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Direct Number \_\_\_\_\_

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Location to health care system (hospital)

Receptionist/Information Center

In-house lab services

Climate Control

Parking

Dining Services

Availability of maintenance staff

Activities

Security System

Profit or not-for-profit

Call System – How does resident call for help

Nurses available to residents

Transferring resident

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Spiritual care and programming

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Dementia training

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State Review

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Care Conferences

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Staff

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Longevity of staff

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Cleanliness

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Couples

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Medical Services

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Allow pets

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Guest Apartment Available

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Laundry

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Internet and Cable TV connection

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Transportation

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Specialized Cares

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Staff Training

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Common Spaces

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**Additional Observations:**

\* How is the overall look and feel of the community?

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\* Floor plans are accommodating to seniors?

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\* Are you able to talk to residents or families for references?

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\* What is your overall feeling, can you imagine your loved one living there?

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\* Are staff friendly and welcoming?

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\* Are staff able to adequately answer your questions or concerns?

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