

Evaluating Assisted Living Facilities

Southern Maine Agency on Aging can provide you with information about facilities in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Information and Resource department "request information" feature.

If you are considering an assisted living facility or a residential care facility, you can use this worksheet to compare programs and services. When visiting or interviewing each facility, be sure to ask lots of questions and take your time to look around.

Residence Information

Name of residence: _____
Administrator/Director: _____ Phone number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Residence size (number of units): _____
Is the residence fully licensed? _____ License level: _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are well cared for and attractive
- An interior that is clean and odor free
- Staff that is friendly and responsive
- Attractive areas available for common use
- Residents who socialize with each other and appear happy
- Residents who will be appropriate neighbors
- A good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for visiting family and friends
- Offers adequate parking and / or is close to public transportation
- Is close to the older adult's doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- A floor plan that is well marked and easy to follow
- Doorways, hallways and rooms that accommodate walkers, wheelchairs, etc.
- Elevators for those unable to use stairs
- Adequate lighting in hallways and common areas
- Mail boxes that are easy to access
- Handrails to aid in walking
- Exits that are clearly marked and unobstructed
- Outdoor recreation areas that are pleasant and inviting

Residential Units

To evaluate individual living quarters, look for:

- Cupboards and shelves that are easy to reach
- Smooth floors and non-skid carpets to prevent slips and falls
- Bathrooms that can accommodate a wheelchair or walker
- Grab bars by the tub and toilet
- Doors and windows that are in good repair, and are easy to open or lock
- Adequate room and closet space
- Good lighting in all areas
- Individual thermostat to regulate temperature
- Insulation against noise from adjacent units and common areas
- If a room will be shared, consider space needs of both residents

Residence Amenities

**Included
in contract**

**Available
for a fee**

<input type="checkbox"/> Full private bath	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Half private bath	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Fully furnished unit	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Local phone service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Cable TV hookup	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Internet	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Carpeting	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Lockable door	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Gas / water / electric	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Window treatments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Emergency response system	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Full kitchen	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Microwave	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Washer / dryer	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Cooking unit	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Refrigerator	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Television	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Policies Regarding Residential Units

- Can residents decorate their own units? [] Yes [] No
 - Can residents have pets? [] Yes [] No
 - Can residents smoke in their rooms? [] Yes [] No
 - Are different sizes and types of units available? [] Yes [] No
 - Are doors to individual units locked by residents? [] Yes [] No
 - May residents keep and / or cook food in their rooms? [] Yes [] No
 - Do all units have private baths? [] Yes [] No
- If No, how many residents share a bathroom? _____

Staffing

- Is staff available on premises 24 hours/ day? [] Yes [] No
- Physician on call? [] Yes [] No
- Are staff members licensed by the state? [] Yes [] No
- Is staff trained in personal care? [] Yes [] No
- Is staff trained in CPR? [] Yes [] No
- Licensed nursing staff available? _____ days _____ evenings _____ nights
- Number of staff on duty each shift? _____ days _____ evenings _____ nights

Safety and Security

Make sure the facility provides the following:

- A security checkpoint at the front entrance
- Outer doors that are securely locked at night
- Smoke detectors in residents' rooms, stairways, hallways, and common areas
- Regular fire drills
- Fire extinguishers, alarms and sprinkler systems on each floor
- Emergency evacuation plans posted in hallways
- Perimeter alarms on all exits to prevent confused residents from wandering

Staff Services	Included in contract	Available for a fee
▪ ADL Assistance (bathing, dressing, eating, transferring)	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Medication management	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Help with injections or medical equipment	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Access to a pharmacy	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Daily check-in by phone	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Help arranging medical appointments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Supervision for people with dementia	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Beauty shop and barber services	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Personal laundry	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Incontinence supplies	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Toiletries	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Management system for residents who wander	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Housekeeping / room service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Shopping assistance	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Pet care	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Scheduled transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Unscheduled transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Dedicated staff for activities	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Dining Services

- Breakfast
- Lunch
- Dinner
- Snacks

- Special dietary needs accommodated
- Entrée selections at each meal
- Room service, when needed
- Guest meals
- Style of service: _____ family style _____ restaurant style _____ cafeteria style

Other questions to ask:

- Does the facility provide nutritionally balanced meals each day, seven days a week?
- Are foods served at the correct temperatures, according to food safety procedures?
- Are there set times for meals, or can meals be provided when the resident desires?
- Can meals be delivered to a resident's room?
- If yes, under what conditions? _____
- Is there an extra charge for room service? _____
- Can residents choose their own seating, or is seating assigned?
- Is private dining available for special occasions?
- Are the foods that are served of a type that the resident would enjoy?

Social and Recreational Activities

Find out whether the facility provides:

- A schedule of weekly / daily activities that are relevant and stimulating
- Tours, field trips and other outside events
- Volunteer staff, including family members, conducting special programs
- Opportunities for residents to participate in planning programs
- Access to worship services of the resident's choice
- Therapeutic recreation, including exercise, yoga, tai chi, etc.
- Restrictions, if any: _____

Contracts and Costs

The following information should be included in the residency agreement or contract. Check all that apply and make notes where necessary.

- Description of services included in the Basic Service plan
- Cost of Basic Service plan (per month/per year): \$ _____
- Description and cost of services available beyond the Basic Service package
- Policy on medications _____
- Explanation of how, and by whom, residents will be assessed and monitored _____
- Circumstances under which costs may change, and how residents are informed of such changes _____
- Requirements for termination of the contract, and any refund policies
- Process if a resident's assets are depleted and he/she needs to apply for MaineCare assistance to pay for care _____
- Statement of resident rights and responsibilities
- Description of complaint or grievance procedure

Before signing a contract, make sure you understand the following:

- What the basic service covers, and what it does not cover
- All eviction and contract termination conditions
- How optional services will be billed (i.e., by the hour, by the trip, by the meal, etc.)
- How additional services will be added, if the resident's needs change
- Whether additional services may be added on an as-needed (temporary) basis
- Is there any public financing available (i.e. Maine Care, state funding)?
- If any of the facility rules make you uncomfortable, would the facility be willing to amend the contractual agreement to accommodate your concerns?

Other Considerations

- Is there an active residents' council? [] Yes [] No
- Is there an active family council? [] Yes [] No
- Does the facility have an appeals process for residents who are dissatisfied? [] Yes [] No
- Do residents have the right to come and go from the facility as they please? [] Yes [] No
- May guests visit at any time? [] Yes [] No
If not, what are the limitations? _____
- May guests stay overnight with the resident? [] Yes [] No
If so, what are the limitations? _____
- How are the resident's valuables safeguarded? _____
- Is renters' insurance needed for personal property in individual units? [] Yes [] No
- What happens if personal items are lost or stolen? _____
- Does the facility have, and follow, a resident's bill of rights? [] Yes [] No
- Is the most recent state survey of the facility available? [] Yes [] No
- What happens if the resident's needs become too great for the facility to manage? _____
- What are the facility's policies on romantic involvement among residents?

Waiting List

- Is there a waiting list for admission? _____ How long is it? _____
- What happens if a place in the facility is offered and the person or family is not ready?

- Is the waiting list prioritized, and if so, how? _____

Specialized Dementia Care

- Is there a separate wing or unit for people with dementia? [] Yes [] No
- Do staff members receive special training in dementia care? [] Yes [] No
- Are there activities designed specifically for people with dementia? [] Yes [] No
- Is the unit secured to prevent wandering? [] Yes [] No

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