

## LONG-TERM CARE CHECKLIST

### Questions to ask when viewing a facility

- As you arrive at the residence, do you like its location and outward appearance?
- Is the décor attractive and homelike?
- Did you receive a warm greeting from staff welcoming you to the residence?
- Is the residence clean, free of odors, and appropriately heated/cooled?
- Are the staff members friendly to you?
- Is staff appropriately dressed, personable, and outgoing?
- \*\*\*\*\*
- Do residents appear happy and comfortable?
- Do residents seem to be appropriate housemates for you or your loved one?
- Are visits with the resident welcome at any time?
- Are doorways, hallways, and rooms accommodating to wheelchairs and walkers?
- If your loved one wanders, does the residence have a means of security?
- Is staff available to meet scheduled and unscheduled needs?
- What are the staff to resident ratios?
- Is there evidence of organized activity programs?
- Do residents participate in activities outside of the facility?
- Does the residence have a pet policy?
- Does the residence provide special diets if needed?
- \*\*\*\*\*
- Are Licensing and Inspection Reports Posted?
- Is the facility Medicare and Medicaid accepted?
- When and how may you terminate the contract?
- Is there an application fee?
- Are there any nonrefundable community fees?
- What services are part of the daily charge?
- Are the owners on site or at a different locale?
- Can the residence provide a list of services available?
- Does the residence provide transportation to doctors appointments and/or other?
- Are residents able to bring their own furnishings if they choose?
- Is the facility family owned, not-for profit, or part of a chain/corporation?

**Long-Term Care Facility 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Long-Term Care Facility 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Long-Term Care Facility 3:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Comments: \_\_\_\_\_

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