

EVALUATING YOUR ASSISTED LIVING FACILITY OPTIONS

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Directions

Like most elders, you are looking for a special place where you will receive the extra attention you need, in an environment and community that reflects your tastes and interests, and that is affordable. Your ratings will be very personal and reflect your own values. Two people may have different ratings of a facility because of how well it meets each person's very personal needs. This Evaluation Form will help you to make a choice that is right for you.

This Evaluation Form is to help elders to choose an assisted living facility. The form covers six areas of assisted living facility life that are important to most elders: Facility, Staffing, Monthly Rates, Food, Activities, and Rules.

- θ You have permission to copy this form for each facility you plan to visit.
- θ Contact the facility and ask to meet with the administrator or marketing staff. Fill in the date and time of your visit at the top of the next page.
- θ Ask if you may join the residents for a dinner (noon) or supper (evening) meal.
- θ Read through the entire form and cross off questions that are not important to you.
- θ Add your own concerns to the shaded areas on page 4 (favorite activities and privileges that are important to you) and be sure to ask about them.
- θ At your meeting with the administrator, ask all relevant questions on pages 2-4. Circle the answers (when appropriate) and write in comments in the space allowed.
- θ Ask for a tour of the facility and to see the room or rooms that are available for you to rent.
- θ After the interview when you are back home, fill in the "questions for consumer" on page 5.
- θ List the advantages and disadvantages of this facility from your perspective.
- θ Rate the facility: Excellent, Good, Fair, or Poor.

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Facility Name:	Address:
Administrator's Name:	Phone Number:
Date/Time of Visit:	May I come for a meal?

Questions for Administrator or Staff

Facility and Rooms	Extra Cost or Comments:
When did this facility open? Has it been owned and operated by the same people since it opened?	
How many bedrooms or apartments are in this facility?	
What special licenses do you have?	
What was the last rating (or inspection) by the state agency?	
Is a private room available now? No Yes	
Do rooms have private bathrooms? No Yes	
Do bathrooms have grab bars in showers and raised toilets? No Yes	
Is there an emergency alert system in the room? No Yes	
Do I control the A/C and heat in my room? No Yes	
Is the room furnished or can I bring my own furniture? Furnished Bring Own	
Is there a kitchen or small refrigerator in the room? No Yes	
Are specialized staff available:	Extra Cost or Comments:
Registered nurse? No Yes	
Activities director? No Yes	
Someone who arranges services? No Yes	
Beautician/Barber? No Yes	
Home health? No Yes	
Physical Therapist? No Yes	
Podiatrist? No Yes	
Do volunteers offer special programs? No Yes	

What is the <i>monthly base rate</i> for a room:		
Private Room	Shared Room	Other (Suite, Apartment, etc.)
Does monthly rate <i>include</i>:		Extra Cost or Comments:
three meals and snacks every day?	No	Yes
weekly housekeeping?	No	Yes
making bed daily?	No	Yes
washing linens (sheets & towels)?	No	Yes
personal laundry?	No	Yes
parking space for my own car?	No	Yes
transportation to medical appointments?	No	Yes
transportation to shopping?	No	Yes
private telephone?	No	Yes
cable TV hookup?	No	Yes
help with medications?	No	Yes
help with shower?	No	Yes
help with dressing/grooming?	No	Yes
help with incontinence?	No	Yes
help with eating?	No	Yes
help for memory impairment?	No	Yes
What type of public financial assistance is available here to help me cover the costs of my care?		
Food (<i>ask for a menu</i>)		Extra Cost or Comments
Do you offer choices at each meal?	No	Yes
Do you eat at a set time?	No	Yes
May I eat in my own room?	No	Yes
May visitors eat here?	No	Yes
Activities (<i>ask for activity calendar</i>)		Extra Cost or Comments
Is exercise offered 3 times a week?	No	Yes
Do you have a van in working condition?	No	Yes
Is transportation available to my church or synagogue?	No	Yes
What religious services are offered here?		
What does the resident council do?		

List other favorite activities below and ask if each is available (things you like to do daily, weekly, or from time to time):	Extra Cost or Comments:	
1.	No	Yes
2.	No	Yes
3.	No	Yes
4.	No	Yes
5.	No	Yes
Rules (ask for a copy of the house rules)	Extra Cost or Comments:	
May I decide when to wake up and go to sleep?	No	Yes
Are there pets at the facility?	No	Yes
May I have visitors at any time?	No	Yes
Under what circumstances would I have to move out of this facility?		
Write down other privileges that are important to you and ask if they are permitted (alcohol use, smoking, playing music or radio, etc.):	Extra Cost or Comments:	
1.	No	Yes
2.	No	Yes
3.	No	Yes
4.	No	Yes
5.	No	Yes
Is there anything else that I should know about this assisted living facility?		
May I have a tour of the facility and see the room I would be renting?		

Questions for Consumer (complete after the interview and tour)

Facility		Comments			
Are there places to walk or sit outside?	No	Yes			
Does the facility feel homey?	No	Yes			
Does the facility feel safe and secure?	No	Yes			
What kind of community is it in?	Urban	Suburban	Rural		
Are stores, restaurants, etc. nearby?	No	Yes			
What is the distance (miles) between this facility and your closest friend or family member?					
Staffing					
Are the staff pleasant?	No	Yes			
Do they answer your questions honestly?	No	Yes			
Do there appear to be enough staff?	No	Yes			
Activities					
Are the activities planned outside the facility fun and affordable?	No	Yes			
Did you meet people who you would enjoy getting to know later?	No	Yes			
Did today's meal look & taste good (if available)?	No	Yes			
Do you like this week's menu (if available)?	No	Yes			
Advantages of this Facility		Disadvantages of this Facility			
My overall rating of this facility:		Excellent	Good	Fair	Poor

