

Assisted Living Checklist

Features in the building:

- Crafts/activity area
- Dining area
- Guest room
- Beauty/barber shop
- Area for private entertaining
- Convenience store
- Resident parking (inside or outside)
- Locked storage areas for residents
- Resident computer and E-mail access
- Visitor parking
- Outside patio or walking paths
- Other features – describe:

Accessibility and safety features

- Elevators
- Hallways and doors accommodate wheelchairs
- Grab bars in bathrooms
- Handrails in halls
- Easily opened doors
- Good lighting inside and outside the building
- Security precautions, including limited access at entrances
- Sprinklers, smoke detectors and emergency exits clearly marked

Features in the apartment or room:

- Food Preparation area with sink
- Refrigerator
- Stove or cook top
- Oven
- Microwave
- Dishwasher
- Private bath – Note shower or tub:
- Bathroom grab bars
- Closets and storage space – describe: _____
- Personal emergency call system – describe: _____
- Bathroom and doorways can accommodate wheelchair or walker
- Other Features – describe:

Available home care and supportive services (Ask for a fee schedule for all available services):

- Emergency response – Describe: _____
- Assistance with dressing
- Assistance with grooming, including oral hygiene
- Assistance with bathing
- Medication reminders
- Medication set-up
- Assistance with medications or medication administration
- Insulin injections
- Other injections
- Central storage of medications
- Assistance with transfers – describe any limits: _____
- Assistance with toileting
- Assistance with continence
- Foot care
- Housekeeping
- Personal laundry
- Linen service (towels and sheets)
- Escort services
- Professional nursing services
- Other – describe other services you might need that the provider has available:

Special programs or services:

- Chaplaincy/religious services
- Activity calendar
- Newsletter
- Wellness programs, including exercise programs
- Special design features and services for persons with memory loss
- Other – describe:

Staffing:

- Staff is on duty only during specified hours: _____
- Staff is awake and on duty in the building 24 hours per day
 - What staff is on duty at night and what assistance can this staff provide?

- When is the housing manager on site? _____
- There is an after-hours call system for building issues
- When is a Registered Nurse or Licensed Practical Nurse in the building? _____
- How does staff respond to residents' personal emergencies? _____
- Staff members are friendly, approachable and easy to talk to

Monthly costs:

- Shared room \$ _____
- Private room \$ _____
- Studio/Efficiency \$ _____
- 1 Bedroom \$ _____
- 2 Bedroom \$ _____
- Other \$ _____

Check whether the following costs are included in the monthly fee or base rent:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Rent
		Utilities:
<input type="checkbox"/>	<input type="checkbox"/>	• Heat
<input type="checkbox"/>	<input type="checkbox"/>	• Electricity
<input type="checkbox"/>	<input type="checkbox"/>	• Water
<input type="checkbox"/>	<input type="checkbox"/>	• Trash
<input type="checkbox"/>	<input type="checkbox"/>	Breakfast Available _____ days per week
<input type="checkbox"/>	<input type="checkbox"/>	Lunch Available _____ days per week
<input type="checkbox"/>	<input type="checkbox"/>	Dinner Available _____ days per week
<input type="checkbox"/>	<input type="checkbox"/>	Snacks
<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping -- Frequency: _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal laundry – Frequency: _____
<input type="checkbox"/>	<input type="checkbox"/>	Sheets and towels changed
<input type="checkbox"/>	<input type="checkbox"/>	Activities – Frequency and type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Scheduled transportation: (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Other monthly costs

- Ask for a fee schedule for any additional services that are available for an additional fee, including services listed above that are not included in the monthly fee/base rent.
- If you expect to be using home care services, ask for an estimate of your monthly home care service costs and an explanation of how these costs are determined
- Telephone
- Cable TV
- Emergency response service (e.g., “Lifeline”) \$ _____
- Parking
- Beauty/barber
- Other:

Estimated monthly costs, including services: Calculate the estimated costs of all services—both those in the base rate and those available for an additional fee—that you are likely to need each month. You may want to consider and note other expenses, such as for renter’s insurance, Cable TV, etc.

Base rate per month: _____
 Additional Services Cost/month: _____
 Other Monthly Expenses: + _____
 Expected total monthly expense: \$ _____

When you are considering a residential building with assisted living services, ask for the following written information and discuss it with staff:

- The 17 items of information required by the Housing-with-Services Contract Act, which includes:
 - a description of the requirements you must meet in order to reside here
 - the building's billing and payment procedures; and
 - whether the building accepts public funds for payment for residence or services
- The lease or rental agreement and other paperwork that the building requires
- Any limits to the home care and supportive services that this provider has made available to residents
- How my residency agreement or my contract for home care services may be changed or modified, including
 - how services may be added or stopped;
 - how much notice I'll receive before fees are increased; and
 - how and why my contract may be terminated
- If the building terminates my residency contract (lease), what the building will do, if anything, to help me find another place to live
- The process for resolving complaints for the building and for the home care provider

It's also a good idea to ask about:

- The experience of the management company in working with seniors
- The home care provider's experience (and ask about previous surveys, if any)
- How frequently fees have been increased in the past, how much is the average fee increase and amount of notice prior to a fee increase
- Are there regular times for residents and families to meet with staff?
- Whether the building adopted MHHA's Housing-with-Services Code of Ethics
- Regarding a memory care program, whether the provider has adopted MHHA's *Guiding Principles for Dementia Care*