

# RESIDENTIAL CARE FACILITIES CHECKLIST

**Name of Facility** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
 \_\_\_\_\_

QUALITY OF CARE	Yes	No
Is staff trained to work with persons with dementia?		
Is staff pleasant and respectful of residents, and are residents treated like adults?		
Are residents clean, up, alert, dressed and well groomed?		
Does staff maintain individual care plans for each resident?		
Do residents seem unduly medicated or physically restrained to make things easier on staff?		
Is there regular medical assessment of residents?		
Will staff arrange for doctor's appointments, obtain prescription drugs, etc.?		
Are special therapies and services provided?		
Does staff include the following?		
Medical Director		
Director of Nurses		
Social Worker		
Activities Director		
What outside professionals are brought in and how often?		
Doctor _____		
Dentist _____		
Podiatrist _____		
Haircutters _____		
Do the caregivers speak English or the resident's language well enough to communicate with both family members and the resident?		
What is the staff to resident ratio? _____/_____		
How does staff handle difficult behaviors such as bathing and wandering? _____		
How often are residents bathed? _____		

ACTIVITIES	Yes	No
Are activities tailored to the needs and limitations of dementia patients?		
Are religious services available at the facility?		
Do residents take trips outside of the facility?		
How many hours a day do residents have structured activities? _____		
What is a typical day? _____		

<b>PHYSICAL LOCATION</b> (See the entire facility, tour slowly and carefully.)	<b>Yes</b>	<b>No</b>
Are the the location and visiting hours convenient?		
Is the atmosphere warm and friendly?		
Are rooms clean, odorless, quiet, well lighted, spacious, well heated and cooled?		
Do rooms and bath facilities allow for privacy?		
Is the furniture comfortable and in good repair?		
Are residents allowed to bring their own furniture or pictures for their rooms?		
Will the length of halls or distance to dining area be a problem for the resident?		
Are dining room, living room and other common rooms spacious and pleasant?		
Are the grounds well maintained?		
Is the license prominently displayed?		

<b>SAFETY</b>	<b>Yes</b>	<b>No</b>
Are fire escapes and ramps wide enough for wheelchairs?		
Is there an operational alarm and sprinkler system?		
Are there handrails in the hallways?		
Are there grip bars next to tubs, toilets and showers?		
Are floors clean and non-slippery?		
Is the facility secured for wandering residents?		
Are there devices at room entry to alert staff that someone is leaving their room?		
How do they handle residents going into each other's rooms? _____		
_____		
How do they handle security on stairs? _____		
How often are disaster drills held? _____ When was the last one held? _____		

<b>MEALS</b>	<b>Yes</b>	<b>No</b>
Is food healthful, ample, appealing, varied, adjusted to individual tastes and medical needs?		
Is food stored, prepared and served under sanitary conditions?		
Are menus planned in advance and posted?		
Is special assistance given to individuals with feeding problems?		
Are snacks served between meals?		
What are typical meals? _____		
_____		

<b>CONTRACT</b>	<b>Yes</b>	<b>No</b>
What are the basic costs? _____		
What does the basic charge cover?		
Meals (special diets)		
Housekeeping		
Personal laundry		
Assistance with bathing/eating		
Activities		
Transportation to the doctor		
Other: _____		
What is not covered?		
Incontinence supplies & care		
Special exercises		
Assistance with bathing/eating		
Other: _____		
What supplies are extra? _____		

<b>POLICIES AND REGULATIONS (It is important to review admission and discharge criteria.)</b>	<b>Yes</b>	<b>No</b>
Can a person go into Hospice here?		
Have they ever had a resident who they asked to leave?		
If yes, what were the circumstances and where did they go? _____		
_____		
Under what conditions might a resident be asked to move? _____		
_____		
If requirements for behavior are not met, what is the procedure for handling? _____		
_____		
What medical issues require that a person be moved? _____		
_____		
How are medications obtained? _____		
_____		
Where are patient's rights posted? _____		
_____		

<b>OTHER</b>	<b>Yes</b>	<b>No</b>
Is there a recommended policy for the entry of new residents?		
Are there support groups for family members?		
How long does it take the average resident to adjust? _____		
What is the longest it ever took a resident to adjust? _____		

