



Facility Check List

Use this checklist to gather information about a facility you are considering. You should complete this checklist for each facility so that you can compare them. Please refer to the warning documents on <http://gowd.us/> and return to continue your search process.

Facility name: _____

Medicare Overall Rating: _____

Address: _____

Report Date: _____

Phone number: _____

Questions:	Y/N	Questions:	Y/N
Have you talked to the facility		Are eat-in rooms available	
Have you talked to the resident doctor		Are there outdoor areas for resident use	
Have you visited and talked to residents		Are there rocking chairs	
Is there specialized care (e.g. dementia)		Is there on-site entertainment, music, etc.	
Is there 24-hr security		Is there Internet access available throughout the facility	
Is there backup power supply		Is there a swimming pool	
Is there an alert system with sensors in each room		Is there a hair salon/barber	
What is the food sanitation grade		Can pets visit	
Is there on-site rehab		Are group children visits allowed	
Is there wheel chair accessibility		Is transportation available	
Are there ground floor rooms		Are outings organized	