Planning Beyond the Will

Assisted Living & Nursing Homes



| F 2 | icilities | | |
|------------|--|----------------------------|--|
| 1. | Do you like the location? | | |
| | Yes | No | |
| 2. | Do you like the overall size of the facility? | | |
| | Yes | No | |
| 3. | Is the layout easy to navigate and get around? | | |
| | Yes | No | |
| 4. | Is the layout easy to | remember? | |
| | Yes | No | |
| 5. | Could you get around easily with a walker and/or wheelchair? | | |
| | Yes | No | |
| 6. | Are the doorways wide enough to accommodate a walker and/or wheelchair | | |
| | Yes | No | |
| 7. | Are there stairs? | | |
| | Yes | No | |
| 8. | Are there elevators? | | |
| | Yes | No | |
| 9. | Is there an outdoor area? | | |
| | Yes | No | |
| 10 | Are the common areas clean and well maintained? | | |
| | Yes | No | |
| 11. | Does the facility have a clean and pleasant smell? | | |
| | Yes | No | |
| 12 | Are there any nurse | s stations? | |
| | Yes | No | |
| 13 | If so, where are they | located? | |
| 14 | . Do you like the layo | it of the living quarters? | |

Yes

No

| 15. Are the options for living quarters, including size, what you desire? Yes No | | | | | | |
|---|---|--|--|--|--|--|
| 16. | Do the private living quarters have the features you require (i.e., kitchen, handrails, patio, etc.)? | | | | | |
| Se | Services | | | | | |
| 1. | Do they offer activities you're interested in? | | | | | |
| | Yes No | | | | | |
| 2. | Do they have any special clubs you'd like to join? | | | | | |
| | Yes No | | | | | |
| 3. | Do they offer any religious services on site? | | | | | |
| | Yes No | | | | | |
| 4. | Do they offer transportation services? | | | | | |
| | Yes No | | | | | |
| 5. | f so, is the transportation scheduled, on-demand, or both? | | | | | |
| 6. | Do they provide housekeeping services for your room? | | | | | |
| | Yes No | | | | | |
| 7. | f so, is there an extra cost or is it included? | | | | | |
| 8. | Do they provide laundry services? | | | | | |
| | Yes No | | | | | |
| St | aff | | | | | |
| 1. | Do the people working there seem warm and friendly? | | | | | |
| | Yes No | | | | | |
| 2. | Does the interaction between staff and the residents seem caring? | | | | | |
| | Yes No | | | | | |
| 3. | Do the staff members appear to know the residents' names? | | | | | |
| | Yes No | | | | | |
| 4. | Does the staff seem helpful and attentive? | | | | | |
| | Yes No | | | | | |
| 5. | Do any of the staff members have special training? | | | | | |
| | Yes No | | | | | |

- 6. If so, what type of special training?
- **7.** How do the staff members handle problems like wandering, getting lost, disorientation, and agitation?
- **8.** Do the residents get the same caregivers on a daily basis or does it rotate?
- 9. What level of training is required for the staff members?
- **10.** Are background checks performed on all staff to ensure no one has been found guilty of any abuse or fraud?

Yes No

11. What is staff turnover like?

Medical Care

Is assistance provided with medication?

Yes No

- 2. What degree of medical care does the facility provide?
- 3. Would you have to move to another facility at some point?

Yes No

- 4. If so, at what point would that be?
- **5.** How are non-emergency medical situations handled?
- 6. How are emergency medical situations handled?
- 7. How are visits with your primary care doctor scheduled/handled?
- **8.** How are visits with any required specialists scheduled/handled?

Meals

| 1. | Do they offer a meal plan? | | |
|----------------------------------|---|---------------------------------------|--|
| | Yes | No | |
| 2. | If yes, is there only one option or do they have multiple? | | |
| 3 | Do they accommoda | te dietary needs and/or restrictions? | |
| J. | Yes | No | |
| 1 | | delivered to your room? | |
| 7. | Yes | No | |
| 5 | Can non-residents jo | | |
| J. | Yes | No | |
| 6 | | ance notice is required? | |
| 0. | ii 30, iiow iiiddii adva | ince notice is required: | |
| 7. | Is alcohol ever serve | d or offered? | |
| | Yes | No | |
| 8. | Are snacks between meals provided? | | |
| | Yes | No | |
| | II. | | |
| | ulture | | |
| 1. | Do current residents seem happy and comfortable? | | |
| | Yes | No | |
| 2. | Do the residents socialize with each other? | | |
| | Yes | No | |
| 3. | Do the residents look | well groomed and cared for? | |
| | Yes | No | |
| 4. Do events seem well attended? | | attended? | |
| | Yes | No | |
| 5. | Do the activities seen | n well attended? | |
| | Yes | No | |
| 6. | Are you able to talk with other residents at the facility about their experience? | | |
| | Yes | No | |
| 7. | If so, was the overall | tone positive or negative? | |
| | | | |

| 8. | Will you have your own living quarters? | | | | |
|-----|---|--|--|--|--|
| | Yes No | | | | |
| 9. | If you are considering sharing a room, how would they find a suitable roommate for you? | | | | |
| 10. | What happens if you don't get along? | | | | |
| C | Costs | | | | |
| 1. | Do they require a down payment? | | | | |
| | Yes No | | | | |
| 2. | Is the down payment refundable? | | | | |
| | Yes No | | | | |
| 3. | How much is the down payment? | | | | |
| 4. | Are there different costs for different levels of care and/or service? | | | | |
| | Yes No | | | | |
| 5. | What is the breakdown? | | | | |
| 6. | Is the monthly rate fixed or adjustable? | | | | |
| | Fixed Adjustable | | | | |
| 7. | If it is adjustable, what do the increases typically look like, and can examples be provided? | | | | |
| 8. | Is there a waiting list? | | | | |
| | Yes No | | | | |
| 9. | If so, how long does it typically take to be accepted? | | | | |
| 10. | 10. Do they accept Medicaid? | | | | |
| | Yes No | | | | |
| | | | | | |