

Community Resource



LEGACY
Nursing and
Rehabilitation
*A Commitment
to Caring*

Assisted Living Facility Evaluation Checklist

Facility name: _____

Address: _____

Phone number: _____ Contact Person: _____

Monthly rent price range \$ _____ to \$ _____

Rate each amenity or service as: 5=very good. 4=good. 3=fair. 2=poor. 1=very poor

Rating: 5/4/3/2/1	Yes	No	Amenities/Service
			Entrance or community admission fees? How much?
			Rent includes all inclusive care and services?
			Are there a la carte fees?
			Accessibility and location?
			Apartments?
			Studios?
			Private rooms?
			Semi-private rooms?
			Licensed staff on duty (registered/licensed vocation nurse)?
			Clean, cheerful, well maintained?
			Appropriate demographics?
			Alzheimer's residents accepted?
			Dementia residents accepted?
			Mental Health residents accepted?
			Residents appear happy/engaged?
			Special Diets Allowed
			Transportation services?
			Can residents come and go at will?
			Can personal visitors come and go at will?
			Safety features (grab bars, walk-in shower)?
			Living room?
			Media: TV, computers, tablets, library?
			Garden or outdoor patio area?
			Community outings?
			TV, phone, internet included or offered?
			Furnished room?
			Personal furniture accepted?
			Call button system?
			Worship services
			Can residents have pets?
			Beauty, haircut, salon services provided?

