

# CARE FACILITY EVALUATION FORM

This form was developed by the Area 1 Agency on Aging to help families evaluate long term care facilities. Complete one form for each facility you visit, then compare forms to see which facilities you graded best.

Name of Facility: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Number of Residents: \_\_\_\_\_

Number of rooms available or number of persons on the waiting list: \_\_\_\_\_

## Location

Is the facility near friends and relatives? \_\_\_\_\_

Is it near important services (e.g., pharmacy, bank, hospital)? \_\_\_\_\_

Does the facility provide transportation to doctor appointments? \_\_\_\_\_

Are the surroundings desirable (e.g., trees, quiet area, etc)? \_\_\_\_\_

Grade: \_\_\_\_\_ Comments: \_\_\_\_\_

## Quality of Care

Do the residents seem happy? \_\_\_\_\_ Active? \_\_\_\_\_ Clean? \_\_\_\_\_ Alert? \_\_\_\_\_

Are you able to interact with residents openly? \_\_\_\_\_

Do the residents feel like the facility is their home? \_\_\_\_\_

Are residents free to make choices about their own care? \_\_\_\_\_

Must residents move if a higher level of care becomes necessary? \_\_\_\_\_

Is there a Dementia Waiver? \_\_\_\_\_ Is there a Hospice Waiver? \_\_\_\_\_

Grade: \_\_\_\_\_ Comments: \_\_\_\_\_

## Quality of Staff

What type of training has staff completed? \_\_\_\_\_

Have the staff been screened/fingerprinted? \_\_\_\_\_

Does the staff seem pleasant and friendly? \_\_\_\_\_

Does the staff seem attentive to residents? \_\_\_\_\_

How do staff respond to resistant residents? \_\_\_\_\_

Does the staff include a licensed nurse(s)? \_\_\_\_\_ Are they available 24/7? \_\_\_\_\_

What is the staff-resident ratio? \_\_\_\_\_

Is there a staff person awake all night? \_\_\_\_\_

Grade: \_\_\_\_\_ Comments: \_\_\_\_\_

**Facility Attributes**

Are the grounds, rooms and common areas clean and attractive? \_\_\_\_\_

Does the facility seem safe and secure? \_\_\_\_\_

Does the facility feel like a comfortable place to stay? \_\_\_\_\_

How is the quality and variety of snacks and meals? \_\_\_\_\_

What types of activities are available to residents? \_\_\_\_\_

Are there any other special amenities/services? \_\_\_\_\_

Grade: \_\_\_\_\_ Comments: \_\_\_\_\_

**Facility Policies**

What is the facility's admissions procedure? \_\_\_\_\_

Can you review the admissions contract? \_\_\_\_\_

What is the process for evaluating and monitoring care needs? \_\_\_\_\_

Are residents involved in facility decision-making? \_\_\_\_\_

What is the facility's discharge procedure? \_\_\_\_\_

Grade: \_\_\_\_\_ Comments: \_\_\_\_\_

**Facility Costs**

What is the baseline cost to stay in the facility? \_\_\_\_\_

What are the costs for increasing levels of care? \_\_\_\_\_

What are the costs for shared vs private rooms? \_\_\_\_\_

Are there any extra costs for supplies and services? \_\_\_\_\_

What are the payment options? \_\_\_\_\_

Does the facility accept any type of insurance? \_\_\_\_\_

Does the facility accept Medi-Cal? \_\_\_\_\_

Grade: \_\_\_\_\_ Comments: \_\_\_\_\_

**Overall Assessment**

Overall Grade: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References: Consumer Consortium on Assisted Living, *Choosing An Assisted Living Facility*  
CareGuide.com, *Skilled Nursing Facility Checklist*  
CareGuide.com, *Assisted Living Community Checklist*