

FLORIDA ASSISTED LIVING CHOICES WORKSHEET

Copy this worksheet for each Assisted Living Residence you visit. Before you visit, read the questions below and mark (✓) the questions you want to be sure to ask.

Assisted Living Name:	Address:
Administrator's Name:	Phone Number:
Date/Time of Visit:	May I come for a meal?

Questions for Administrator or Staff

✓ Ask	Facility and Rooms		
	What special licenses do you have?		
	• Extended Congregate Care	Yes	No
	• Limited Nursing Service	Yes	No
	• Limited Mental Health	Yes	No
	How many bedrooms or apartments are in this residence?		
	Is a private room available now? Can I choose my room?	Yes	No
	Do rooms have private bathrooms with a shower or tub?	Yes	No
	If bathrooms are shared—where are they located and how many people share them?		
	Do bathrooms have grab bars in showers and raised toilets	Yes	No
	Is a roll-in shower available?	Yes	No
	Is there an emergency alert system in the room?	Yes	No
	Do I control the A/C and heat in my room?	Yes	No
	Can I bring my own furniture?	Yes	No
	Is there a kitchen or small refrigerator in the room?	Yes	No
	Can I stay here if I need to use a walker or wheelchair (now or in the future)?	Yes	No
	How are emergencies (medical, fire, hurricane) handled?		
	Do you have these special staff or will you help arrange services?		<i>Extra Cost?</i>
	Registered nurse?	Have	Will Arrange
	Activities director?	Have	Will Arrange
	Social worker or someone who finds services?	Have	Will Arrange
	Beautician/Barber?	Have	Will Arrange
	Home health?	Have	Will Arrange
	Physical Therapist?	Have	Will Arrange
	Podiatrist?	Have	Will Arrange
	Physician?	Have	Will Arrange
	Pharmacist?	Have	Will Arrange
	Do volunteers offer special programs?	Yes	No
	Food (ask for a menu)		
	Do you offer choices at each meal?	Yes	No
	Do you eat at a set time?	Yes	No
	May I sit where I want?	Yes	No
	May I eat in my own room?	Yes	No
	May visitors eat here?	Yes	No

Questions for Administrator or Staff

What is the <i>monthly base rate</i> for a room (ask for an admission packet):		
Private Room	Shared Room (per person)	Other (Suite, Apartment, etc.)
Does monthly rate <i>include</i>:		<i>Extra Cost?</i>
Three meals and snacks every day?	Yes	No
Weekly housekeeping?	Yes	No
Making bed daily?	Yes	No
Washing linens (sheets & towels)?	Yes	No
Personal laundry?	Yes	No
Parking space for my own car?	Yes	No
Transportation to medical appointments?	Yes	No
Transportation to shopping?	Yes	No
Telephone jack available for my telephone service?	Yes	No
Cable TV hookup?	Yes	No
Help with medications?	Yes	No
Help with shower?	Yes	No
Help with dressing/grooming?	Yes	No
Help with incontinence?	Yes	No
Help with eating?	Yes	No
Help for memory impairment or dementia?	Yes	No
How much help with personal care (such as bathing, dressing or getting in and out of a chair) can you provide?		
• Supervision only (I do it myself)	Yes	No
• Assistance (you help me to do it myself)	Yes	No
• Hands on help (you do it for me)	Yes	No
Will I have a written plan of care?	Yes	No
Do you accept Medicaid and other government assistance to cover room, board, and personal care?	Yes	No
Rules (ask for a copy of the house rules)		
May I decide when to wake up and go to sleep?	Yes	No
Are pets allowed at the facility?	Yes	No
May I have visitors at any time?	Yes	No
Under what circumstances would I have to move out of this facility?		
• Incontinence	Yes	No
• Dementia	Yes	No
• Need for someone to give me my medications	Yes	No
• Need for injections	Yes	No
• Needing more help than I do now	Yes	No
Write down other privileges that are important to you and ask if they are permitted (alcohol use, smoking, playing music or radio, etc.):		
1.	Yes	No
2.	Yes	No
Activities (ask for activity calendar)		
How often is exercise offered?	Yes	No
Do you have a van in working condition?	Yes	No
Is transportation available to my place of worship?	Yes	No

What religious services are offered here?	Yes	No
What types of activities are offered out of the building?	Yes	No
Do people from the community offer activities here?	Yes	No
List other favorite activities and ask if each is available (things you like to do daily, weekly, or monthly):		
1.	Yes	No
2.	Yes	No
May I have a tour of the facility and see the room I would be renting?		
May I talk to a resident privately?		

Complete After the Interview and Tour (Questions for the Potential Resident)

Facility		Comments	
Are there places to walk or sit outside?	Yes	No	
Does the facility feel homey?	Yes	No	
Is your room a good size with enough storage space?	Yes	No	
Is the common area comfortable?	Yes	No	
Does the facility feel safe and secure?	Yes	No	
Do you feel comfortable in the neighborhood?	Yes	No	
Are stores, restaurants, etc. nearby?	Yes	No	
What is the distance (miles) between this facility and your closest friend or family member?			
Staffing			
Are the staff pleasant?	Yes	No	
Do they answer your questions honestly?	Yes	No	
Do there appear to be enough staff?	Yes	No	
Activities			
Are the activities planned outside the facility fun and affordable?	Yes	No	
Did you meet people who you would enjoy getting to know later?	Yes	No	
Did today's meal look & taste good (if available)?	Yes	No	
Do you like this week's menu (if available)?	Yes	No	
Advantages of this Facility		Disadvantages of this Facility	
My overall rating of this facility:	Excellent	Good	Fair
	Poor		

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