

Congregate Housing Checklist

Carry this checklist with you when you visit a congregate housing facility (simply print out one checklist per facility you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting the facilities use the checklists to compare one provider with another.

Facility Name: _____

Owner/Director: _____

Address: _____

Phone: _____ **Website or E-Mail :** _____

Who is Served?

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the facility provide the level of assistance you require, given your medical condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there medical conditions the facility will not accept? If yes, what are these conditions? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a waiting list? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pets allowed? |

Services

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are meals provided at convenient times? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can special diets be taken into consideration when meals are prepared? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it possible to have meals delivered to your room? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are snacks available between meals? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there assigned seating in the dining room? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can medication reminders be given, if needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | May you use a pharmacy of your choice? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a hospital close by? How far is the nearest hospital? _____ |

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are housekeeping services provided? |

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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a barber/beauty shop? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the residence offer social and recreational activities that you enjoy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there health promotion and exercise programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents active in planning activities and events? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is transportation available to community activities that you enjoy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are other services available? |
| | | If yes, what are they? _____ |

Staff

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do there appear to be an adequate number of staff? |
| | | What is the staff to resident ratio? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the staff trained in emergency procedures, including CPR? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility require criminal record checks for employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff bonded? |

Physical Environment

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do the units (apartments) have private full bathrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a kitchenette within each unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you choose the unit you'll live in? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it possible to have your unit adapted or to change units within the facility as your care needs change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you furnish the unit with your own furniture? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the unit large enough that you feel comfortable? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there outside areas that residents may use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there plenty of handrails and grab bars, especially in the bathrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility wheelchair accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an automatic fire alarm system and sprinklers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an emergency response system or call buttons? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there adequate security? |

Credentials/Licensing

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility licensed or certified (if required in your state)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the facility a member of any professional organizations? If yes, which?
(Contact these organizations to check accreditation standards.) |
| | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are staff members credentialed? |

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If yes, what are these credentials? _____

How many years has the facility been in operation? _____

Cost

- Is a written fee schedule provided?
Approximately, what would the basic monthly or daily rate be for you?

- Do you know what the basic monthly or daily rate does and doesn't include? Includes: _____
Doesn't include: _____
- Can the basic monthly rate be raised monthly or annually?
- Is there a cap on how much the rate can be raised?
- Will you be required to pay an entrance, application or deposit fee?
If yes, how much? _____
- Will these fees be refunded (at least partially) in the event that you need to leave the facility?
- Do you know what you will be charged for add-ons such as cable, telephone, newspaper delivery?
- Are you comfortable with the rules and regulations stipulated in the residency agreement?
- Are there medical conditions or other criteria that might require you to leave at some point?
- What procedures are in place if you can no longer afford the fees?

Overall Quality

Rate the supported housing facility in the following areas on a scale from one to ten, with ten being a perfect score:

- | | |
|--|----------------------|
| Are the facility and its grounds well-maintained? | 1 2 3 4 5 6 7 8 9 10 |
| Is the facility nicely furnished and homey? | 1 2 3 4 5 6 7 8 9 10 |
| Is the food tasty and served attractively? | 1 2 3 4 5 6 7 8 9 10 |
| Is the kitchen clean and well-stocked? | 1 2 3 4 5 6 7 8 9 10 |
| Do staff seem pleasant and responsive to your special needs? | 1 2 3 4 5 6 7 8 9 10 |
| Is the location close to your family and friends? | 1 2 3 4 5 6 7 8 9 10 |

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