

CHECKLIST FOR EVALUATION OF BOARD AND CARE FACILITY

THE FACILITY:

- Was your first impression of the facility a positive one? Yes No
- Does it meet your standards of cleanliness? Yes No
- Are there unpleasant odors, such as urine or chemicals? Yes No
- Do the common areas have adequate light and ventilation, Yes No
comfortable temperature, and relative quiet?
- Does the décor satisfy your taste? Yes No
- What is included in the base price?

- Under what circumstances could rates be increased?

THE YARD

- Does the yard have adequate areas for outdoors activities Yes No
including a walking path, shaded picnic areas, comfortable
seating, and plants.

MEALS

- Are meals nutritious and fresh? Yes No
- Are there enough fresh fruits and vegetables? Yes No
- Are there choices at meals? Yes No
- Can special diets be accommodated? Yes No
- Can private family dining be arranged on the premises? Yes No

MEDICATIONS

- Who administers the medications?
- Are medications in a locked location?
- How well are the medications logs maintained?

ACTIVITIES

- Are there scheduled activities in which the potential resident would be interested? Yes No
- Are there piano, karaoke, and VCR/DVD players? Yes No
- Is there a family support group? Yes No
- Is transportation to doctors appointments available? Yes No

STAFF

- Ask residents how they feel about being there.
- Observe how residents are treated by the staff.
- How many staff members are generally available to take care of the residents in the facility during the daytime and overnight?
- How is staff trained?
- What is the staff turnover rate?
A high turnover rate could indicate that it is a difficult place to work or there are problems between the staff and administration, which could have a negative impact on the residents.
- How much experience does the Administrator have?
- What is his or her philosophy of care?

Comments:
