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, comfortable temperature, and relative quiet?  Yes  No

• Does the décor satisfy you taste?  Yes  No

• What is included in the base price?

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• Under what circumstances could rates be increased?

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THE YARD

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

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:

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