

RCFE/ASL Evaluation Check List

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFE) OR Assisted Living (ASL)

This check list is provided to assist you with questions to ask and things to observe as you visit facilities. Please ask about the food, daily schedules, staff and services. Some of the questions below may pertain to a smaller RCFE and some to a larger assisted living facility.

ACILITIES VISITED				
1. Name:Ac	Address:		_ Phone:	
2. Name:Ac	Address:		- _ Phone:	
3 Name:Ad	Address:		_ _ Phone:	
			-	
		Facility 1	Facility 2	Facility 3
Administrator:				
What is administrator's name?				
Is administrator also the owner?				
Does the administrator live at facility?				
License:				
How many years has facility been license posted?	ed& is license			
Facility Location:			•	
Is facility's location convenient for visito	rs& family?			
What are the visiting hours?	•			
Are their front and / or back yards availa	able for residents?			
Is facility near a senior center or day pro				
Is facility near shopping, hospitals and de	=			



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	Facility 1	Facility 2	Facility 3
Facility Interior:			
Is facility clean and well maintained?			
Are exits clearly marked?			
Is emergency evacuation plan posted?			
Number of bathrooms?			
Are there alarms on outside doors?			
Are there grab bars on tubs, showers, toilets and hallways?			
Are toilets easy to use for non-ambulatory residents?			
Are personal rights and Ombudsman poster displayed?			
Facility Bedrooms:			
Number of private bedrooms?			
Number of shared bedrooms?			
Is there adequate drawer, closet space and lighting?			
Do they allow the resident to have a TV in their			
bedroom&their own personal furniture?			
Can resident have telephone in their bedroom?			
Kitchen and Food Service:			
Does food look good (if there at meal time)?			
Are kitchen and dining areas clean?			
Does facility provide doctor ordered diets?			
Are there menus and variety in meals&are the meal			
menus posted?			
Activities:			
Are outside trips and outings planned or posted?			
Is there a planned activity program with a calendar?			
Is there a full or part time activity director?			



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	Facility 1	Facility 2	Facility 3
Staff:			
Is staff trained in caring for the elderly& dementia?			
What is staff/resident ratio in day time?			
Number of staff awake at night?			
In small RCFE how is care provided at night?			
Does staff understand and speak English?			
Will staff get up at night to help residents to the toilet			
What kind of training does staff has administering medication?			
Is staff trained in first aid, CPR and medication			
management?			
Is all staff personnel fingerprinted& have criminal			
background clearance?			
Facility Residents:			
Do they offer regular family meetings?			
Do residents appear to be well groomed?			
Does facility accept smokers?			
Are resident records secured in locked file cabinet?			
Miscellaneous:			
Where are telephone numbers of emergency services posted?			
What is the procedure in an emergency?			
Are medications secured in locked cabinet and separated by resident?			
How often is housekeeping done?			
How often is laundry done?			
Is cable TV or internet services available?			
Does facility provide transportation to beauty shop,			
medical appointments and shopping?			
Does facility accept small pets?			
Is there a pet deposit if they allow pets?			
What does family need to do prior to bringing senior to			
the facility? (Provide Physicians Report form & by when?)			



Phone: 916-877-6904
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