

CHECKLIST FOR EVALUATION OF BOARD AND CARE FACILITY



Amada Senior Care | 2014

BUSINESS ADDRESS

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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, are they relatively quiet and is the temperature comfortable ?	Yes	No
•	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 outdoor 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 choices available for meals?	Yes	No
•	Can special diets be accommodated?	Yes	No
•	Can private family dining be arranged on the premises?	Yes	No

MEDICATION

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

ACTIVITIES

•	Are there scheduled activities that would interest the potential resident?	Yes	No
•	Is there a piano? Are there karaoke and DVD players and cable or satellite TV?	Yes	No
•	Is there a family support group?	Yes	No
•	Is transportation to doctors' appointments available?	Yes	No

STAFF

- How do residents feel about being there?
- How are residents 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 are the staff members 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



ADDRESS

TELEPHONE

FAX

EMAIL

WEB

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