

AFFORDABLE ASSISTED LIVING DESIGN CHECKLIST

- What is the ideal number of units to meet but not exceed the market demand and maximize economies of scale while still achieving a home-like environment?
- If the building will include multiple stories, will the number of units on each floor facilitate efficient staffing (e.g. are there enough units to support at least one caregiver on the night shift)?
- Are there sufficient elevators to minimize staff waiting time?
- If there will be separate wings or sections of the building, will the number of units in each wing facilitate efficient staffing?
- If distinct cottages are planned, will residents in these cottages receive assisted living services? If so, have plans been made for additional staffing to accommodate the distinct locations?
- What is the maximum distance from resident units to the dining room? (the ideal is less than 100 feet)
- Are the main common areas visible from the reception / staff work area?
- Is the medication room located close to the dining room to minimize the distance traveled by staff when providing assistance with medications?
- Do all resident units have handicapped-accessible bathrooms with walk-in showers, grab bars, adequate wheelchair turning radius, and raised toilet seats (18")?
- Are kitchen appliances (e.g. microwaves) in resident units able to be easily unplugged or removed if needed for safety reasons?
- Does each resident have an individually controlled thermostat with the dial in a location easily accessible by residents?
- Can each resident and/or resident family personalize the entrance to the resident's unit if desired to facilitate the resident's ease in locating his/her unit?
- Is telephone access available in each unit?
- Are all doorways 36" wide with flat thresholds to accommodate ambulation devices?

AFFORDABLE ASSISTED LIVING DESIGN CHECKLIST (CON'T)

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- If the building will include multiple stories, will the number of units on each floor facilitate efficient staffing (e.g. are there enough units to support at least one caregiver on the night shift)?
- Are all units equipped with a call system that includes an intercom and interfaces with pagers worn by the care staff? Are there call cords in each unit's bathroom, living area, and bedroom area?
- Does each resident have a private unit except when sharing a unit by choice?
- Is low-pile carpet used throughout the building to facilitate the ambulation of residents who use wheelchairs or walkers?
- Are hallways wide enough to accommodate two wheelchairs at the same time (e.g. ideally eight feet but at least six feet)? Are there handrails on at least one side of each hallway?
- Are there sitting areas in each hallway to provide rest stops for residents who may tire while walking?
- Is there a secured area where residents may walk (e.g. hallways that make a continuous lap, a secured courtyard, etc.)?
- Is there adequate lighting throughout the building (to increase independence and reduce falls)?

AFFORDABLE ASSISTED LIVING STAFFING CHECKLIST

- Is staff turnover minimized by the provision of competitive wages, thorough pre-screening of employees, and a good working environment?
- Is the concept of the Universal Worker utilized (e.g. do care staff also perform some housekeeping or laundry duties, serve meals, etc.)?
- Are there task lists to assist staff in organizing their time to maximize efficiency and ensure that all required tasks are completed in a timely manner?
- Are part-time and/or on-call workers utilized to minimize the need to pay full-time employees overtime when filling in for shifts?
- Are staff cross-trained to maximize efficiency and provide back-up if needed (e.g. activity director/van driver, cook/caregiver, etc.)?
- Are flexible staffing patterns used? That is, do staffing levels vary depending on the needs of the residents? If additional staff are needed, is an assessment conducted to determine when the additional need occurs (e.g. a part-time person might be added during the heavy care hours of 6:00 to 10:00 a.m.)?
- Is a comprehensive safety program maintained to minimize worker's compensation claims and thus insurance premium rates (e.g. staff training, safety committee meetings, accident investigations, etc.)?

AFFORDABLE ASSISTED LIVING HEALTH-RELATED AND MEDICATION SERVICE CHECKLIST

- What are the State's regulatory requirements regarding the role of licensed nursing staff in assisted living?
- Does the State's Nurse Practice Act allow for nurse delegation to unlicensed staff? If so, what are the required procedures for the delegation of nursing tasks to occur?
- Are home health agencies utilized to provide direct nursing care (e.g. wound care, catheter insertion, etc.)?
- Are ancillary providers used as appropriate to assist residents in maintaining maximum levels of independence (e.g. physical, occupational or speech therapy)?
- Is a house pharmacy utilized to streamline the medication assistance process? What services does the pharmacy offer? (e.g. daily delivery, an on-call pharmacist 24 hours/day, current medication sheets provided on a monthly basis, and consulting services on a monthly or quarterly basis).
- Are there policies in place to minimize the number of residents obtaining medications from outside pharmacies?
- Is a medication packaging system used that will minimize staff time and the number of potential medication errors?
- Are there efficient yet thorough procedures for the nurse to provide training and oversight to unlicensed staff on routine nursing tasks and assistance with medications?

AFFORDABLE ASSISTED LIVING FOOD SERVICE CHECKLIST

- Are food costs minimized through the use of a group-purchasing program? (This may save as much as 20 percent.)
- Is one main entrée offered with alternatives provided to support resident choice? (Offering a choice of entrees can add significantly to food costs.)
- Is a menu program provided by a registered dietitian? Does the program include recipes, special diet modifications, and production guides?
- Are consulting services by a registered dietitian required by state licensing regulations?
- Are meals served by resident assistants?
- Do the tasks performed by the cooks maximize their productivity? (In small buildings cooks should be able to do their own prep work, assist in setting/bussing tables, and wash dishes. In larger building dietary aides will be needed to perform some or all of these tasks).

AFFORDABLE ASSISTED LIVING MARKETING CHECKLIST

- Is network / relationship marketing used as the primary marketing strategy?
- Have relationships been developed with key contacts in the aging network (e.g. senior services, home health agencies, senior centers, nursing homes, independent living facilities, etc.)?
- Is networking conducted on an ongoing basis with other individuals in the community who have frequent contact with seniors (e.g. churches, pharmacies, elder care attorneys, durable medical equipment companies, hearing aid specialists, etc.)?
- Is the use of advertising and referral agencies minimized? (These avenues are typically fairly costly and may not be needed if other marketing strategies are implemented effectively).
- Is the level of resident satisfaction in the building monitored on a regular basis so that referrals are generated from satisfied residents and their families?
- Does all contact with a prospective resident and/or family focus on the individual's needs and preferences?
- Is appropriate follow-up conducted for all marketing inquiries? Is there a system in place to facilitate and document follow-up?
- Are marketing and public relations activities initiated when construction begins (e.g. groundbreaking ceremony, article in the local newspaper, brochures distributed to key contacts, etc.)?
- Is a primary focus placed on marketing three to six months before the facility opens? (The length of time needed typically depends on the size of the building and the strength of the market)
- Are creative marketing approaches utilized?