

RETIREMENT HOME CHECKLIST

Facility Name: _____ Date Visited: _____

Address: _____

Contact Name: _____ Phone Number: _____

Facility Checklist	Observations
Is the facility clean and well maintained?	
Do the residents seem content and happy? (try to speak to residents when staff is not present)	
What sort of medical support is offered on-site (doctors, nurses)?	
How are emergencies handled?	
What services are provided with the standard fee?	
What services are not provided with the standard fee?	
How is the food (quality, variety, ability to satisfy special dietary needs)?	
Can family or friends join the resident for meals?	
Are religious services provided?	
How does the staff interact with the residents?	
Do the residents seem to be the kind of people that your parent could get along with?	
Are there safety features in place (such as good lighting, safety bars, wheelchair access, emergency calling, well marked exits)?	
What is the staff to resident ratio?	
What is the staff turnover ratio?	
What sort of social and recreational activities are offered?	
Can the resident provide his/her own furniture and possessions?	
Are there any regular governmental inspections done and what have been the results?	
Are there transportation facilities provided for off-site excursions?	
Is there public transit service?	

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