

Informing Consumers about Assisted Living: State Practices

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Introduction

A 1999 report by the Government Accountability Office (GAO), formerly the General Accounting Office, noted that consumers need “clear and complete information” about the services provided by individual assisted living residences and the cost of those services. The GAO report found that prospective residents obtain information from written materials, tours, personal interviews, and recommendations from friends. The report noted that most residents received assistance from family members, friends, or health professionals to help make their decision.

In most states, essential information is available directly from the assisted living communities. Several national and state organizations have developed checklists or guidelines to help consumers obtain information and compare residences. More recently, state agencies have developed web sites to assist consumers. Most of these sites allow consumers to search for residences and list the name of the residence, address, phone number, and administrator. A few include survey reports. This paper summarizes efforts in Colorado, Florida, New Jersey and Washington to provide information to help consumers compare and select assisted living residences. Checklists and consumer guides developed by these states are included in the appendix.

Using web sites

State agencies, provider associations and consumer organizations are useful resources for information about assisted living. State web sites contain a range of useful tools – searchable data bases to help consumers locate assisted living residences, consumer guides or checklists to inform consumers about the issues and questions they might ask while searching for an assisted living residence, standard disclosure forms, and survey and complaint findings. All four states studied in this report post on a state agency web site licensing regulations, consumer guides and a database of licensed residences.

State	Regulations	Provider information	Consumer guide	Residence database	Investigation/Survey reports
Colorado	●	●	●	●	●
Florida	●	●	●	●	
New Jersey	●	●	●	●	
Washington	●	●	●	●	

Notes: Links to state licensing regulations are generally available on the web site of the licensing agency. However, some regulations are hosted on the web site of the office of the secretary of state or the legislature. “Provider information” includes documents relating to the survey process, guidelines and requirements, training, background checks, various forms and notices. “Residence lists” mean a database or list of licensed residences. “Guide” means a resource to help consumers and families understand assisted

living and to compare and select a residence. “Survey reports” refers to inspection and complaint investigations by the survey agency that is posted on the agency’s web site.

In addition to the state agency web sites, assisted living residences typically post information about their residences and services on their company web sites. Some company web sites include a list of questions that might be asked to help compare and select a residence. Others provide links to consumer guides prepared by a national trade association. Checklists developed by associations, individual companies and state licensing agencies sometimes share common categories with minor wording changes.

Some company web sites include questions that help consumers determine what level of care – independent living, assisted living, dementia care, respite care or nursing facility – might be needed and which level offered by the company is able to offer the needed services. One company allows consumers to enter the level of need for medication assistance, bathing, dressing, nutritional needs, mobility, housekeeping and “additional needs,” such as calming or cueing, secured area or advanced memory problems. Another asks for the need for mobility, nutrition assistance, hygiene, housekeeping, dressing, toileting, medication assistance, mental status and behavioral status. A score is calculated and associated with independent living, assisted living, enhanced assisted living, dementia care or nursing home care. The levels within each category are related to the type of service provided by residence staff. For example, assisted living would be recommended for someone who requires assistance from a family member or a home health agency to remind and monitor medication use, while a nursing home would be recommended for a person who requires assistance with medication administration.

State agency web sites: Topics covered by consumer guides

The content and structure of the consumer guides found on state web sites varied by state. Each guide was developed independently and while there are differences in terminology and content, there is also considerable overlap. (See table 2.) Some of the differences are based on state regulations. For example, the guide in Colorado asks if the bedroom is private or shared and whether there is space for personal belongings. The physical environment section of the Florida guide suggests asking about the size of the units; whether they are chosen or assigned; and if they have private baths, a kitchenette, temperature controls, and lockable doors.

Regulations in New Jersey require apartment units rather than bedrooms and the individual unit section focuses on sizes and types of units, single or double units, kitchen area, lockable doors and emergency response system. The physical features section asks about handrails, accessibility, floors and carpet materials.

Colorado’s guide has a section on the provider agreement that addresses the admission criteria, financial terms, refund policy selection of medical providers, house rules and transfer/discharge policies. New Jersey uses the terms “contracts, costs and finances” and combine items treated separately in other guides. Washington labels this area “administration, costs and finances.”

The table below combines similar terms used in the state checklists or guides. While two states may use the same heading, the questions may differ. Please refer to the appendix to see the issues addressed in each heading and the differences among state checklists.

Topic	CO	FL	NJ	WA
Provider agreement/contract/residency	•	•	•	
Administration				•
Licensing status	•	•		
Costs/financing		•	•	•
Physical environment/units/space	•	•	•	•
Services	•	•	•	•
Medication and health services			•	
Care plan	•			
Staff	•	•		•
Meals/dining	•	•	•	•
Activities/social/recreational	•	•	•	•
Safety	•			
Medicaid		•		•
Atmosphere/surroundings			•	•
Tour observations	•			
Communication	•			

The Florida Department of Elder Affairs developed a comprehensive web site with sections for developers, operators and consumers. The operations link lists licensing information, specialty licenses, regulations, minimum staffing requirements, training requirements, liability insurance requirements and all the forms needed to operate a residence. Trainers are organized by the type of training needed, e.g., core training for administrators or managers, dementia care, assistance with medications, first aid/CPR, HIV/AIDS, nutrition and food services, staff in-service training. The resources section contains study guides for staff on assistance with self-administered medications and providing extended congregate care services. The Florida Assisted Living Affiliation, a trade association, noted that they frequently refer their members, individual consumers and family members to the site. Comprehensive information needed by a consumer, operator or developer is available on one web site.

Consumer guides and brochures developed by state agencies address common topic areas but use different terms to describe them and include different questions or issues in similar topic areas. On the topic of meals, states vary in their approach. For example, all ask if snacks and special diets are available. Three of the four states list, “Are three meals a day offered?” New Jersey also asks, “Do dining room menus vary from day to day and meal to meal? Are private dining areas available? Are guest meals available? May residents eat meals in their units? Can residents have alcoholic beverages?”

The brochure developed in Washington includes questions about whether the consumer feels the food is pleasing, nutritious, adequate, and attractively served. The Colorado and Washington brochures also suggest that consumers ask:

- Are cultural or ethnic preferences considered?
- Are residents involved in menu planning?
- Can residents help with meal preparation and have access to the kitchen?
- Are extra helpings and substitutions available?

In Florida's brochure, a series of questions consumers might ask address the resident's life style and preferences. Is there is a package that allows the resident to pay only for lunch and dinner if the consumer prefers to have a light breakfast in their unit? Is there much choice of when meals are eaten, or are meals served at the same time every day? If the resident likes to sleep late, are items such as coffee, juice and muffins available later?

State examples

The following are examples of information that is available to consumers on the web site sites of four states.

Colorado

The Colorado Department of Public Health and Environment produced a consumer guide to choosing a residence, a resident's guide to protecting personal property to assist consumers, and a brochure on resolving concerns in assisted living residences. The consumer guide contains 11 topic areas with questions for consumers to ask in each section.

Colorado is one of eight states that posts oversight information (incident report and complaint findings) on their web site¹. One link on the web site leads consumers to basic information about residences – name of the residence, location and a contact person.² A second link leads to more detailed residence profiles. Consumers select the city or county and the payment options (private pay only, Medicaid only or both) that they want to search. The results list all residences meeting the search criteria. Clicking on a specific residence shows the administrator's name, the licensed capacity, the owner's name and type of ownership, the date of the current ownership, and the phone number for the residence's ombudsman.

The search results also include links to occurrence (incident) investigative reports and complaints. A dialogue box lists the date of any occurrence or complaint. Users click on the date to access further details. Occurrence reports describe the date of the incident, a description of the incident, actions taken by the residence, the Department's findings and the residence's comments. The information is posted to the web site within a few weeks of date of the occurrence.

The occurrence web page links to an occurrence report manual, forms for providers to complete and a note to consumers that states:

“Health facilities (such as long-term care facilities and acute-care hospitals) are required by statute to report certain types of occurrences to the Department of Public Health and

¹ Other states include Arizona, Georgia, Louisiana, Michigan, Minnesota, New York and Virginia.

² <http://www.cdph.state.co.us/hf/static/pcbhpp.htm>. Accessed March 14, 2005.

Environment. When attempting to compare facilities in terms of quality-of-care and safety, consumers must keep in mind that the reporting of occurrences by a given facility does not necessarily mean that it has failed to act appropriately or is experiencing negative trends in delivery of healthcare. Instead, facilities that appear to have a higher number of reported occurrences may simply be doing a better job of meeting their obligation to report those occurrences as required.

Occurrences are a snapshot. They are not the entire story.

Examples of reportable occurrences include diverted drugs, physical abuse, misappropriation of property, missing persons, and equipment misuse. The Department of Public Health and Environment reviews all occurrences for deficient practices and to ensure appropriate action was taken by the reporting facility. Consumers are encouraged to review a facility's occurrence history in order to evaluate how it responds to certain types of events, keeping in mind that the occurrence reports do not reflect such factors as facility size or the complexity of healthcare needs of its patients.³

Florida

The Florida Department of Elder Affairs (DEA) has responsibility for developing and promulgating regulations governing assisted living residences. The Agency for Health Care Administration is responsible for issuing licenses, inspection and oversight. DEA has developed an extensive web site to assist consumers, developers and operators.⁴ The web site was created under the Coming Home Program, a national affordable assisted living program funded by the Robert Wood Johnson Foundation and administered by the National Cooperative Bank Development Corporation. Although the web site was developed to help low income consumers learn about assisted living, it is a valuable resource for private pay consumers and family members as well. The web site presents information in a question and answer format and provides work sheets that a consumer could use to compile and compare information about specific assisted living residences.

The consumer section of the Florida web site defines assisted living and adult family care homes. The site explains the basic license and the three types of specialty licenses available – extended congregate care, limited nursing services and limited mental health services – and the services available with each license. The web site also has a worksheet or checklist to help consumers compare residences. The worksheet lists a series of questions for administrators and staff that address special licenses held by the residence; type of units available (private units, private bath/shower, grab bars, raised toilets, roll-in shower, emergency alerts system, heating/air conditioning controls, kitchen or refrigerator); type of staff available or arranged (registered nurse, activities, social worker, beautician/barber, home health, physical therapist, podiatrist, physician, pharmacist, volunteers); food menu and dining arrangements; services included in the monthly rate; rules; and activities and transportation. The worksheet also has questions to be asked of residents about the environment, staff, food and activities. The worksheet has space for

³ <http://www.cdphe.state.co.us/hf/static/occnote.htm>. Accessed April 5, 2005

⁴ <http://www.floridaaffordableassistedliving.org>. Accessed April 5, 2005

the consumer to list the advantages and disadvantages of the residence and to rate each residence from excellent to poor.

The find-a-facility web page allows consumers to search for a licensed assisted living facility or adult family care home by location, price, and available services. This section has six screens that allow consumers to search for private pay or subsidized residences with five price ranges (under \$800, \$800-\$1200, \$1200-\$1600, \$1600-\$2000 and over \$2000 a month). The page listing preferences for units allows searching by private unit, double/multiple occupancy, apartments with kitchens, fully furnished, private bathrooms, pets and dementia units. Special needs that may be required by the consumer can also be included – catheter care, diabetes, stage 1 or 2 pressure sores, vision and hearing impairments, wheel chair bound, hospice and developmental disability services. The next page lists the services the person might need. Once the form is completed, all residences in the selected geographic area that meet the person’s requirements are located with the name, address, phone, email and information that corresponds to the consumer’s input.

The consumer resources page has links to state and local agencies, consumer organizations, Alzheimer’s organizations, toll-free complaint numbers, and other sites related to assisted living and long term care.

The Florida affordable assisted living web site receives 240-250 “hits” per day. Consumers, family members, owners and developers are referred to the site by assisted living residences, area agencies on aging, councils on aging and the Agency for Health Care Administration. Responsibility for maintaining the web site will be shifted to the Department of Elder Affairs’ information technology staff when the Coming Home Program grant ends. The amount of maintenance needed is not considered significant and will not pose a barrier to sustaining the web site.

New Jersey

The New Jersey Department of Health and Senior Services worked with state association, state agency licensing and home and community services staff personal and providers to design their checklist for assisted living in New Jersey. The information is available on the Department’s web site, at county organizations that serve as the entry point for long term care services and in public libraries. The checklist guides a consumer through an on-site visit to a residence. It starts with the impressions one would form during a visit – the atmosphere and appearance of the building, the way visitors are greeted by staff, and interactions between residents and between residents and staff. The physical features – hallways, doorways, lighting, floors, shelving – are covered next. After an on-site visit, consumers are likely to meet with the marketing staff or manager to talk about monthly costs, payment policies and other items that are included in the resident agreement. Additional sections on the web site address medications, health care services, support services, individual unit features, social and recreational activities and dining.

Washington

The brochure and web copy developed by the Washington Aging and Disability Services Administration outlines six steps to obtaining the right information about assisted living residences. The first step is recognizing and discussing life changes before an unexpected crisis occurs. Step 2 is reviewing the care and help a person needs – medical, physical and social. Examples listed include assistance with laundry and cooking (instrumental activities of daily living), getting to the bathroom or dressing (activities of daily living), and medication reminders. Step 3 discusses the information a person needs to make a decision. The brochure lists several resources to contact such as the area agency on aging, and state regional or local home and community services offices. Step 4 describes differences between adult family homes and assisted living residences (in Washington, referred to as “boarding homes”) and suggests that consumers use the searchable data base to locate residences they may be interested in visiting.

Setting up visits is step 5. Consumers are advised to visit as many residences as possible at different times of the day to get a feel for what happens during the day. Consumers are advised to ask for the last state inspection report, the admission agreement and references from former residents and family members. Consumers can call a toll free number to ask whether complaints have been filed and how they have been handled. Step 6 is making the decision. This section includes a checklist with questions that address administration, cost and finances; surroundings; staff; physical setting; services and activities; and food.

Implications

The internet has become a significant source of information about assisted living. Information is readily available from company web sites, assisted living associations, consumer organizations and state agencies. Nearly all states have posted their licensing rules. Thirty-two states have created lists or a searchable data base of residences. Nine have posted consumer guides and 22 provide information and forms to assist providers.

The amount of information available through the internet is extensive and requires patience and persistence to find information that is useful to consumers. Searches of state web sites often lead to specific forms and documents rather than to a general page with links to multiple resources. Knowing the agency responsible for regulating assisted living does not always shorten the search, unless there is a clear link to licensure requirements or types of settings. However, the information reviewed in four states for this report was well presented.

Maintaining a web site requires dedicated resources. The more extensive the information, the more staff resources needed. The Florida Department of Elder Affairs created its web site with support from a grant from the Coming Home Program. Much of the information about licensing, training requirements and forms was assembled and posted. The information remains reasonably current over time and updates are needed only when a rule or procedure changes.

Establishing a data base with information available from the licensing application – name of the facility, address, and phone number – is relatively easy to post and maintain. Additions and deletions are needed as new residences are licensed and others close or change owners. Adding

additional information such as the name of the manager or contact person requires more frequent updates as staff change. Sites that contain information about monthly fees and services are more difficult to maintain because changes occur more frequently. Information can be reported to the licensing agency by each licensed residence, uploaded to the data base by the facility staff or collected by a state agency. The Florida project staff established the initial data base using information obtained from each licensed residence. After the initial entry, each residence is responsible for updating information that is not routinely contained on the licensing and renewal application. Managers receive a password to update information.

Summary

The internet is a convenient and accessible way for consumers and family members to obtain information about assisted living residences. Taking advantage of rapid expansion of the internet, state agency web sites provide extensive information about assisted living. The type of information and the intended audience varies across states. This paper identified four states that have well developed sites with links to state regulations, guides and a list or searchable data base for consumers and tools, forms and survey information for providers. The states profiled offer examples of the types of information that is available to assisted consumer and family members. Web site developers face real challenges to make the information readily available on complex web sites that serve multiple audiences.

Appendix

State	Web site address	Content
CO	http://www.cdphe.state.co.us/hf/static/pcbhpp.htm	Rules, list consumer, provider, guide
FL	http://fac.dos.state.fl.us/faconline/chapter58.pdf http://elderaffairs.state.fl.us/doea/english/LMD/alf.html http://www.floridaaffordableassistedliving.org/	Rules Consumer Provider, consumer
NJ	http://www.state.nj.us/health/ltc/regs.htm http://www.state.nj.us/health/ltc/licencert.htm http://www.state.nj.us/health/ltc/assisliv.htm	Rules Provider List, guide
WA	http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=388-78A http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=388-78A http://www.aasa.dshs.wa.gov/Library/publications/htmlversions/CARE%20IN%20ADULT%20FAMILY%20HOME.htm http://www.aasa.dshs.wa.gov/Library/publications/htmlversions/CARE%20IN%20ADULT%20FAMILY%20HOME.htm	Rules List Guide Provider

State agency assisted living web sites											
State	Regulations	Provider information	Consumer			State	Regulations	Provider information	Consumer		
			Consumer guide	Facility list	Survey reports				Consumer guide	Facility list	Survey reports
AL	•			•		MT	•	•		•	
AK	•	•		•		NE	•				
AR	•					NV	•	•			
AZ	•			•	•	NH		³			
CA	•	•		•		NJ	•	•	•	•	
CO	•	•	•	•	•	NM	•				
CT	•					NY				•	•
DE		•		•		NC	•	•		•	
DC		•		•		ND	•			•	
FL	•	•	•	•		OH	•				
GA	•	•		•	•	OK	•				
HI	•			•		OR	•		•	•	
ID	•	•				PA	•		•	•	
IL	•	•		•		RI	•				
IN	•			•		SC	•	•		•	
IA	•	•	¹	•	•	SD	•	•		•	
KS	•	•				TN	•			•	
KY	•		•	•		TX	•	•		•	
LA	•			•	•	UT	•	•		•	
ME	•			•		VT	•			•	
MD	•	•	• ²	•		VA	•	•		•	•
MA	•			•		WA	•	•	•	•	
MI	•	•		•	•	WV	•			•	
MN	•	•			•	WI	•	•	•	•	
MS	•					WY	•				
MO	•			•	•	Number	47	23	9	37	10

Note: Information for this table was collected under a project funded by the US Department of Health and Human Services, Agency for Healthcare Research and Quality.

1. Frequently asked questions.
2. Available on the Department on Aging web site.
3. Disclosure form.

Provider information includes documents relating to the survey process, guidelines, and requirements, training, background checks, various forms and notices.

Facility lists mean a database or list of licensed facilities.

Guide means a resource to help consumers and family understand assisted living and compare and select a facility.

Survey reports refers to inspection and complaint investigations by the survey agency which are posted on the agency's website.

Colorado Consumer Guide

PROVIDER AGREEMENT/POLICIES:

1. Do the admission criteria match my needs?
2. Have I reviewed the terms of the financial/provider agreement?
3. Is the unused portion of the rent refunded upon transfer/discharge?
4. Do I have a choice in the selection of medical/health care providers if additional services are needed?
5. Are the specific services offered clearly identified in the agreement?
6. Have I reviewed the house rules?
7. Have I reviewed all of the reasons for which I may be transferred or discharged?

LICENSE/CERTIFICATION:

1. Is the facility licensed by the state and in good standing?
2. Is the facility Medicaid certified?

SPACE:

1. Is the bedroom private or shared?
2. Is the bathroom private or shared?
3. Are the shared areas clean?
4. Is there space for personal belongings?
5. Does the floor plan allow for easy mobility for me?
6. Are there private areas other than the bedroom for visits?

SAFETY:

1. Is bathroom safety equipment installed or available if needed? (grab bars, raised toilet seat)
2. Is there a call system?
3. Are walkers/wheelchairs permitted?

4. Are hallways and doorways wide enough for wheelchairs?

CARE PLANS:

1. Am I involved in the care planning process?
2. Is my family/responsible party involved?
3. Is my physician or other health provider involved?
4. Are the care plans updated to reflect changes in care needs?

PERSONAL SERVICES:

Does the facility provide:

- Assistance with dressing?
- Assistance with bathing?
- How many times per week is bathing provided?
- Assistance with toileting?
- Assistance with incontinency? Does this include assistance with bowel and bladder?
- Assistance with transfers from wheelchair to bed, etc.
- Assistance with medications?

STAFF:

1. What is the operator/administrator's training?
2. Do staff receive training to work with special needs or behaviors, such as dementia?
3. Is there high staff turn-over?
4. What is the ratio of staff to resident?
5. Are staff awake at night?

MEALS:

1. Are specialized diets available?

2. Are cultural or ethnic preferences considered?
3. Are residents involved in menu planning?
4. Can residents help with meal preparation and have access to the kitchen?
5. Are snacks/beverages readily available between meals?
6. Are extra helpings and substitutions available?

SOCIALIZATION:

1. Are activities available within the facility?
2. Does the facility take residents on outings?
3. Is somebody designated to conduct activities?
4. Would my interests match the level/type of activities provided?
5. Are there residents I can socialize with?
6. Is there a written schedule of activities?
7. Does the facility provide transportation?

COMMUNICATION:

- Does facility inform family/physician when an unusual event occurs?
- Do you feel comfortable talking with the:

Administrator/Operator
 Manager/Billing
 Staff/Caregivers

- Is the grievance procedure easily understood?
- Is telephone use accessible and conducive to privacy?

FACILITY TOUR/OBSERVATIONS:

1. Have I toured the entire facility?
2. Have I observed the kitchen and pantry?
3. Have I observed a meal?
4. Does the atmosphere seem pleasant?
5. Does there seem to be enough staff available?
6. Are pets allowed?
7. Do residents seem happy and engaged?
8. Do residents appear to be clean, groomed and odor-free?
9. Have I observed for staff/resident interaction?
10. Have I observed for cleanliness and odors?

ADDITIONAL RESOURCES:

State Ombudsman Program: Serves as advocate for residents and families

303-722-0300 or 1-800-288-1376

Colorado Department of Public Health and Environment--Health Facilities

Division: Licenses and inspects assisted living facilities

We realize that making the decision to place a loved one in a care facility can be difficult. When making your final selection, keep these tips in mind:

- Trust your initial feelings and reactions.
- Try not to make a hasty decision. There are many homes from which to choose.
- Consider the location of the home. Your presence and involvement in the facility is important to the care your loved one receive.

- Make an unannounced visit after your initial tour.
- Talk to residents.
- Ask for references.
- Ask to take home copies of the admission packet and house rules.
- Take the time to review the materials and, ask lots of questions.

Florida consumer guide information

What is an Assisted Living Facility (ALF)?

Assisted living facilities (ALFs) are residential care facilities that provide housing, meals, personal care and supportive services to older persons and disabled adults who are unable to live independently. ALFs are intended to be a less costly alternative to more restrictive, institutional settings for individuals who do not require 24-hour nursing supervision. ALFs are regulated in a manner so as to encourage dignity, individuality, and choice for residents, while providing reasonable assurance for their safety and welfare.

Who can reside in an ALF?

To reside in a standard ALF, a person must meet the standard ALF "residency criteria," which is defined by Florida regulations and by facility policy. Generally speaking, ALFs provide supervision, assistance with personal and supportive services, and assistance with or administration of medications to elders and disabled adults who require such services.

Regardless of the facility's license status, residents living in ALFs cannot have conditions that require 24-hour nursing supervision. The only exception is for an existing resident who is receiving licensed hospice services while residing in the ALF.

There are over 2,300 ALFs in Florida today that are licensed and inspected by the Agency for Health Care Administration. ALFs range in size from small, home-like environments with under six residents to large full-service communities with over 500 residents.

Along with the standard ALF license there are several special licenses that an ALF may obtain:

- A license to provide Extended Congregate Care (ECC) allows the ALF to maintain residents who become frailer than would normally be permitted, in order for the resident to age at the facility. Services include nursing, development of a resident's service plan, monthly nursing assessments, and may include total help with bathing, dressing, grooming, and toileting.
- A license to provide Limited Nursing Services may include such nursing services as the application and care of routine dressings, care of casts, braces, and splints, catheterization, and other services as defined in Florida law. Services do not include 24-hour nursing supervision.
- A Limited Mental Health license must be obtained if an ALF serves three or more mental health residents. Services must be provided for the special needs of such residents. Services must include a Community Living Support Plan and a placement assessment by the resident's mental health case manager.

If you Choose an ALF

Once you or someone in your family has decided to move to an ALF, how do you go about finding the right one? You may want to consider looking for a facility that has easy access for family and friends and is convenient to your personal doctor. Also, you can visit the ALFs that interest you and speak to the staff and residents.

Services You May Expect

An assisted living facility provides housing, meals, and one or more personal services for residents who are not related to the facility's owners. Personal services include assistance with or supervision of the activities of daily

living like eating, walking and toileting. A person can become a resident of an ALF only if certain functional criteria are met, such as being able to perform the activities of daily living (with supervision or assistance). A resident cannot be bedridden, cannot require 24-hour nursing supervision, cannot have stage 3 or 4 pressure sores, and other criteria as described in Florida law. Services offered by an ALF include:

- Basic housing (from private or double occupancy rooms to suites or apartments)
- Meals and snacks
- 24-hour staff availability
- Assistance with activities of daily living (ADLs), if needed, such as bathing, dressing, toileting, hygiene and grooming, eating, and walking
- Administration, or assistance with self-administration, of medications
- Housekeeping, maintenance, and help with laundry
- Social and recreational activities
- Transportation to activities, appointments, shopping, etc.

The ALF staff will manage the resident's care, including ongoing assessments of the resident's needs and health monitoring. ALF staff will coordinate and assist the resident to gain access to needed medical services, as well as mental health, social, educational, and other services. They will also monitor and evaluate the delivery of services. The resident can contract with a third party, like a home health agency or a nurse registry, to provide nursing and other medical services to the resident when needed, as long as the resident's health does not require more care than can be provided in an ALF. The ALF can assist the resident in arranging for such nursing care.

Assisted living facilities can offer different levels of assistance, from minimal to comprehensive. When choosing an ALF it is important to ask about the level of care the ALF provides, so that you will receive the services you need. Also, the number and types of

services can determine the total monthly cost of care. Some ALFs offer specially designed environments for Alzheimer's and other memory-impaired persons.

A resident will be covered by a contract between the ALF and the resident (or his or her representative). The contract should include the services and accommodations to be provided by the ALF; the rates or charges; provision for at least 30 days written notice of a rate increase; the rights, duties, and obligations of the residents; a refund policy (if applicable); the policy for a resident's apartment or room if the resident's health requires temporary admission to a nursing home or hospital; the purpose of any advance payment and a refund policy for such payment; and other matters that the parties deem appropriate.

Staffing Concerns

An ALF is required to have enough qualified staff to provide resident supervision and to provide or arrange for scheduled and unscheduled resident services. Employees providing personal care are required to have a background screening through the Florida Department of Law Enforcement (FDLE). The administrator has to be screened through FDLE and the Federal Bureau of Investigation (FBI).

ALF employees are required to have various levels of training depending on their responsibilities. This includes initial training as well as continuing education. Training requirements are detailed in Chapter 58A-5.0191, F.A.C.

Financial Concerns

Residency in an ALF can be paid by:

- Private funds
- Some insurance policies
- Optional State Supplementation through the Florida Department

- of Children and Families (if the resident is eligible), in addition to the person's existing monthly income
- Medicaid Assistive Care Services (if both the resident and the ALF are eligible)
- Assisted Living for the Elderly Medicaid Waiver program (if eligible)

Questions to Ask the ALF

Before deciding on an ALF, you may want to talk with the staff of several different facilities. You will want to understand what services the facility offers and how much it charges. Visiting a facility can give you a feeling about the staff, scope of services and service delivery, cleanliness and surroundings. Some typical questions might include:

What services are included in the monthly rate?

Some rates include the basic service of room, meals, and at least one personal service. Additional services may include an increase in costs. Ask the ALF staff person to clearly explain the costs and services and to provide you with the facility's admission package. When considering these prices, think about services that might be needed in the future, not just the current needs.

Can I see a copy of a sample contract?

Each resident will sign a contract with the ALF. Read the contract carefully. If there is anything you do not understand, ask the ALF staff person to explain it to you. You may want to consult with your family, friends, or an attorney before signing a contract.

Will I receive a written plan of care? If so, will it be addressed periodically as my needs may change?

Under certain circumstances a resident may have a plan of care. This is a written plan that coordinates the care given to a person, as directed by their physician.

Does the ALF require an initial entrance fee, application fee or deposit up front?

Some ALFs may require a security deposit while others ask for an entrance or community fee. If these are required, you should ask for the purpose of such fees, whether they are refundable, and, if so, under what circumstances.

Is there a cap on the percentage by which the monthly rate can be increased?

You do not want to sign a lease/contract believing the monthly rate to be \$2,100, and six months later find out the rate is being raised to \$3,000 a month. Check the contract to see if the rate is guaranteed, for how long, and under what circumstances a contract can be terminated. A facility is required to give 30 days written notice of any increase in the monthly rate. Also, make sure you (or your representative) keep a copy of the signed contract.

What happens if I run out of money?

It is important to know what the ALF's policy is if you run out of assets and your income does not cover the entire cost of your care. If you are eligible for Medicaid Assistive Care Services, is the ALF an enrolled Medicaid provider for this program? You may want to contact the Florida Department of Children and Families to see if you are eligible for Optional State Supplementation or for the Assisted Living for the Elderly Medicaid Waiver program.

What options are available if my health declines or my needs change?

Does the facility have an extended congregate care license that allows residents to "age in place" or have a nursing home on campus that allows for a wider range of nursing services? Is there a hospital nearby? What is the facility's policy for holding a bed if I must be hospitalized or go into a rehabilitation facility for a temporary period?

Is the facility licensed by the State of Florida? Is the ALF licensed for the specific services you need?

Do you need the services provided under an Extended Congregate Care, Limited Nursing Services, or Limited Mental Health License? Do you need a facility that offers care for persons with Alzheimer's disease or related disorders?

Request to see a copy of the ALF's current Florida license issued by the Agency for Health Care Administration. Ask if they offer any specialty programs for memory-impaired individuals. You may also want to ask to view the results of the ALF's most recent licensure survey.

What happens if I have a complaint?

The "Resident Bill of Rights" must be posted in the ALF in a prominent place. This grants residents certain rights guaranteed by the Florida Legislature and the U.S. Constitution. Every ALF will have its own grievance procedure for receiving and responding to resident complaints and recommendations. If you do not fully understand the grievance procedure, ask the ALF staff person to explain it to you. You can also contact the Long-Term Care Ombudsman Council within your Planning and Servicing Area (PSA). An Ombudsman acts as an advocate for the resident(s) by receiving, investigating and resolving any complaint that a resident may file. If your complaint includes neglect, abuse or exploitation, also call the Florida Abuse Hotline at (800) 962-2873.

Questions about the Physical Environment

- Am I able to choose the room/unit that I will live in or is it assigned to me? Are there different sizes and types available? Are there lockable doors? Can I have a telephone and cable TV? What furniture and accessories are provided?
- Do all of the rooms/units have private, full bathrooms? If the bathroom facilities must be shared, where is the bathroom located, and with how many residents would it be shared?
- Will I have a kitchenette? If so, are there a refrigerator, sink and stove? If the room/unit does not have a private kitchenette, where are the cooking facilities located?
- What will be the size of my room/unit? Is it large enough for me to feel comfortable if I spend a great deal of

time there? Is there enough closet space to meet my needs? Is there additional storage space available and at what cost?

- What are the common areas like? Are there areas where I would feel comfortable spending time? Do the residents use the common areas or are they more for appearance?
- Is the ALF easy to get around in? Are there too many stairs or long hallways? Is the ALF well lit? Does the facility have outdoor grounds suitable for walking in nice weather? Is the facility (including the bathrooms) accommodating to wheelchairs, canes, and walkers?
- What type of security is available at the residence? Is there someone at the front desk 24-hours a day? Are the main doors locked at night? If the doors are locked, are keys made available for residents who come in late at night?
- Does the residence have a special care wing or any special procedures and equipment when caring for individuals with Alzheimer's or other memory impairments? Is the staff trained to handle the special needs of these patients? Are there activities specifically designed for these residents? You can request literature about the programs the ALF offers for residents with Alzheimer's and other memory disorders.

Other questions you may want to ask:

- Am I able to furnish the room/unit as I wish with my own furniture and wall hangings?
- Can I control the temperature in my room/unit?
- Is there an emergency call system in each room/unit and each bathroom?
- Are pets allowed in the rooms/units and common areas?

- Is smoking allowed in the facility and, if so, where?
- Is parking available for residents and visitors?
- Does the facility have fire drills, smoke detectors, and a sprinkler system?

Questions about Staff

- When you visit the ALF, speak to as many different staff and residents as possible. Get a sense of how the residents and workers feel about the ALF, if they enjoy living or working there. Is the staff friendly and respectful? Are workers able to take time to speak with residents or are they too busy rushing around?
- What is the ratio of staff to residents? How many staff persons are available to provide personal care services? How many workers are available during the day, in the evening, overnight and on weekends? Florida regulations require a certain minimum amount of staffing, depending on the number of residents. ALF staffing standards can be reviewed under Minimum Staffing Standards.
- What medical care options are available? Is there a doctor or pharmacy on-site? If the ALF provides nursing, what services can the nurse provide? If I need to receive services from a home health agency, like nursing, physical therapy, home health aide services, etc., will the ALF assist me in arranging for these services?
- What is the procedure for signaling staff of an emergency? How are medical emergencies handled? What if there is an emergency in the facility that requires evacuation?

Questions about Activities

- Most ALFs advertise that they have many activities available for residents.

Ask to see a schedule of activities, and consider whether you or your family member would want to participate in these activities. Do the activities appear appropriate for the resident?

- Are there a variety of activities to choose from? Are residents active in planning activities and events? Are the activities provided at convenient times? How frequently are they provided?
- Is transportation available to access community activities? This information is one way to determine how much the ALF encourages the participation of its residents in community activities. Is transportation only available at certain times, or can it be accessed whenever it is needed? What if I have a doctor's appointment or want to go to a church service in the community? Is there an extra cost for transportation?

Other questions you may want to ask:

- Can I come and go from the facility as I please?
- Does the facility offer an exercise program?
- Are religious services available at the facility? What religious denominations are represented?
- What activities are offered at the ALF to help create a sense of community? In what other ways does the facility create a sense of community?

Questions about Meals

It is always helpful to visit the ALF during a mealtime. You can ask if you may have a meal with the residents to see whether the food is good and fresh, and to evaluate the dining room service. Here are some additional questions regarding meals that you may want to ask:

- How many meals and snacks are provided each day? If I prefer to have a

light breakfast in my own room, is there a package that allows me to pay only for lunch and dinner?

- Are meals in the dining room provided at convenient times? Is there much choice in when I can have breakfast, lunch or dinner, or are these meals served at the same time every day? If I like to sleep late, are things like coffee, juice and muffins available later? If I am away from the ALF and arrive after mealtime will I be served my meal?
- What is the ALF's policy about having meals delivered to my room? Is this allowed? Is there an extra charge or limit on the number of times that I may eat in my room?
- What is the menu like? Are special meals or diets available, if needed? Are

there enough interesting choices? Are choices always available, or does the kitchen often run out of one choice, leaving few options? Is the food tasty and nutritious? If I have special dietary needs how will they be handled?

- Are there special seating arrangements or can residents sit where they want in the dining room? Do the residents eat at the same time or in shifts? Do the residents eat in one large dining room, or are there several dining rooms that serve different groups in the ALF?
- Are there any arrangements for late night snacks? If I want a snack other than at a designated mealtime, are snacks available? Is there an extra charge for this service?

New Jersey Checklist

Atmosphere

- As you arrive at the residence, do you like its location and outward appearance?
- As you enter the lobby and tour the residence, is the décor attractive and homelike?
- Did you receive a warm greeting from staff welcoming you to the residence?
- Does the administrator/staff call residents by name and interact warmly with them as you tour the residence?
- Do residents socialize with each other and appear happy and comfortable?
- Are you able to talk with residents about how they like the residence and staff?
- Would residents be appropriate neighbors for you or your loved one?
- Are staff personable and friendly?
- Are visitors welcome at any time?

Physical Features

- Is the community well designed for residents' needs?
- Is it easy to find your way around?
- Are doorways, hallways and rooms accommodating to wheelchairs and walkers?
- Are elevators available for those unable to use stairways?
- Are handrails available to aid in walking?
- Are cupboards and shelves easy to reach?
- Are floors of a nonskid material and carpets firm to ease walking?
- Does the residence have good natural and artificial lighting?
- Is the residence clean, free of odors, and comfortably heated/cooled?
- Is there a secure environment for wanderers?
- Is an outdoor recreation area available?

Contracts, costs and finances

- Is there a Contract/Resident agreement available for review?
- Is a contract/Resident Agreement available to include accommodations, personal care, health care and support services?
- When may a contract/Resident Agreement be terminated and what are the refund policies?
- Is there any government, private or corporate programs available to help cover the cost of services to the resident?
- Are additional services available if the residents' needs change?
- What is the procedure to pay for additional services like nursing care when the services are needed on a temporary basis?
- Are there different costs for various levels or categories of service?
- How are they determined?
- Do billing, payment and credit policies seem fair and reasonable?
- May residents handle their own finances with staff assistance if able, or should a family member or outside party be designated to do so?
- Are residents required to purchase renters' insurance for personal property in their units?

Medication and health services

What are the policies regarding storage of medication, assistance with medication, training and supervision of staff?

Is self-administration of medications allowed? Can medication be kept in the resident's room?

How is it monitored?

How do you coordinate visits from the physician, nurse, hospice, physical therapist, occupational therapist, and others?

Are trained staff available to assist residents who experience memory, orientation or judgment losses? How are they trained?

What is the procedure for responding to a resident's medical emergency?

Services

Is there a process to identify and address residents' needs?

Does this process include residents, their families and residence staff along with the residents' physician?

Ask the residence to provide a list of services available.

Are staff available to provide 24-hour-a-day assistance with activities of daily living (ADLs) if needed? ADLs include dressing; eating; mobility; hygiene and grooming; bathing; toileting and incontinence; using the telephone; shopping; and laundry.

Does the residence provide housekeeping services in residents' units?

Does the residence provide transportation to doctors' offices, hairdressers, shopping and other activities desired by residents?

Can residents arrange for transportation on fairly short notice?

Are pharmacy, barber/beautician and/or physical therapy services offered on site?

Are there special programs for those (who) with memory loss?

Individual unit features

Are different sizes and types of units available?

Are units for single and double occupancy available?

Do units have lockable doors?

Is a 24-hour-a-day emergency response system available in the unit?

Are there private bathrooms with access for walkers and wheelchairs?

Is furniture provided? Are residents able to bring their own furnishings? Is other storage space available?

Do all units have a telephone and cable TV, and how is billing handled?

Is a kitchen area provided with a refrigerator, sink, and cooking appliances?

Are residents allowed to smoke in their units? Is there a designated smoking area?

Social and Recreational features

Do you see activity programs in progress? Ask for a copy of the schedule.

Can residents participate in activities outside the residence?

Is there a volunteer program?

Are pets allowed in the building? Who is responsible for their care?

Dining

Are three meals a day offered?

Do dining room menus vary from day to day and meal to meal? Ask for a menu.

Are snacks and beverages available?

May a resident request special foods?

Are special diets accommodated?

Are private dining areas available?

Are guest meals available?

May residents eat meals in their units? Is there an additional charge?

Can meals be provided at a time a resident would like, or are there set times for meals?

Can residents have alcoholic beverages?

Washington consumer guide topics

Administration, cost and finances

- What are the basic rates?
- What services are covered by these rates?
- Are there charges additional to these rates?
- What are the payment policies?
- What is the refund policy if someone leaves before the end of a month?
- What is the policy for rate increases?
- How long has the current administration been in place?
- What is the policy for accepting Medicaid or transferring to Medicaid at a later date?

Surroundings

- As you arrive, do you like the location and outward appearance?
- Do residents socialize with each other and appear happy and comfortable?
- Are you able to talk with residents about how they like the residence and staff?
- Do the residents look like people you will want to live with?
- Is the facility close to friends and relatives?
- Is the facility on a noisy street?
- Are there shops, a library, a park, or other amenities within walking distance?
- Is the facility close to activities you enjoy?
- Is the facility on a bus line?
- Is there an outside area to sit, walk, or garden?

Staff

- Are the staff suitably dressed, personable, and outgoing?
- Do the staff members treat residents with respect and dignity?
- Do staff members treat each other in a professional manner?
- Who will provide the needed personal care?
- Who will provide any nursing care?
- Is staff available to meet scheduled and unscheduled needs?
- What language does most of the staff speak?
- Is there frequent turnover of staff?
- Will staff plan for your activities, such as a hair appointment or regular poker games?
- How flexible will the staff be in working out a plan of care with you to meet your needs?

Physical Setting

- Is the floor plan easy to follow?
- Are doorways, hallways, and rooms accommodating to wheelchairs and walkers?
- Are there hand rails to help with walking and in the bathrooms?
- Are cupboards and shelves easy to reach?
- Are there nonskid floors and firm carpets to assist walking?

Does the facility have good natural and artificial lighting?
Is the facility clean, free of odors, and well heated and cooled?
Does the facility meet your standards of cleanliness?
Is the facility free from obvious hazards?
Are the facility's rooms clean, safe, and adequate for your needs?
Will you have free use of:
 The kitchen?
 Activity rooms?
 Toilet facilities?
 Dining room?
 Grounds?
Can residents smoke in their rooms or in public spaces?
What pieces of furniture are provided?
Is there a chair, a reading lamp, and an overhead light?
Is there a sit-down shower?
Can you bring along some of your own furniture or other personal items?

Services and Activities

Are doctors, nurses, and emergency assistance available if needed?
Are emergency procedures clearly posted throughout the facility?
What is the facility's policy regarding the level of care they will provide?
Who will take you to doctors' appointments?
Can residents arrange for transportation on fairly short notice?
How will needed specialized services, such as physical therapy, occupational therapy, or recreational therapy, be arranged?
What recreational activities are available?
Will you be able to attend religious services of your choice?
Does each resident get a copy of house policies and resident rights?
What are the policies regarding visitors and pets?
Must everyone get up and eat at the same time or is the facility flexible?
Are there regularly planned activities that you will enjoy?

Food

Is the food pleasing, nutritious, adequate, and attractively served?
Are snacks available?
Are there specific meal times, or can you snack throughout the day or evening?
Will the facility meet your dietary or cultural food preferences? Can residents request special foods?