



### Assisted Living Checklist

Community Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Direct Number: \_\_\_\_\_

- Location to healthcare system (hospital)
- Receptionist/Information Center
- In-house lab services
- Climate Control
- Parking
- Dining Services
- Availability of maintenance staff
- Activities
- Security System
- Nurses available to residents
- Medical services
- Allow pets
- Spiritual Care
- Dementia training
- Laundry
- Internet and Cable TV
- Staff
- Transportation
- Common Spaces
- Staff Training
- Cleanliness

Additional comments/ observations:

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