

**APPENDIX C:
Eldercare Onsite Visit Checklist**

Name of Facility: _____
Date of Visit: _____

Question	Yes	No	NA
Were the facility grounds clean and in good condition? Was landscaping neatly done?			
Is an outdoor area available for residents and, if so, is there appropriate furniture available?			
Does the facility have a written severe weather policy?			
Does the facility have posted evacuation and severe weather routes and exits clearly marked?			
Are written inspection reports available for viewing?			
Were the temperatures appropriate within all areas of the facility?			
Is the location close to needed shopping or other facilities?			
Does the facility have a written visitor policy and require a security access to the building?			
Are the rooms and common areas well lit?			
What is the level of staff turnover in the facility, and is ongoing training offered?			
Was an explanation given of the types of caregiving professionals available in the facility and the processes to access those services?			
Do personal living areas have appropriate bedding/furniture (if provided)?			
Were call buttons available in personal living areas and restroom facilities?			
Were menus and nutritional information available (if meals are prepared)?			
Was a list of optional services, such as cable television or magazine subscriptions available?			
Are financial policies and payments available in writing?			
Are there written grievance policies or a patient bill of rights available?			