

Checklist for Choosing a Residential/Personal Care Home
Complements of the North Texas Organization of Residential Care Homes
<http://www.NorthTexasTORCH.com>

We are pleased to provide you with a checklist that will help you choose a residential/personal care home for your loved one. Please request additional information of your choice that will allow you to make an informed decision.

Name of Home: _____
 Telephone Number: _____
 Operator Name: _____
 Address: _____
 City, State, Zip: _____

Visit to Home:

Time and Date of Visit: _____
 Tour Conducted by: _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the home accessible to the handicapped? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home participate in state assisted programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home provide medication assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the home's smoking policy acceptable to you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the home neat, clean, and is the temperature comfortable? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the furniture and décor safe, comfortable and attractive? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the atmosphere pleasant, cheerful, and stimulating? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the residents seem properly bathed, dressed and groomed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the residents seem comfortable, well cared for and content? |
| <input type="checkbox"/> | <input type="checkbox"/> | How does the staff interact with and talk to the residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home have grab bars at commodes and bathtubs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do bathing areas have non-slip surfaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all areas including individual living quarters, bathrooms, kitchen and storage areas clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are private telephones accessible to all residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are nutritious snacks offered between meals and before bedtime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home monitor resident food intake to ensure proper nutrition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home offer special diets? Is there an additional charge for this service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home adhere to a strict mealtime, and is food strictly unavailable at other times? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the residents involved in activities planned by the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a Dr. and/or Nurse that makes house calls available? |

Homes with more than three residents

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the home's license posted? Homes serving three or less do not require a license. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the home's policies and procedures available for review? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a list of activities posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the menu posted? |