

# SENIORS FIRST™

Serving Seniors and Their Families . . . .

Serving All Placer County, parts of Nevada County, parts of Sacramento County and Surrounding Areas

Fax 530-889-0190 Phone 530-889-9500 ext. 201 Mail 13620 Lincoln Way, Ste. 370, Auburn, CA 95603

## Facility Checklist

PLEASE PRINT

Date \_\_\_\_\_

**Facility Name** \_\_\_\_\_

Other Facilities \_\_\_\_\_ City \_\_\_\_\_

Facility Type: RCFE Independent Living Assisted Living Memory Care  
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Facility Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone: Name \_\_\_\_\_ Number \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

License# \_\_\_\_\_ Date First Opened \_\_\_\_\_

Owner(s) \_\_\_\_\_ Owner Resides in Facility? No\_ Yes\_

Administrator(s) \_\_\_\_\_

Person for Referrals \_\_\_\_\_ Phone \_\_\_\_\_

Room-Rates: Semi-Private: Base: \$ \_\_\_\_\_ Private: Base: \$ \_\_\_\_\_

**Will accept Not-Supplemented SSI? No\_\_ Yes\_\_**

**Are Rates Negotiable? Yes\_\_ No\_\_**

Security Deposit Required? No\_\_ Yes\_\_ If Yes How Much \$ \_\_\_\_\_

Additional Costs \_\_\_\_\_

Prefer: Male \_\_\_ Female \_\_\_ Both \_\_\_ Visiting Hours: \_\_\_\_\_ to \_\_\_\_\_

Total Number of Licensed Beds \_\_\_\_\_ How Many are Non-Ambulatory \_\_\_\_\_

Number of Staff on Duty: AM \_\_\_\_\_ PM \_\_\_\_\_ Over Night? No\_\_ Yes\_\_

Staff to Assist with Residents Needs at Night: Yes \_\_\_ No \_\_\_

Children Living at Facility? No\_\_ Yes\_\_ Pets Living at Facility? No\_\_ Yes\_\_

**TYPES OF RESIDENTS ACCEPTED** (check in box means you accept this type)

Drinking Smoking (inside) Smoking (outside)

Alzheimer's: What Level? Mild Moderate Severe Wanderer

Dementia: What Level? Mild Moderate Severe Wanderer

Hospice Wavier  Respite Care

Aids or HIV Positive

Parkinson's: What Level? Mild Moderate Severe

Stroke: What Level? Mild Moderate Severe

Diabetics Multiple Sclerosis

Incontinent Bladder Bowel Will Assist

Catheter Care Full Care Will Assist

Colostomy Full Care Will Assist

Non Ambulatory Walker Wheelchair Wheelchair Access Oxygen

Types of Residents NOT Accepted: \_\_\_\_\_

**SERVICES OFFERED** (check in box means you offer this service)

Transportation  Doctor  Dentist  Beauty Salon  Church  Stores

Other-Specify: \_\_\_\_\_

Assist with Transferring  Lift  Pivot

Special Diet  Food Tray to Room  Food Tray to Room when Ill

Manicure  Pedicure  On Site Hair Dresser

Home Health Aids Provide Services  IV  Feeders

Allow Clients to Bring Their Pets  Own Care  Will Assist

Exercise: What kind? \_\_\_\_\_

Outings: What Kind? \_\_\_\_\_

Activities:  Music  Piano  TV  Games  Cards  Crafts  Reading

Other: What Kind? \_\_\_\_\_

Social Activities: What Kind? \_\_\_\_\_

Celebrate Holidays? Which Ones and How? \_\_\_\_\_

**FEATURES OFFERED** (check in box means you have this feature)

Door Alarms  Grounds Secured for Wanderer  Intercoms or Monitors

Separate Activity Room  Separate Dining Room

Covered Patio  Gardens: What Kind? \_\_\_\_\_

Resident Participation

Any of your staff a Nurse, C.N. A. Physical Therapist? \_\_\_\_\_

What's Makes Your Facility Better than Other Facilities? \_\_\_\_\_

Date of Last Licensing Evaluation and Comments: \_\_\_\_\_