

## Exhibit A

# Long Term Care Facility Evaluation Form

Name of Facility \_\_\_\_\_

Date Visited \_\_\_\_\_

| Category of Analysis   | Point Rating<br>(Good to Excellent) |
|--|-------------------------------------|
| Buildings and Surroundings   |                                     |
| What is your first impression?   | 1 2 3 4 5                           |
| What is the condition of the exterior (paint, gutters, trim)?  | 1 2 3 4 5                           |
| Are the grounds pleasant and well-kept?  | 1 2 3 4 5                           |
| Do you like the view from the rooms and other windows?   | 1 2 3 4 5                           |
| Do residents with Alzheimer s Disease live in a separate section?                                      | 1 2 3 4 5                           |
| Does the facility provide a secure outside area?   | 1 2 3 4 5                           |
| Is there a secure area in which residents with Alzheimer s Disease may safely wander on walking paths? | 1 2 3 4 5                           |
| Are there appropriate areas for physical therapy?  | 1 2 3 4 5                           |
| Are barber and beauty salon services available?  | 1 2 3 4 5                           |
| Is there a well-ventilated room for smokers?   | 1 2 3 4 5                           |
| What is your impression of its general cleanliness?  | 1 2 3 4 5                           |
| Does the facility <i>smell</i> clean?  | 1 2 3 4 5                           |

- Is there enough space in the rooms and common areas for number of residents? 1 2 3 4 5
- How noisy are the hallways and common areas? 1 2 3 4 5
- Is the dining area clean and pleasant? 1 2 3 4 5
- Is there a room at and between tables for both residents and aides for those who need assistance with meals? 1 2 3 4 5
- Are common areas like lounges and activity rooms in use? 1 2 3 4 5
- Are residents allowed to bring in furniture and other personal items to decorate their rooms? 1 2 3 4 5

### Staff, Policies and Practices

- Does the administrator know residents by name, and does he/she speak to them in a pleasant, friendly way? 1 2 3 4 5
- Do staff members and residents communicate with cheerful, respectful attitudes? 1 2 3 4 5
- Do staff members and the administrators seem to work well with each other in a spirit of cooperation? 1 2 3 4 5
- Do residents get permanent assignment of staff persons? 1 2 3 4 5
- Do nursing assistants participate in the resident s care planning processes? 1 2 3 4 5
- How good is the facility s record for employee retention? 1 2 3 4 5
- Does a state ombudsman visit the facility regularly? 1 2 3 4 5
- How likely is an increase in private pay rates? 1 2 3 4 5
- Are there any additional charges not included in the daily or monthly rate? 1 2 3 4 5

### Resident s Concerns

What method is used in selecting roommates? 1 2 3 4 5

What is a typical day in the life of a resident? 1 2 3 4 5

May a resident choose what time to go to bed and wake up? 1 2 3 4 5

Are meaningful and appropriate activities available for residents? 1 2 3 4 5

If activities are in progress, what is the level of resident participation? 1 2 3 4 5

May residents continue to participate in interests like gardening or contact with pets? 1 2 3 4 5

Does the facility provide transportation for community outings and activities? 1 2 3 4 5

Is a van or bus with wheel chair access available? 1 2 3 4 5

Do residents on Medi-Cal receive mental health services or occupational, speech or physical therapies if needed? 1 2 3 4 5

What is your impression of the general cleanliness and grooming of residents? 1 2 3 4 5

How are decisions about method and frequency of bathing made? 1 2 3 4 5

How do residents get their clothes laundered? 1 2 3 4 5

What happens when clothing or other items are missing? 1 2 3 4 5

Are meals appetizing and served promptly at mealtime? 1 2 3 4 5

Are snacks available between meals? 1 2 3 4 5

If residents call out for help or use a call light, do they receive prompt, appropriate responses? 1 2 3 4 5

Does each resident have the same nursing assistant most of the time? 1 2 3 4 5

How does a resident with problems voice a complaint? 1 2 3 4 5

Are residents who are able allowed to participate in care planning meetings? 1 2 3 4 5

Does the facility have an effective resident council? 1 2 3 4 5

## Family Considerations

How convenient is the facility's location to family members who may wish to visit the resident? 1 2 3 4 5

Are there areas other than the resident's room in which the family may visit? 1 2 3 4 5

Does the facility have a safe, well-lighted, convenient parking lot? 1 2 3 4 5

Are hotels and motels nearby for out-of-town visitors? 1 2 3 4 5

Are area restaurants suitable for taking residents out for a meal with family members? 1 2 3 4 5

How convenient will care planning conferences be for interested family members? 1 2 3 4 5

Is an effective family council in place? 1 2 3 4 5

May family/staff meetings be scheduled to discuss and work out any problems that may arise? 1 2 3 4 5

Total Score \_\_\_\_\_