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**D. SAFEGUARDS**

	In Resident Rooms		In Other Areas	
<b>Smoke Detectors</b>	___ Yes	___ No	___ Yes	___ No
<b>Sprinkler Systems</b>	___ Yes	___ No	___ Yes	___ No
<b>Door Alarms</b>	___ Yes	___ No	___ Yes	___ No
<b>Air Conditioning</b>	___ Yes	___ No	___ Yes	___ No

Are alarms audible to staff 24 hours? \_\_\_ Yes \_\_\_ No

What other forms of supervision/monitoring do you have in place for Individuals with dementia?

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**E. QUALITY OF LIFE**

Are there regular therapy, exercise, and/or social activities at the facility? \_\_\_ Yes \_\_\_ No

Do you provide a copy of the facilities activities calendar upon request? \_\_\_ Yes \_\_\_ No

Does the facility provide transportation to activities, appointments, etc.? \_\_\_ Yes \_\_\_ No

Can resident choose/select/retain: Own Pharmacy? \_\_\_ Yes \_\_\_ No

Hospice Provider? \_\_\_ Yes \_\_\_ No

Can residents retain their own physician? \_\_\_ Yes \_\_\_ No

Is there a care planning process to address each resident's needs and preferences? \_\_\_ Yes \_\_\_ No

If yes, please describe the process: \_\_\_\_\_

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**F. FEES**

Is there a written fee schedule for all costs given to each resident/family member upon request? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the facility's policy for billing a resident during a temporary absence from the facility?

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Does the facility provide a full refund for any paid interval if the resident leaves the facility permanently for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**G. DISCHARGE AND GRIEVANCE PROCEDURE**

What are your discharge and grievance procedures?

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Are there circumstances under which the facility will involuntarily discharge or refuse to readmit a resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

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In the event of involuntary discharge, does the facility provide assistance finding another facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

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Does the facility have a written appeal or grievance procedure for: *(please check all that apply)*

\_\_\_\_\_ Involuntary discharge

\_\_\_\_\_ Fees and/or billing

\_\_\_\_\_ Care plan and/or changes to level of care

If so, are the policies given to each resident/family member? \_\_\_\_\_ Yes \_\_\_\_\_ No

