

A Comparison Tool for Choosing an Assisted Living or Residential Care Facility in Oregon

Introduction and instructions

The comparison tool is a series of yes or no questions that may help you decide which facility is right for you. Some of these questions may be more important than others when making this choice. Here are some suggested steps to help you decide:

- 1.** Read Choosing an Assisted Living or Residential Care Facility in Oregon. The guide contains information to help you with your decision, including an explanation of commonly used terms.
(<https://apps.state.or.us/Forms/Served/se9098.pdf>)
- 2.** Assess your care needs using the Aging and Disability Resource Connection (ADRC) assessment form at <https://adrcforegon.org/consite/assessment.php>.
- 3.** Visit the facilities you are interested in. Get their consumer information statement and marketing materials. Complete this comparison tool and use it to take note of your observations and answers to any questions you ask.

Facility Comparison Tool

Answer the following questions with a “Yes” or a “No” for each facility you visit.

Facility questions	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Does the facility seem comfortable to you?	YES NO	YES NO	YES NO
Is the facility close to your family, doctors and friends?	YES NO	YES NO	YES NO
Do you like the facility furnishings and common areas?	YES NO	YES NO	YES NO
Can you see yourself living here?	YES NO	YES NO	YES NO
Do residents act friendly with each other?	YES NO	YES NO	YES NO
Do residents appear well-cared for and content?	YES NO	YES NO	YES NO
Would you feel safe living here?	YES NO	YES NO	YES NO
Did the facility explain their service plan process?	YES NO	YES NO	YES NO
Does the facility offer endorsed memory care?	YES NO	YES NO	YES NO
Will your personal choices such as religious practice and cultural traditions be supported?	YES NO	YES NO	YES NO
Did facility staff ask you about your individual care needs?	YES NO	YES NO	YES NO
Can facility staff meet your care needs? For example, help with bathing, dressing, transferring to and from a bed to a wheelchair, etc.	YES NO	YES NO	YES NO

Facility questions	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Can facility staff meet your nighttime needs? For example, help with using the toilet or with taking your medication, etc.	YES NO	YES NO	YES NO
Do you understand the posted staffing plan?	YES NO	YES NO	YES NO
Has the administrator worked at this facility for more than two years?	YES NO	YES NO	YES NO
Do residents and/or their family members recommend this facility?	YES NO	YES NO	YES NO
Count your “Yes” and “No” answers	_____ YES _____ NO	_____ YES _____ NO	_____ YES _____ NO

Financial and payment issues	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Did the facility give you a copy of its residency agreement (contract) for you to review?	YES NO	YES NO	YES NO
Does the residency agreement have a schedule that spells out costs of specific services?	YES NO	YES NO	YES NO
Did the facility explain their fees, deposits and monthly charges?	YES NO	YES NO	YES NO
Does the facility accept Medicaid payments?	YES NO	YES NO	YES NO
Do you understand the facility’s refund policy?	YES NO	YES NO	YES NO
Did you get a copy of the resident handbook? (Not every facility has one.)	YES NO	YES NO	YES NO
Count your “Yes” and “No” answers	_____ YES _____ NO	_____ YES _____ NO	_____ YES _____ NO

Choice of apartment or room	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Can you have a private bedroom or apartment?	YES NO	YES NO	YES NO
If you are planning to share a room, do you like the facility's roommate policy?	YES NO	YES NO	YES NO
If you do share a room, could you reach the call light from each bed (if applicable)?	YES NO	YES NO	YES NO
Does the facility allow you to bring your own furniture if you chose to?	YES NO	YES NO	YES NO
Count your "Yes" and "No" answers	_____ YES	_____ YES	_____ YES
	_____ NO	_____ NO	_____ NO

Accessibility	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Are halls, doorways and bathrooms wide enough for the use of canes, walkers, wheelchairs and/or scooters?	YES NO	YES NO	YES NO
Are facility bathrooms located near the dining and activity area?	YES NO	YES NO	YES NO
Is there enough room in the dining and activity areas for residents to move around?	YES NO	YES NO	YES NO
Count your "Yes" and "No" answers	_____ YES	_____ YES	_____ YES
	_____ NO	_____ NO	_____ NO

Personal safety issues	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
If you are deaf, hard of hearing or have vision loss, can the facility meet your needs?	YES NO	YES NO	YES NO
Are facility staff easy to identify by a name badge or clothing?	YES NO	YES NO	YES NO
Are you comfortable with the facility's emergency plans and procedures?	YES NO	YES NO	YES NO
Does the facility provide a wearable emergency call system, such as a pendant?	YES NO	YES NO	YES NO
Count your "Yes" and "No" answers	_____ YES _____ NO	_____ YES _____ NO	_____ YES _____ NO

Meals and dining services	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Does the menu have a variety of food choices that you like?	YES NO	YES NO	YES NO
If you tried the food when you visited, did you like it?	YES NO	YES NO	YES NO
If you tried the food, did it arrive to your table in a reasonable amount of time?	YES NO	YES NO	YES NO
Could you order what you want to eat at meal times, even if it is not on the menu?	YES NO NOT SURE	YES NO NOT SURE	YES NO NOT SURE
Can your specific dietary needs and requests be met? For example, no added salt or sugar, gluten free, vegetarian, etc.	YES NO	YES NO	YES NO
Will meals meet your cultural or religious food preferences?	YES NO	YES NO	YES NO
Do residents like the food?	YES NO	YES NO	YES NO

Meals and dining services	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
If you miss regular dining service, do you like the other food choices offered?	YES NO	YES NO	YES NO
If you are sick, can you have your meals delivered to your room without extra charges?	YES NO	YES NO	YES NO
Count your “Yes” and “No” answers	_____ YES	_____ YES	_____ YES
	_____ NO	_____ NO	_____ NO

Activities	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Are there group and/or individual activities offered at the facility that you would enjoy?	YES NO	YES NO	YES NO
During your visit were residents taking part in activities?	YES NO	YES NO	YES NO
Did residents appear to enjoy the activities?	YES NO	YES NO	YES NO
Does the facility take residents on outings that interest you?	YES NO	YES NO	YES NO
Are there cultural and religious activities at the facility that you might enjoy?	YES NO	YES NO	YES NO
Does the facility provide transportation to medical and social activities in the community?	YES NO	YES NO	YES NO
Is there an additional charge if the facility helps to arrange transportation for medical or social activities in the community?	YES NO	YES NO	YES NO
Count your “Yes” and “No” answers	_____ YES	_____ YES	_____ YES
	_____ NO	_____ NO	_____ NO

Special issues	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Could your pet live with you in the facility?	YES NO	YES NO	YES NO
Do you agree with the facility's alcohol policy?	YES NO N/A	YES NO N/A	YES NO N/A
Do you agree with the facility's smoking and vaping policy?	YES NO N/A	YES NO N/A	YES NO N/A
If you have a care need that concerns you, did you like the facility's response about how they would take care of you?	YES NO N/A	YES NO N/A	YES NO N/A
Count your "Yes" and "No" answers	_____ YES	_____ YES	_____ YES
	_____ NO	_____ NO	_____ NO

Explanation of move-out questions

Each facility provides the same basic level of service. However, some facilities offer extra services designed to provide more help if your health declines. It is important to clearly communicate your expectations for care needs and preferences. Facilities may request you move out if they cannot meet your care needs.

The move-out questions below are examples of reasons you could be asked to move out of the facility because of change in your health or behavioral needs. If the facility answers “it depends” to the move out questions, be prepared to have a more thorough discussion about your needs before selecting a facility.

Possible move out questions	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Does the facility provide two-person transfer assistance if you need it, such as from the bed to the chair?	YES NO	YES NO	YES NO
If you have diabetes, can the facility care for you if you need sliding-scale insulin shots?	YES NO N/A	YES NO N/A	YES NO N/A
If you are temporarily confined to bed (for example, for 2–3 weeks), can you stay in the facility?	YES NO	YES NO	YES NO
If you become forgetful or confused and start wandering, can you still live at the facility?	YES NO	YES NO	YES NO
Count your “Yes” and “No” answers	_____ YES _____ NO	_____ YES _____ NO	_____ YES _____ NO

Identify five things that are important to you in choosing a facility

In this section, spend some time identifying five things that are very important to you when choosing a facility. For example, if your five key things are: being able to smoke, have a pet, have vegetarian diet options, have a private room or have your insulin injections, you would fill in the blanks below with those five things.

Five things important to me	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
1. I want: _____ Can the facility provide it?	YES NO	YES NO	YES NO
2. I need: _____ Can the facility provide it?	YES NO	YES NO	YES NO
3. I can't move in unless: _____ Can the facility provide it?	YES NO	YES NO	YES NO
4. Other things important to me: _____ Can the facility provide it?	YES NO	YES NO	YES NO
5. Other things important to me: _____ Can the facility provide it?	YES NO	YES NO	YES NO
Count your "Yes" and "No" answers	_____ YES _____ NO	_____ YES _____ NO	_____ YES _____ NO

Final instructions

Review your responses to the list of questions. Count up the number of “Yes” and “No” answers for each facility. Is there one facility that scores higher than others? Your answers may help you select the facility that meets your needs.

Facility scores	<i>Facility #1</i>	<i>Facility #2</i>	<i>Facility #3</i>
Add up all the “Yes” answers			
Add up all the “No” answers			

The best match for you may be the facility with the most “Yes” answers.

The facility with the most “Yes” answers is:

My notes and thoughts ...

Did you think of additional questions to ask the facility before you decide to move in?
Record your notes and thoughts below.



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