



61476



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Rev. 2006 09 13

PROVIDER SURVEY

This brief survey applies to all types of senior living options. Completing it enables your community to begin matching individuals to your community through the TLChoices Facility Finder at <http://tlchoices.com/finder>.

Please complete and return via fax to **(206) 260-3003**.

1. Community Name _____
(Please print clearly.)

2. Address _____
City _____ State _____ Zip _____

3. Telephone _____ Fax _____

4. E-mail Address _____

5. Name of Owner/Management Company _____

6. Write the minimum price per month for room and board next to each type of community/level of care you provide.

WE CANNOT PROCESS YOUR QUESTIONNAIRE WITHOUT PRICES

Type of Care	Price Per Month	Care type also known as
Nursing Facility	\$ _____ /month	
Assisted Living Community	\$ _____ /month	Residential Care Facility/Personal Care Home
Board and Care Home	\$ _____ /month	Adult Group Home/Adult Family Home/Adult Foster Care
Independent Living Facility	\$ _____ /month	Congregate Housing/Senior Housing/Senior Apartments
Continuing Care Retirement Community	\$ _____ /month	

7. Community License number (if applicable) _____

8. Does the community accept: Medicare Medicaid

9. Does the community accept Managed Care as a form of payment? Yes No

10. If yes, from which company/companies? _____

11. Number of apartments/rooms in the community: _____

12. Which types of rooms/apartments does the community offer? Mark all that apply.

- Private Semi Private/Shared Three or More Persons
- Studio 1 Bedroom 2 Bedroom

13. Which of the following features do the units have?

- Kitchenette Full Service Kitchen Microwave

14. Which of the following can a resident have in his/her apartment/room?

- Private Telephone Television Cable/Satellite Personal Furniture/Decorations

15. Does the community offer parking for resident owned vehicles?

- Yes, covered Yes, uncovered No Parking Available

16. Is the community near a bus route? Yes No

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17. Is the community capable of handling any of the following?

- Blind residents
- Deaf residents
- Residents in wheelchairs

18. Does the community provide any of the following specialty care?

- Alzheimer's Disease Care
- Respite Care
- Hospice Care
- Parkinson's Disease Care

19. Does the community primarily specialize in any of the following?

- Mental Health
- Substance Abuse
- Developmental Disabilities

20. Which of the following services does the community provide or arrange for onsite?

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Respiratory Therapy
- Mental Health Services

21. Can your facility offer or arrange for any of the following onsite?

- Oxygen (40% by mask)
 - On-site Dialysis
 - Secure Dementia Unit
 - Tube Feeding
 - Hemodialysis
 - Wandering Accommodation
 - Peg Tube Feeding
 - Peritoneal Dialysis
 - HIV Accommodation
 - TPN
 - IV Therapy
 - MSRA Accommodation
 - Bariatric Services
 - Wound Care
 - VRE Accommodation
 - Wander Guards
 - Wound Vac
 - C-Diff Accommodation
 - Ventilator
- } Contagious bacterial infections

22. Can residents be on oxygen? Yes No

23. Does the community provide pharmacy services? Yes No

24. Does the community have an RN/LPN on-site at all times? Yes No

25. How many meals does the community serve a day (not including snacks)? 1 2 3 4+

26. Are snacks available between meals? Yes, staff made Yes, resident made No

27. Is the community capable of serving special diets? (mark all that apply)

- Soft Foods
- Low Sodium
- Low Fat
- Diabetic
- Vegetarian
- Kosher
- Low Residue

28. Does the community provide regular and on-going transportation to any of the following?

- Medical Appointment
- Dialysis Center
- Wound Care Center
- Dental Appointment
- Shopping/errands
- Religious Services

29. Does the community offer any of the following amenities?

- Computer
- Piano
- Banking Services
- Overnight Guest Accommodations
- Library
- Woodshop
- Swimming Pool
- Individual E-Mail Access
- Garden
- TV Lounge
- Gym
- Separate Family Visiting Area
- Billiards
- Sauna
- Whirlpool/Spa
- Health and/or Exercise Program
- Private Dining
- Storage
- Gift Shop
- Guest Dining
- Walking Paths
- Beauty/Barbershop

30. Does the Community offer any of the following activities?

- Music
- Cooking/baking
- Gardening
- Touch/Sensory Therapy
- Television
- Exercise
- Guest Speakers
- Educational Programs
- Reading/Stories
- Holiday Parties
- Pet Therapy
- Activities especially for men
- Bingo
- Computer Classes
- Music Therapy
- Active Residents Council
- Card Games
- Arts & Crafts
- Volunteer Opportunities
- Cultural Events
- Recreational Outings
- Family Council

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31. Does the community offer the following languages/language services?

- Cambodian German Laotian Tagalog
- Chinese (Cantonese) Italian Romanian Vietnamese
- Chinese (Mandarin) Japanese Russian Yiddish
- French Korean Spanish Interpreter Services

32. Is the community affiliated with any of the following religions?

- Baptist Episcopal Lutheran Presbyterian
- Buddhist Jewish Muslim No Affiliation
- Catholic Hindu Other Christian

33. Are partners/spouses able to share an apartment/room? Yes No

34. Can residents have pets in the community? Yes No

35. Can pets visit? Yes No

36. Are there restrictions on children visiting? Yes No

37. If applicable, is the family allowed to take a resident on an outing off site? Yes No

38. Does the community have a smoking policy?

- Smoking is not allowed Smoking allowed in designated areas No policy in place

39. Does the community have an alcohol policy?

- Alcohol is not allowed Alcohol is allowed in moderation No policy in place

When a hospital discharge planner sends you a referral you will be notified immediately via a pager or cell phone text message. Please provide your pager/cell phone information below:

Referrals:

Name

Pager Number for hospital referrals

Title

Pager Company (Verizon, AT&T, etc.)

Fax Number

Please Select One:

- Numeric Pager
- Alphanumeric Pager
- Cell Phone

Submitted By:

Name

Signature

Title

____ / ____ / ____
Date (mm/dd/yyyy)

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