NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Final Rule Checklist

ONSITE VISIT INFORMATION	
Assisted Living name:	
Resource Developer:	
Onsite Visit Date:	

POLICY REVIEW		YES	NO
1.	Are the individuals able to independently enter and leave the building at any time?	☐	☐
2.	Are the individuals able to choose to come and go without a required scheduled return?	☐	☐
3.	Are the individuals able to have visitors at a time of their choosing?	☐	☐
4.	Are visitors allowed to stay overnight without restrictions?	☐	☐
5.	Do the individuals have a choice in where they sit in the dining room?	☐	☐
6.	Are individuals able to eat privately, if they choose?	☐	☐
7.	Are the individuals able to choose their own provider (ex: pharmacy)?	☐	☐
8.	Do the individuals choose their wake/sleep times?	☐	☐
9.	Do the individuals choose their bath times and frequency?	☐	☐
10.	Does the assisted living follow the HCBS policy which provides for multiple occupancy only on an exceptional basis?	☐	☐
11.	If the individual would like to work is their activity that ensures that the option is pursued?	☐	☐

OBSERVATION REVIEW	YES	NO
1. Are there gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	☐	☐
2. Are appliances accessible to individuals and are able to use them?	☐	☐
3. Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?	☐	☐
4. Do staff protect information about the individuals' care by not posting their information and/or discussing their services in public?	☐	☐
5. Are the individuals' privacy protected during medication distribution?	☐	☐
6. Do individuals have a means of private conversation, including the use of a facility phone or computer in a private area, for those without their own means of communication?	☐	☐
7. Are individuals' nails trimmed and clean?	☐	☐
8. Are individuals wearing bathrobes all day long?	☐	☐
9. Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?	☐	☐
10. Do the individuals have access to materials to learn of activities in the community?	☐	☐
11. Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?	☐	☐
12. Does staff address individuals in a manner in which the person would like to be addressed as opposed to routinely addressing individuals as "hon" or "sweetie"?	☐	☐
13. Are individuals moving about inside and outside the setting as opposed to sitting by the front door?	☐	☐
14. Are bus and other transportation schedules and telephone numbers posted in a convenient location (where applicable)?	☐	☐
15. Is information about filing a complaint posted in an obvious location and in an understandable format?	☐	☐
16. Do the individuals in the setting have different haircut/hairstyle and hair color?	☐	☐
17. Does the individual converse with others during meal times?	☐	☐
18. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates, and cups?	☐	☐
19. Are the individuals able to furnish and decorate their apartments as they choose?	☐	☐
20. Are the apartment doors lockable by the individual?	☐	☐
21. Are apartments for Medicaid individuals distributed throughout the assisted living?	☐	☐

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