

**Instructions for Completing the
Assisted Living Facility Disclosure Statement
Required by the Virginia Department of Social Services**

The Assisted Living Facility Disclosure Statement is required by the *Standards for Licensed Assisted Living Facilities (22 VAC 40-72)*. The statement discloses information about the facility and must be on the attached form developed by the Virginia Department of Social Services (VDSS). Please refer to 22 VAC 40-72-60 in the standards to be sure that you are aware of all the requirements relating to the disclosure statement.

The disclosure statement form (032-05-0849-3-eng [04/16]) starts on the page after these instructions. There are two versions of the form on the VDSS website. To complete the form electronically or adjust the spacing, use the Microsoft Word (Doc) version. If you would like to print the document for completion manually, use the PDF version.

The following instructions are to be followed when completing the disclosure statement form:

- All items on the disclosure form are required to be completed by the facility in the exact order as presented.
- No additional topics or items may be added to the form, other than letterhead information on the top (before the title), such as facility address, phone number, fax number, website, or logo.
- Information must be fully and accurately disclosed in plain language, easily read, and typewritten in at least 12-point type.
- Information must be kept current.

The pages in the Microsoft Word (Doc) version have numbers that will automatically increase as the document lengthens.

Please contact your Licensing Inspector if you have any questions about the disclosure statement form.

**DO NOT ATTACH THESE INSTRUCTIONS TO THE
DISCLOSURE STATEMENT**

Assisted Living Facility Disclosure Statement Required by the Virginia Department of Social Services

The *Standards for Licensed Assisted Living Facilities* requires each assisted living facility to provide a statement to prospective residents and legal representatives, if any, that discloses information about the facility. The disclosure statement must also be provided to residents or their legal representatives upon request and made available to the general public.

I. General Information About the Facility

- **Name of the facility:**

- **Name of the licensee:**

- **Ownership structure, i.e., individual, partnership, corporation, limited liability company, unincorporated association or public agency:**

- **Names of any other assisted living facilities for which the licensee has a current license issued by the Commonwealth of Virginia:**

- **Name of the management company that operates the facility, if other than the licensee:**

- **Licensed capacity:**

- **Description of the characteristics of the resident population, such as general information on gender, age, medical conditions, mental status, special populations, and social or other relevant descriptors:**

- Requirements or rules regarding resident conduct and other restrictions and special conditions:

II. Accommodations, Services and Fees

- Accommodations, services, and care included in the base fee:

- Amount of the base fee: (If there is more than one base fee, list each separately and specify the accommodations, services and care provided for each fee.)

- Additional accommodations, services, and care not included in the base fee and the fee for each:

- **Amount of advance or deposit payment:**
- **Refund policy for advance or deposit payment:**
- **Policy regarding increase in charges and length of time for advance notice of intent to increase charges:**

III. Admission, Transfer and Discharge Criteria

- **Criteria for admission to the facility and any restrictions on admission:**
- **Criteria for transfer of a resident to a different living area within the same facility, including transfer to another level, gradation, or type of care within the same facility or complex:**
- **Criteria for discharge from the facility, including actions, circumstances, or conditions that would result or may result in discharge of the resident:**

IV. General Number, Functions and Qualifications of Staff on Each Shift

Shift (list times of shift)	Total Number of Staff Per Shift	Number of Staff Providing Direct Care Per Shift	Functions of Staff Per Shift (for example, personal care, activities, housekeeping)	Qualifications of Staff Per Shift (for example, RN, LPN, CNA, dietitian)

V. Activities Provided for Residents

- **Range/categories of activities: (Specify types of activities and note whether all activities are available to all residents or what, if any, limitations are placed on participation in specified activities. Note whether participation in certain activities is geared to a particular group of residents.)**

- **Frequency of activities (average number of total activities per week):**

- **Average number of different types of activities per week:**

VI. Liability Insurance Disclosure

(Facility must indicate yes or no below)

This facility maintains liability insurance that provides at least \$500,000 per occurrence and \$500,000 aggregate, which is the minimum amount of coverage established by the State Board of Social Services for disclosure purposes, to compensate residents or other individuals for injuries and losses from the negligent acts of the facility.

_____ Yes

_____ No

VII. Additional Information

- Names of contractors, if used, providing essential services to residents are available upon request. (Examples of essential services are staffing, pharmacy, health care and food/dining.)
- Additional information about the facility may be obtained from the Virginia Department of Social Services' website, <http://www.dss.virginia.gov>. The information on the website includes type of license, special services, and compliance history after July 1, 2003.