

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 40-73)*. 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 40-73-50 in the standards to be sure that you are aware of all the requirements relating to the disclosure statement.

The disclosure statement form (032-05-0849-05-eng (02/19)) 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 are instructions for 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.
- The prospective resident or his legal representative must initial at the bottom of each page.
- 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. Upon request, the disclosure statement must also be provided to residents or their legal representatives and made available to the general public.

I. General Information About the Facility

- **Name of the facility:**
- **Name of the licensee:**
- **Ownership structure, e.g., individual, partnership, corporation, limited liability company, unincorporated association or public agency:**

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:**

III. Admission, Transfer and Discharge Criteria

- **Criteria for admission to the facility and restrictions on admission:**
- **Criteria for transfer of a resident to a different living area within the same facility, including transfer to another level or type of care within the same facility or complex:**
- **Criteria for discharge from the facility:**

IV. Activities Provided for Residents

- **Categories of activities: (Specify types of activities and note whether all activities are available to all residents or what, if any, limitations are**

Initials _____

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:

V. General Number, Position Types, 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	Position Types of Staff Per Shift (for example, personal care, activities, housekeeping)	Qualifications of Staff Per Shift (for example, RN, LPN, CNA, dietitian)

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 negligent acts of the facility.

_____ Yes

_____ No

VII. Additional Information

- Additional information about the facility that is included in the resident agreement is available upon request.
- Additional information about the facility may be obtained from the Virginia Department of Social Services' website, <http://www.dss.virginia.gov>.