

QUESTIONS TO ASK WHEN VISITING A COMMUNITY

COMMUNITY
VISITED

DATE
VISITED

ADDITIONAL
OBSERVATIONS

Seniors
guide™

Helping Families Make the Best Choices

WHAT TYPES OF CARE LEVELS DO YOU OFFER?

- | | | |
|--|---|--|
| <input type="radio"/> Independent Living | <input type="radio"/> Life Plan Community | <input type="radio"/> Physical Therapy |
| <input type="radio"/> Assisted Living | <input type="radio"/> Long-Term Care | <input type="radio"/> Speech Therapy |
| <input type="radio"/> Memory Care | <input type="radio"/> Respite Care | <input type="radio"/> Occupational Therapy |
| <input type="radio"/> Skilled Nursing Care | <input type="radio"/> Rehabilitation Care | <input type="radio"/> Respiratory Therapy |
| <input type="radio"/> Residential Care Homes | | |

COSTS:

Is there an entrance fee? _____ How much? _____

What is the daily / weekly / monthly fee?



What is included in the daily / weekly / monthly fee?



What services are provided at additional costs?



PAYMENT METHODS ACCEPTED:

- ☐ Private Pay
☐ Private Insurance
☐ Long Term Care Insurance
☐ Medicare
☐ Medicaid
☐ Other

Do you have a volunteer program? ☐ YES ☐ NO

ACTIVITIES:

Do you have an activity program? ☐ YES ☐ NO

Do you have an Activities Director? ☐ YES ☐ NO

Is family encouraged to participate? ☐ YES ☐ NO

Are the activities posted? ☐ YES ☐ NO

Is there a common area with a TV? ☐ YES ☐ NO

Is there a beauty / barber shop on-site? ☐ YES ☐ NO

PEOPLE:

Is there staff around? ☐ YES ☐ NO

Is the staff friendly and helpful? ☐ YES ☐ NO

Is the staff accessible to residents and their families? ☐ YES ☐ NO

Is there someone available 24 hours a day? ☐ YES ☐ NO

FOOD / MEALS:

Do you offer snacks? ☐ YES ☐ NO

Do you provide help with eating and dietary needs? ☐ YES ☐ NO

Are residents given a second helping if requested? ☐ YES ☐ NO

Is the dining area clean and well furnished? ☐ YES ☐ NO

Ask the current residents if they enjoy their meals.



ADDITIONALLY:

Emergency procedures?



Staff response time?



Evacuation procedures?



Is there a convenient location for family members to be a part of the resident's care?



Do the residents have access to an emergency pull cord system? ☐ YES ☐ NO

Is there a controlled entry system? ☐ YES ☐ NO

Does the facility look generally clean? ☐ YES ☐ NO

Is it free of unpleasant odors? ☐ YES ☐ NO

Do the residents appear happy with their environment? ☐ YES ☐ NO

Do they provide scheduled transportation for shopping, banking, doctor visits, etc?

