



aPlaceforMom.

PLANNING

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Community Touring Notes

When calling or visiting a prospective senior living community, use this checklist to keep notes, compare communities and get answers to important questions.

OBSERVATIONS

	Community 1	Community 2	Community 3
You are greeted and feel welcome	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff members are kind and caring to residents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff call residents by name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff and residents are well-groomed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residents appear engaged and happy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Meals are nutritious and appealing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residence is clean and scent-free	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The layout and floor plan make rooms and communal spaces easy to find	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
There is a robust set of activities that your loved one will enjoy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exits are clearly marked	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Handrails are available throughout hallways	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Temperature is comfortable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lighting is good	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SAFETY QUESTIONS

	Community 1	Community 2	Community 3
Is an individual plan of care maintained for each resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the residents and families included in the process of preparing care plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a physician who visits the facility regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can staff administer medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

What is the policy for handling medical emergencies? _____

What additional services are available if the needs of a resident change? _____

Who coordinates outside care-provider visits? _____

LEGAL & FINANCIAL QUESTIONS

	Community 1	Community 2	Community 3
Are there pricing incentives, move-in specials, or other financial enticements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are residents required to carry renter's insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an appeals process for dissatisfied residents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the monthly fees negotiable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

How long is the wait-list? _____

How are the monthly fees charged and calculated? _____

Are there additional fees? If so, what are they? _____

You've completed tours of some senior living communities -- now what? Share what you've learned! Engage with another family member to discuss each property, and call your Advisor to discuss which properties you like and how to handle the conversation with your loved one.

Community Touring Notes

OBSERVATIONS

Name of Community 1:	Name of Community 2:	Name of Community 3:
Community Address:	Community Address:	Community Address:
Contact Name:	Contact Name:	Contact Name:
Contact Phone:	Contact Phone:	Contact Phone:
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SAFETY QUESTIONS

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LEGAL & FINANCIAL QUESTIONS

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SENIOR SAFETY & WELL-BEING CHECKLIST

Visiting Older Loved Ones Who Live Alone

If you're visiting an older adult who lives alone, you can use this checklist to evaluate their level of home safety and gauge their general well-being.

Food, Nutrition & Kitchen Safety

- YES** **NO** Does she keep a well-stocked pantry and a variety of fresh fruit and vegetables on hand?
- YES** **NO** Is he aware of foods that may interact adversely with his medications?
- YES** **NO** Is she able to buy groceries independently, or, if not, is she using a grocery delivery or a meal delivery service?
- YES** **NO** Is there expired or rotten food in the refrigerator?
- YES** **NO** Can he prepare a meal without assistance?
- YES** **NO** Can she easily operate a microwave?
- YES** **NO** Does he have a healthy appetite?

Notes

Communication & Cognitive Function

- YES NO Does she recognize family and friends?
- YES NO Can he hold a coherent conversation?
- YES NO Does she show any atypical signs of memory loss?
- YES NO Has he ever gotten lost in the community or experienced an episode of confusion?
- YES NO Can she clearly communicate needs?

Medications & Health Status

- YES NO Has he visited a dentist, optometrist or physician in the past year?
- YES NO If she wears glasses, are the glasses in good shape?
- YES NO Does he show any signs of poor vision, such as squinting or sitting too close to the TV?
- YES NO Is she maintaining a healthy, consistent weight? Have you noticed any weight loss?
- YES NO Are you aware of what medications and supplements he is taking?
- YES NO Is she taking medications as directed?
- YES NO If he is self-administering medical treatment such as oxygen, injections or wound-care, is it being monitored and managed effectively?

Notes

Mobility & Functioning

- YES** **NO** Is she able to walk independently indoors and outdoors? Does she have a steady gait and appear stable when walking?
- YES** **NO** Are any canes, walkers, scooters or other aids in good shape and being used effectively?
- YES** **NO** Is he free of signs that may indicate a recent fall such as bruising or scratches?
- YES** **NO** If she is still driving, does she have a current driver's license? Is she driving safely?

- YES** **NO** If she is not driving, is she able easily arrange for transportation as needed?
- YES** **NO** If there are stairs in the home, is he able to walk up and down safely?
- YES** **NO** Is she able to retrieve mail and newspapers safely?
- YES** **NO** Is he able to get in and out of bed safely?

Notes

House & Home Safety

- YES** **NO** Is the home well-lit, easy to navigate and free of fall risks, such as open extension cords and loose rugs?
- YES** **NO** Are working night lights placed appropriately throughout the house?
- YES** **NO** Are the electrical systems -- fans, space heaters and central heating and cooling -- functioning properly and safely?
- YES** **NO** Is the house reasonably clean and tidy? Is the house stocked with dish soap, laundry soap and other cleaning supplies?
- YES** **NO** Are the fire extinguishers, carbon monoxide detectors and smoke detectors functioning?
- YES** **NO** Is there a phone or emergency call system easily accessible in all rooms?
- YES** **NO** Are his pets being cared for adequately?
- YES** **NO** Do interior stairs have railings on both sides?
- YES** **NO** Are the trash bins picked up and managed properly?

Notes

Bathroom Safety

- YES** **NO** Is she able to use the toilet independently and safely?
- YES** **NO** Are incontinence supplies being disposed of properly?
- YES** **NO** Is he able to transfer into the bath or shower safely?
- YES** **NO** Does the bathroom have stable and secure grab bars?
- YES** **NO** Does the bath or shower have a no-skid mat or strips?
- YES** **NO** Is the bathroom clean?

Notes
