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 ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Staff members are kind and caring to residents	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Staff call residents by name	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Staff and residents are well-groomed	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Residents appear engaged and happy	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Meals are nutritious and appealing	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Residence is clean and scent-free	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
The layout and floor plan make rooms and communal spaces easy to find	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
There is a robust set of activities that your loved one will enjoy	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Exits are clearly marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Handrails are available throughout hallways	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Temperature is comfortable	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Lighting is good	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

SAFETY QUESTIONS	Community 1	Community 2	Community 3
Is an individual plan of care maintained for each resident?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Are the residents and families included in the process of preparing care plans?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Is there a physician who visits the facility regularly?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Can staff administer medications?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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 ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Are residents required to carry renter's insurance?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Is there an appeals process for dissatisfied residents?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Are the monthly fees negotiable?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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:

SAFETY QUESTIONS

LEGAL & FINANCIAL QUESTIONS

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