

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
You are greeted and feel welcome	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"/>
Staff call residents by name	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"/>
Residents appear engaged and happy	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"/>
Residence is clean and scent free	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The layout and floor plan make room and community spaces easy to find	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"/>

SAFETY QUESTIONS	Community 1	Community 2
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"/>
Are the resident and families included in the preparation of the plan of care?	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"/>

What is the policy about handling a medical emergency? _____

Who coordinates outside care provider visits? _____

LEGAL AND FINANCIAL QUESTIONS	Community 1	Community 2
Are residents required to carry renter's insurance?	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"/>
Are the monthly fees negotiable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>

How long is the waitlist? _____

How are the monthly fees charged and calculated? _____

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

Community Touring Notes

OBSERVATIONS

Name of Community 1: _____
Community Address: _____
Contact Name: _____
Contact Phone: _____

Name of Community 2: _____
Community Address: _____
Contact Name: _____
Contact Phone: _____

SAFETY QUESTIONS

LEGAL AND FINANCIAL QUESTIONS

