

SENIOR CARE RESIDENCES

“QUESTIONS TO ASK”

COMPARISON WORKSHEET

VISIT YOUR TOP THREE RESIDENCES TO COMPARE AND CHOOSE

The following is a questionnaire of services, amenities and accommodations for senior residences. Making the right choice is easier when you thoroughly evaluate residences using these criteria.

DURING YOUR VISIT

Not all questions will be relevant to your particular situation based on whether an independent, assisted living or retirement community is being chosen. Every residence is unique. We recommend making several visits, at various times of day, to each residence you are considering. Ask for written material. Assisted Living Federation of America (ALFA) recommends that all providers have a written statement of their resident agreement outlining, at a minimum, services, prices, extra charges, admission and discharge criteria, staffing and house rules.

ASSESS YOUR NEEDS

As you start your search, it is important to assess your needs as they are now and ask each provider how they might accommodate any changes over time. It also is important to examine your finances and ask about costs. Monthly rates and fee structures vary.

Most of all, if you are seeking a residence for someone who cannot visit the residence personally, it is important to respect their needs and wishes by including them in the process as much as possible. The result will be their greater satisfaction.

TOP THREE CHOICES

Fill in the information below for each senior residence you visit.

On the following pages, circle Y or N for each question. On the last page fill in dollar amounts for fees associated with services. This worksheet will give you a direct comparison for up to three senior care residences.

1	Residence Name: _____ Address: _____ Administrator's Name: _____ Admission Person's Name: _____ Date / Time of Visit: _____ Phone: _____ E-mail / Website: _____
2	Residence Name: _____ Address: _____ Administrator's Name: _____ Admission Person's Name: _____ Date / Time of Visit: _____ Phone: _____ E-mail / Website: _____
3	Residence Name: _____ Address: _____ Administrator's Name: _____ Admission Person's Name: _____ Date / Time of Visit: _____ Phone: _____ E-mail / Website: _____

RESIDENCE ONE	RESIDENCE TWO	RESIDENCE THREE	
Y N	Y N	Y N	ATMOSPHERE
Y N	Y N	Y N	Is the residence location and decor attractive and pleasing?
Y N	Y N	Y N	Does the administrator/staff call residents by name and interact warmly with them as you tour the residence?
Y N	Y N	Y N	Do residents socialize with each other / involved in activities?
Y N	Y N	Y N	Do residents appear to be properly groomed, dressed & healthy?
Y N	Y N	Y N	Are you able to talk with residents about their likes and dislikes?
Y N	Y N	Y N	Are staff appropriately dressed, personable, friendly and outgoing?
Y N	Y N	Y N	Are staff members attentive to residents' needs in a timely manner?
Y N	Y N	Y N	Do staff members seem knowledgeable and competent?
Y N	Y N	Y N	Is the staff-to-resident ratio sufficient to meet resident's needs?
			FACILITY FEATURE
Y N	Y N	Y N	Is the floor plan easy to follow?
Y N	Y N	Y N	Are doorways, hallways and rooms accommodating to wheelchairs and walkers?
Y N	Y N	Y N	Are handrails available?
Y N	Y N	Y N	Is the residence clean, free of odors, appropriately heated and cooled and well lit?
Y N	Y N	Y N	Does the residence have sprinklers, smoke detectors & clearly marked, unobstructed exits?
Y N	Y N	Y N	Does the residence have a written emergency plan available? (Medical, fire, hurricane)
Y N	Y N	Y N	Is there 24-hour security?
Y N	Y N	Y N	Is there 24-hour on-site management?
Y N	Y N	Y N	Are rooms available for private occasions / parties?
Y N	Y N	Y N	Are guest accommodations available? Gratis or extra charge?
			HEALTHCARE & PERSONAL CARE
Y N	Y N	Y N	Is self-administration of medication allowed?
Y N	Y N	Y N	Does a physician or nurse visit regularly to provide checkups?
Y N	Y N	Y N	Is there a written plan for the care of each resident?
Y N	Y N	Y N	Does the residence have a process for assessing a potential resident's need for services and are they addressed periodically?
Y N	Y N	Y N	Does this process include the resident, their family and facility staff along with the resident's physician?
Y N	Y N	Y N	Does the residence have a means of security for wanderers?
			FOOD SERVICE (ASK FOR A MENU)
Y N	Y N	Y N	Does the residence provide three nutritionally balanced meals a day, seven days a week?
Y N	Y N	Y N	Are snacks available?
Y N	Y N	Y N	May a resident request special foods? Prescribed diets?
Y N	Y N	Y N	Are common dining areas available? May they sit anywhere?
Y N	Y N	Y N	May residents eat meals in their units?
Y N	Y N	Y N	Are there set times for meals? Available anytime?
Y N	Y N	Y N	Are meals available for friends or guests? Gratis or extra charge?
Y N	Y N	Y N	Are there meal choices?

RESIDENCE ONE	RESIDENCE TWO	RESIDENCE THREE	
			INDIVIDUAL UNIT
Y N	Y N	Y N	Are different sized and types of units available?
Y N	Y N	Y N	Are units for single and is double occupancy available?
Y N	Y N	Y N	Do residents have their own lockable doors?
Y N	Y N	Y N	Is a 24-hour emergency response system accessible from the unit?
Y N	Y N	Y N	Are residents able to bring their own furnishings for their unit and what may they bring? What is provided? May they decorate?
Y N	Y N	Y N	Do all units have a telephone & cable TV & how is billing handled?
Y N	Y N	Y N	Is a kitchen area/unit provided with a refrigerator, sink and cooking element?
Y N	Y N	Y N	May residents keep food in their units?
Y N	Y N	Y N	May residents smoke in their units? In public spaces?
Y N	Y N	Y N	Are bathrooms private or shared? If shared, by how many?
Y N	Y N	Y N	Do bathrooms have grab bars in showers and raised toilets?
Y N	Y N	Y N	Is a roll-in shower available?
Y N	Y N	Y N	Do residents control the A/C and heat in their units?
			SOCIAL & RECREATIONAL ACTIVITIES (ASK FOR AN ACTIVITIES CALENDAR)
Y N	Y N	Y N	Is there evidence of an organized activities program, posted schedule, events in progress, reading materials, etc.?
Y N	Y N	Y N	Are residents participating in activities?
Y N	Y N	Y N	Are residents' pets allowed? Who is responsible for their care?
Y N	Y N	Y N	Does the residence have its own pets?
Y N	Y N	Y N	Are visitation hours reasonable?
Y N	Y N	Y N	Are activities/entertainment offered outside of the building? Costs?
Y N	Y N	Y N	Are activities/entertainment brought into the building?
Y N	Y N	Y N	What religious services are available at the facility?
			FEES, NEEDS & CONTRACTS
Y N	Y N	Y N	Can you obtain all forms requiring signatures?
Y N	Y N	Y N	Is there a lease contract?
Y N	Y N	Y N	May a contract be terminated and what are the refund policies?
Y N	Y N	Y N	Are there any government, insurance or private programs available to help cover the cost of services?
Y N	Y N	Y N	Are additional services available if the resident's needs change?
Y N	Y N	Y N	Are there different costs for various levels of care, or is cost all inclusive of care services?
Y N	Y N	Y N	Do billing, payment and credit policies seem fair and reasonable?
Y N	Y N	Y N	Is there an appeals process for dissatisfied residents?
Y N	Y N	Y N	Is there a cap on which the monthly rate can be increased?
Y N	Y N	Y N	Is there assistance if I run out of money?
			Under what circumstances would I have to move out of facility?
Y N	Y N	Y N	Incontinence?
Y N	Y N	Y N	Dementia?
Y N	Y N	Y N	Need for someone to give me my medications/injections?

RESIDENCE ONE	RESIDENCE TWO	RESIDENCE THREE	
Y N	Y N	Y N	Needing more help than I do now?
			Entrance Fee: (if applicable) \$ _____ \$ _____ \$ _____
			Deposit: (if applicable) \$ _____ \$ _____ \$ _____
			Monthly Rate: private rm/apt. \$ _____ \$ _____ \$ _____
			Monthly Rate: shared (pp) \$ _____ \$ _____ \$ _____
			Does Monthly Rate Include: _____ If No, the Extra Cost is:
Y N	Y N	Y N	3 meals and snacks per day? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Weekly housekeeping? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Making bed daily? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Washing linens? (sheets & towels) \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Personal laundry? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Parking space for my car? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Transportation to medical appts? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Transportation to shopping? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Telephone service? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Cable TV? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Help with medications? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Help with bathing? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Help with dressing/grooming? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Help with incontinence? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Help with eating? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Help for dementia? \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Misc.: \$ _____ \$ _____ \$ _____
Y N	Y N	Y N	Misc.: \$ _____ \$ _____ \$ _____
			Total Monthly Cost of Extras: \$ _____ \$ _____ \$ _____
			Total Monthly Cost: \$ _____ \$ _____ \$ _____

Write in the main advantages and disadvantages of the residences toured and circle how each residence rated from poor to excellent.

	ADVANTAGES	DISADVANTAGES	Overall Rating
1			Excellent Good Fair Poor
2			Excellent Good Fair Poor
3			Excellent Good Fair Poor