Senior Home Search... Senior Home Tour Checklist *

Instructions: Print a blank checklist for each facility you are considering. Complete it as you move through the selection process. Updated 12/9/2023.

Facility Name:			
Address:			
Phone Number:	Contact:		<u> </u>
The Phone Call		Yes	No
Are all rooms private?			
How many beds / bed rooms are in the facility?			
Is there a waiting list? If so, how long?			
Are visitors allowed anytime?			
Is the facility within my budget?			
Is the facility licensed?			
What is the caregiver-to-resident ratio?			
Is there a written care plan for each patient?			
What role does the resident and family have in deve	loping the care plan?		
Can residents choose their own doctors, therapists, a	nd pharmacies?		
Notes:			

Your Visit

Date Visited:								Tin	Time:	
Day – Circle:	Mon	Tue	Wed	Thur	Fri	Sat	Sun			
General Ques	tions:							Yes	No	
Is the facility Lice	ense <u>clearly displ</u>	ayed in t	the home	and <u>up to</u>	date?					
Is the facility clea	n?									
Is the facility chec	erful? Brightly lit	t?								
Do you feel good	about the facility	<i>y</i> ?								
Is the facility con	veniently located	for fam	ily and lo	ved ones	to visit	?				
Are linens/laundr	y provided?									
Is laundry include	ed in price?									
Is there enough gr	uest parking avai	lable?								
Is the facility loca	ited in a safe neig	ghborhoo	od?							
Circle Common	Areas that are a	vailable	for use l	y reside	nts.					
Living Room [Dinning Room	Library	Snac	k Area	Den	Gan	ne room			
Other Common	Areas:									
								Yes	No	
Safety Questi	ons:									
Is the entire facili	ty accessible to w	valkers a	nd wheel	chairs?						
Are the stairs and	hallways well lit	t?								
Do rooms and bat	throoms have har	ndrails ar	nd call bu	ttons?						
Are there safety le	ocks on the doors	s and wir	ndows?							
Are there security	and fire safety s	ystems?								
Is there an emerge	ency generator or	r alternat	e power s	ource?						
Is the floor plan le	ogical and easy to	o follow	?							
Are rooms large e	enough for a resid	dent's ne	eds?							

Is the kitchen clean, organized? Are the appliances in good condition and working?		
Are there smoke detectors, sprinklers and fire extinguishers to cover the entire facility?		
Are there clearly marked, unobstructed and accessible exits?		
Are the floors non-skid?		
Safety Questions: (cont.)	Yes	No
Are there door alarms and good security in the event that a resident wanders?		
Is there a readily-available doctor or nurse, or a nearby hospital in case of health emergencies or accidents?		
Does the facility provide families with updates regarding the resident's status and condition regularly and/or if necessary?		
Staff / Licensing:		
Are there enough staff/caregivers? Are they readily available 24/7 to assist seniors if necessary?		
Are the staff members presentable and friendly?		
Are the staff/caregivers qualified to care for seniors?		
Are the staff/caregivers trained to handle emergency situations/conditions of seniors?		
Does the facility do a background check of their staff?		
What is the caregiver-to-resident ratio (ask one of the staff this one)?		1
Comfort for the Residents:		
Does the facility maintain a comfortable temperature for its residents?		
Is the facility maintained and clean inside and outside?		
Does the facility give off a home-like feel or have a friendly atmosphere?		
Are the individual rooms and bathrooms clean?		
Are there options in terms of room size and number of occupancy?		
Does the facility have comfortable and decent furnishings? Can guests bring their own furniture?		
Is there enough storage space?		
Is the room equipped with basic appliances or electronic equipment (like TV, cable, radio, internet, telephone)?		
Can residents come and go at will?		
Can residents have pets?		
Where do residents relax during the day? Are there recliners or are wheelchairs used?		

How often does the doctor or nurse check on the seniors?		
Meals:	Yes	No
Does the facility offer nutritionally-balanced meals three times a day / seven days a week?		
Does the food selection vary from day-to-day, meal-to-meal?		
Does the facility have snacks available?		
Can the facility accommodate special diets/meal requests?		
Does the facility follow a meal schedule or can they eat anytime?		
Activities and Services:		
Does the facility offer organized activities?		
Are there activities organized outside the facility?		
Are there exercise or health programs available?		
Does the facility offer Religious/Spiritual services?		
Does the facility offer transport services if seniors need to go to the bank, church, grocery, etc.? Is a wheelchair van available?		
Does the facility offer arrangements for delivery of prescriptions or other medical supplies if necessary?		
The Contract:		
Is the contract easy to read? Easy to understand?		
What are the entrance / move in fees?		
What is the monthly rent?		
What is the security deposit?		
Are deposits refundable?		
What are the types of insurance accepted by the facility?		
Medicare Medicaid Medigap Long Term Care Private Insurance		
Other:		
Circle the utilities that are included		
Heat Electricity Gas Telephone Long Distance Calls Cable TV Intern	net	
Other:		

The Contract: (cont.)				
How does the facility bill for services?				
How are rate increases handled?				
How are late payments handled?				
What happens if a resident runs out of money?				
Under what conditions would a resident have to leave the facility?				
Contract: Additional Services	Additional Fee			
What specific Additional Services are available?				
Age in place – Hospice Care / Remain until passing (example)				
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