CARE Connection
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SENIOR LIVING TOUR & COMPARISON GUIDE

Questions to ask. Things to notice. Space to take notes.

Community Name: _____ **Date of Tour:** _____

Address: _____ **Person I Met With:** _____

Phone / Email: _____ **Type of Community (Check one):** ☐ IL ☐ AL ☐ MC

1. COST & CONTRACT

- ☐ What is included in the monthly price? _____
- ☐ What costs extra? _____
- ☐ How often can rates increase? _____
- ☐ What could trigger a care-level increase? _____
- ☐ Move-in / community fee: $_____
- ☐ Estimated monthly total: $_____
- ☐ Refund or buy-out policy if my loved one moves out: _____

2. CARE & SUPPORT (Applicable to AL & MC)

- ☐ How are care needs assessed? _____
- ☐ Can additional services be added? How? _____
- ☐ How is medication managed? _____
- ☐ What is the typical staff-to-resident ratio? _____
- ☐ What is the response time when assistance is requested? _____
- ☐ How are changes in condition communicated to families? _____

3. STAFFING & AVAILABILITY

- ☐ What staff are available during the day? _____
- ☐ Staff available overnight? If so, who? _____
- ☐ Is a nurse on-site? Days / hours: _____
- ☐ How are weekends and holidays covered? _____
- ☐ Who responds in an emergency? _____

4. SAFETY & SECURITY

- ☐ Is the community secure? (e.g., controlled access, secure exits) _____
- ☐ How are emergencies handled? _____
- ☐ Are call buttons or communication systems available? _____
- ☐ How are falls prevented and managed? _____
- ☐ Is the community ADA accessible? _____

5. LIFESTYLE & DAILY LIFE

- ☐ What types of meals are served? Are special diets accommodated? _____
- ☐ What activities and social opportunities are available? _____
- ☐ Is transportation provided? For what and how often? _____
- ☐ How is housekeeping and laundry handled? _____
- ☐ Do residents seem engaged and happy? _____

6. FUTURE NEEDS & LONG-TERM PLANNING

- ☐ Can my loved one age in place here? _____
- ☐ What would require my loved one to move out? _____
- ☐ Can hospice or outside home health be provided if needed? _____
- ☐ What happens if my loved one runs out of money? _____

7. OBSERVATIONS & IMPRESSIONS

- ☐ Overall cleanliness of community: _____
- ☐ Condition of building and grounds: _____
- ☐ Staff interactions with residents: _____
- ☐ Resident interactions with each other: _____
- ☐ Any concerns or red flags: _____

OVERALL IMPRESSION

How does this community feel overall?

(Circle one)

☆ 1 ☆ 2 ☆ 3 ☆ 4 ☆ 5

Would I feel comfortable having my loved one live here?

(Circle one) YES UNSURE NO

NOTES / NEXT STEPS

Questions to follow up:

_____

_____

_____

Next steps:

_____

_____

_____

Thank you for taking the time to tour and ask questions.

The right community can make a meaningful difference. Trust your instincts, gather information, and take the time you need.

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