Memory Care Tour Checklist

Name of Community: _____

Atmosphere

As you arrive at the residence, do you like the location and outward appearance? **Y or N**

As you enter the lobby and tour the residence, is the décor attractive and homelike? **Y or N**

Did you receive a warm greeting and welcome from staff members? **Y or N**

Does the residence director/staff call the residents by their names and interact warmly with them? **Y or N**

Do the residents socialize with one another and appear happy and comfortable? **Y or N**

Do the residents seem to be appropriate housemates for you or your loved one? **Y or N**

Are staff members appropriately dressed, personable and outgoing? **Y or N**

Physical Features

Are doorways, hallways and rooms accommodating for wheelchairs and walkers? **Y or N**

Are handrails available to aid in walking? **Y or N**

Does the residence have good artificial and natural lighting? **Y or N**

Is the residence clean, free of odors and appropriately heated/cooled? **Y or N**

Does the residence meet local and state licensing requirements? **Y or N**

Needs Assessments, Contracts, Costs, and Finances

Is there a written plan for the care of each resident? **Y or N**

What is the process for assessing a potential resident's needs? **Y or N**

How often is this updated after move-in? _____

Does this process include the resident, their family, staff members and the resident's healthcare provider? **Y or N**

When may a contract be terminated and what are the refund policies? _____

Are there any government, private, or corporate programs available to help cover the costs of services? **Y or N**

Is a contractual agreement available for accommodations, personal, health or supportive services? **Y or N**

Are additional services available if the resident's needs change? **Y or N**

Are there different costs for various levels or categories of services? **Y or N**

Is the staff available to meet scheduled and unscheduled needs? **Y or N**

Can your loved one age in place regardless of behavioral or end-of-life issues or will they need to be moved at a certain point? **Y or N**

Services

Can the residence provide a list of services it provides? **Y or N**

Is the staff available to provide 24-hour assistance with activities of daily living as needed (i.e., dressing, eating, mobility, hygiene/grooming, bathing, toileting, incontinence, telephone use, and laundry)? **Y or N**

Does the residence provide housekeeping services in each resident's rooms? **Y or N**

Does the residence provided laundry and linen services to each resident? **Y or N**

Does the residence provide transportation to healthcare appointments? **Y or N**

If not, how are visits arranged? _____

Can arrangements be made for transportation on fairly short notice? **Y or N**

Are pharmacy services offered on-site? **Y or N**

Are physical therapy services offered on-site? **Y or N**

Does the residence provide a hairdresser, shopping trips, and community outings? **Y or N**

If the time comes, is end-of-life or hospice care available on-site? **Y or N**

Medications and Health Care

Does the residence have specific policies regarding storage of medications, assistance with medications, training and supervision of staff, and record keeping? **Y or N**

Is there a staff member to help coordinate medical and therapy visits, if needed? **Y or N**

Are staff members able to assist residents who decline in memory, orientation or decision-making skills? **Y or N**

Does a physician or nurse visit the resident regularly to provide medical checkups? **Y or N**

Does the residence have a clearly stated procedure for responding to resident's medical emergencies? **Y or N**

To what extent are medical services available and how are these services provided?

_____

Is the staff knowledgeable about medications specific to your love one? **Y or N**

Is the staff trained in proper lifting techniques? **Y or N**

Is a mechanical lift available? **Y or N**

Food Service

Does the residence provide three well-balanced meals a day, seven days a week? **Y or N**

Are snacks available between meals? **Y or N**

Are common dining rooms available? **Y or N**

May a resident eat a meal in his or her room and may they request special/favorite meals or snacks? **Y or N**

Individual Features

Do dining room menus display a variety from day to day and meal to meal? **Y or N**

Are there different sizes and types of resident rooms available? **Y or N**

Are resident room's single or double occupancy? _____

Is there a 24-hour emergency response system that is accessible in each resident room? **Y or N**

Are there private baths in each room or shared bathrooms? _____

Are bathroom areas private with handicapped accommodations? **Y or N**

Are residents able to bring their own furniture or what furniture does the home supply? **Y or N**

_____

Do all rooms have telephone and cable television hook-ups? **Y or N**

If so, how is the bill for these services handled? _____

May residents smoke? **Y or N**   If yes, where? _____

Social and Recreational Activities

Is there evidence of an organized activity program (i.e. posted calendars, activities in progress, reading materials available, video movies, daily newspapers delivered, etc.)? **Y or N**

What are some activities provided? _____

Do residents participate in activities outside of the residence? **Y or N**

Do volunteers, family members and friends assist with or conduct activity programs and events? **Y or N**

Does the residence create a sense of community by having residents participate in group activities and simple work-type chores within their abilities? **Y or N**

Are residents' pets allowed to live at the residence? **Y or N**

If so, who is responsible for their care? _____

Residence Directors/Managers

Was the residence director/manager friendly and informative? **Y or N**

How long has the residence director/manager been with the facility and in the field?

_____

What is the background of the residence director/manger? Nurse etc…

_____

Would you enjoy dealing with the residence director/manager on a regular basis? **Y or N**