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Assisted Living Touring Checklist & Notepad

Use this worksheet when visiting assisted living communities to record your observations and compare care, services, and costs.

Community & Tour Details

- **Community Name:** _____
- **Date of Tour:** _____
- **Tour Guide / Contact Person:** _____
- **Monthly Base Rate Quoted:** $_____

1. Daily Care & Staffing Support

Question 1: What is your caregiver-to-resident ratio during the day, evening, and overnight hours? Are caregivers on-site and awake 24/7?

Notes:_____

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Question 2: How are Activities of Daily Living (bathing, dressing, grooming, eating, and toileting) scheduled and personalized for each resident?

Notes:_____

Question 3: What specific training, background checks, and certifications do direct care staff complete, and how are changes in care needs reassessed over time?

Notes:_____

2. Medication Management & Healthcare

Question 4: Who administers or assists with medications, and what certifications do they hold?

Notes:_____

Question 5: How are prescription refills, pharmacy deliveries, and licensed pharmacist consulting handled?

Notes:_____

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Question 6: What are your protocols for scheduling medical appointments, physician communication, and emergencies?

Notes:_____

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3. Dining, Nutrition & Dietary Needs

Question 7: How many meals and snacks are served each day, what are the serving hours, and can residents request alternatives?

Notes:_____

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Question 8: Can the kitchen accommodate physician-ordered medical diets (e.g., diabetic-friendly, low-sodium, mechanical soft)? Can family members join for meals?

Notes:_____

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4. Life Enrichment & Social Engagement

Question 9: Do you have dedicated Activity Coordinators on staff, and what does a typical weekly calendar look like (exercise, cognitive stimulation, social events)?

Notes:_____

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Question 10: Does the community involve volunteers, entertainers, or intergenerational visitors? How do you engage residents with limited mobility or memory changes?

Notes:_____

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5. Daily Living Amenities, Housekeeping & Safety

Question 11: What services are included in the monthly base fee (e.g., weekly personal laundry, linen service, routine housekeeping, cable TV, Wi-Fi)?

Notes:_____

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Question 12: What safety features and protocols are in place (bathroom grab bars, emergency call systems, secure outdoor areas, visitor sign-in)?

Notes:_____

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6. Financial Structure & Move-In Policies

Question 13: What is the complete pricing structure? What specific care needs trigger additional "level of care" fees, and how are rate adjustments handled?

Notes:_____

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Question 14: What are the requirements and timeline for moving in, and under what

circumstances would a resident ever be required to transition to higher clinical care?

Notes:_____

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Overall Impressions & Sensory Checklist

- **Cleanliness & Odor:** Does the building smell fresh and clean?

  Notes:_____

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- **Staff Demeanor:** Are staff members warm, patient, and smiling when talking to residents?

  Notes:_____

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- **Resident Engagement:** Do residents look content, well-groomed, and actively engaged?

  Notes:_____

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- **Atmosphere:** Does the environment feel welcoming, peaceful, and like a place your loved one would feel at home?

  Notes:_____

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General Impressions & Final Thoughts:

Notes:_____

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