# QUESTION WH





# ADDITIONAL **OBSERVATIONS**

For more information on Retirement Communities visit SeniorsGuideOnline.com



#### WHAT TYPES OF CARE LEVELS DO YOU OFFER? ○ Independent Living

○ Continuing Care (CCRC)

How much?

○ On-Site Home Care ○ Alzheimer's - Dementia Care ○ Respite Care

○ Rehabilitation Care

- O Physical Therapy
- **O** Speech Therapy
- **O Occupational Therapy**
- **O** Respiratory Therapy

**PAYMENTS METHODS ACCEPTED:** 

What is included in the daily / weekly / monthly fee? Æ

What is the daily / weekly / monthly fee?

O Assisted Living

O Nursing Care

Is there an entrance fee?

COSTS:

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What services are provided at additional costs?

Do you have a volunteer program? $\bigcirc$ YES $\bigcirc$ NO	ΟL
ACTIVITIES:	ON
Do you have an activity program? $\bigcirc$ YES $\bigcirc$ NO	OM
Do you have an Activities Director? O YES O NO	0.0
Is family encouraged to participate? $\bigcirc$ YES $\bigcirc$ NO	
Are the activities posted? O YES O NO	
Is there a common area with a TV? $\bigcirc$ YES $\bigcirc$ NO	
Is there a beauty / barber shop on-site? $\bigcirc$ YES $\bigcirc$ NO	
PEOPLE:	
Is there staff around? $\bigcirc$ YES $\bigcirc$ NO	
Is the staff friendly and helpful? $\bigcirc$ YES $\bigcirc$ NO	
Is the staff accessible to residents and their families? O YES $\$	) NO
Is there someone available 24 hours a day? $\odot$ YES $\odot$ NO	
FOOD / MEALS: Do you offer snacks? O YES O NO	
Do you provide help with eating and dietary needs? O YES O	NO
Are residents given a second helping if requested? O YES O	10
Is the dining area clean and well furnished? O YES $\odot$ NO	
Ask the current residents if they enjoy their meals.	

O Private Pay O Private Insurance O Long Term Care Insurance O Medicare O Medicaid O Other

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## **ADDITIONALLY:**

Emergency procedures?

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Staff response time?

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Evacuation procedures?

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Is there a convenient location for family members to be a part of the resident's care?

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Do the residents have access to an emergency pull cord system? O YES O NO
Is there a controlled entry system? $\odot$ YES $\odot$ NO
Does the facility look generally clean? $\bigcirc$ YES $\bigcirc$ NO
Is it free of unpleasant odors? $\bigcirc$ YES $\bigcirc$ NO
Do the residents appear happy with their environment? O YES $\odot$ NO
Do they provide scheduled transportation for shopping, banking, doctor visits, etc?