

Retirement Community Checklist

Carry this checklist with you when you visit retirement communities (simply print out one checklist per community you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting communities, use the checklists to compare one with another.

Name of Retirement Community: _____

Owner/Director: _____

Address: _____

Phone: _____ **Website or E-Mail :** _____

Who is Served?

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the retirement community provide the level of assistance you require, given your current medical condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can it meet your needs should your health decline? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there medical conditions the community will not accept? If yes, what are these conditions? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a waiting list? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pets allowed? |

Services

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the community have residential units (apartments or condos) available? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the community have a nursing home or an assisted living facility on site, or a relationship with one nearby?
In the event that you should need this service and the facility is full, what will happen? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are health services available? (For example, skilled nursing.)
If yes, what kinds? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | How is one's eligibility for these services decided? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a hospital close by? How far is the nearest hospital? _____ |

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- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is assistance with eating, bathing, dressing, toileting, walking and other personal needs available, if needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are other services available (for example, housekeeping, laundry, medication management)?
If yes, which services? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you contract with outside agencies for services not available? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you decide to bring in services on your own, does the community require that you disclose them? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there social and recreational activities that you enjoy?
What are some of these activities? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there health promotion and exercise programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are residents active in planning activities and events? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there transportation to activities outside the community that you enjoy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are meal services available for apartment or condo residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, are meal times in the dining room at convenient times for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are special diets taken into consideration when meals are prepared? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are snacks available between meals? |

(Suggestion: For more detailed questions about the retirement community's assisted living or nursing home facility, see the "Assisted Living Facility" or "Nursing Home" checklists on GetCare.com.)

Staff

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do there appear to be an adequate number of staff?
What is the staff-to-resident ratio? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the staff trained in emergency procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the community require criminal record checks for employees? |

Physical Environment

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do the units (apartments) have private full bathrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a kitchen or kitchenette within each unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you choose the unit you'll live in? |

Yes	No	
-----	----	--

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is it possible to have your unit adapted or to change units within the community as your care needs change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you furnish the unit with your own furniture? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the unit large enough that you feel comfortable? |

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- Are there plenty of handrails and grab bars?
- Is the community wheelchair accessible?
- Is there an automatic fire alarm system and sprinklers?
- Is there an emergency response system or call buttons?
- Are the grounds of the community pleasant and accessible?
- Is there adequate security?

Credentials/Licensing

- Is the retirement community licensed or certified (if required in your state)?
- Is it a member of any professional organizations? If yes, which?
(Contact these organizations to check accreditation standards.)

- Are staff members credentialed?
If yes, what are these credentials? _____

How many years has the retirement community been in operation? _____

Cost

- Will you be required to pay an entrance, application or deposit fee?
If yes, how much? _____
- Will this fee be refunded (at least partially) in the event that you need to leave the community?
- Are you able to purchase a unit?
If yes, what is the cost? _____
- Once you own a unit, are you allowed to sell or rent it to someone else on your own?

Yes **No**

- Is this a Life Care/All-Inclusive facility, where long-term nursing care is included in the cost, as long as these services are necessary?
- OR** Is it a Modified/Continuing Care facility, where long-term care services are available for a limited period of time?
If so, what is this period? _____
- OR** Is this a fee-for-service facility, where residents pay for each additional needed service?
- Is a written fee schedule provided?

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Approximately, what would the basic monthly rate be for you?

- Do you know what the basic monthly or daily rate does and doesn't include? Includes: _____
Doesn't include: _____
- Can the basic monthly rate be raised monthly or annually?
- Is there a cap on how much the rate can be raised?
- Do you know what you will be charged for add-ons such as cable, telephone, newspaper delivery?
- Are you comfortable with the rules and regulations stipulated in the residency agreement?
- Are there medical conditions or other criteria that might require you to leave at some point?
- What procedures are in place if you can no longer afford the fees?

Overall Quality

Rate the retirement community in the following areas on a scale from one to ten, with ten being a perfect score:

- | | |
|--|----------------------|
| Are the buildings and grounds well-maintained? | 1 2 3 4 5 6 7 8 9 10 |
| Are buildings nicely furnished and homey? | 1 2 3 4 5 6 7 8 9 10 |
| Is the food tasty and served attractively? | 1 2 3 4 5 6 7 8 9 10 |
| Is the kitchen clean and well-stocked? | 1 2 3 4 5 6 7 8 9 10 |
| Do staff seem pleasant and responsive to your special needs? | 1 2 3 4 5 6 7 8 9 10 |
| Is the location close to your family and friends? | 1 2 3 4 5 6 7 8 9 10 |

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