COMPARISON SHOPPING CHECKLIST

Making notes and keeping track of the important aspects of each community is a great way to evaluate each one later. Here's a tool to help you **weigh your options and determine the best fit for your family**.



CARE SERVICES	COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
CARE DELIVERY			
Do residents have individualized care plans?			
What care services are offered?			
How often are residents' care needs assessed?			
What happens when a resident's level of care changes?			
How many levels of care are offered and what is included?			
How are medications delivered to residents?			
Are there on-site physical and/or occupational therapy and other specialists?			
Are there on-site telehealth services?			
Is there specialized care for residents with memory issues?			



INDEPENDENT LIVING ASSISTED LIVING MEMORY SUPPORT

AMENITIES AND SERVICES

COMMUNITY NAME COMMUNITY NAME COMMUNITY NAME

ENVIRONMENT			
24-hour staff	\bigcirc	\bigcirc	\bigcirc
Dining (quality and variety, three meals per day, accommodations for special diets, etc.)	\bigcirc	\bigcirc	\bigcirc
Calendar of activities and events	\bigcirc	\bigcirc	\bigcirc
Scheduled transportation	\bigcirc	\bigcirc	\bigcirc
Utilities paid	\bigcirc	\bigcirc	\bigcirc
Housekeeping and linen services	\bigcirc	\bigcirc	\bigcirc
Laundry provided	\bigcirc	\bigcirc	\bigcirc
Parking (guests and residents)	\bigcirc	\bigcirc	\bigcirc
Beauty salon and/or barber shop	\bigcirc	\bigcirc	\bigcirc
Pet-friendly	\bigcirc	\bigcirc	\bigcirc
Security camera system	\bigcirc	\bigcirc	\bigcirc
Elevator(s)	\bigcirc	\bigcirc	\bigcirc
Handicap accessibility	\bigcirc	\bigcirc	\bigcirc
Religious services/observances	\bigcirc	\bigcirc	\bigcirc
APARTMENT			
Studio, 1-bedroom, 2-bedroom	\bigcirc	\bigcirc	\bigcirc
Private, locking door	\bigcirc	\bigcirc	\bigcirc
Kitchenette or full kitchen	\bigcirc	\bigcirc	\bigcirc
Emergency alert system or pull cords	\bigcirc	\bigcirc	\bigcirc
Easily accessible cabinets, closets and storage	\bigcirc	\bigcirc	\bigcirc
Handrails in restrooms	\bigcirc	\bigcirc	\bigcirc
Individual climate controls	\bigcirc	\bigcirc	\bigcirc
Clean carpets, walls and countertops	\bigcirc	\bigcirc	\bigcirc
Walking surfaces are carpeted or non-skid	\bigcirc		\bigcirc

COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
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Notes _____

OTHER CONSIDERATIONS	COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
Does the community follow state care and training guidelines?	NO YES	NO YES	NO YES
How does the community help older adults make the transition to their new home?			
What aspects of the community or tour stood out to you the most?			
What are your thoughts, feelings and observations after your visit? Was your overall impression positive or negative?			

Notes _____