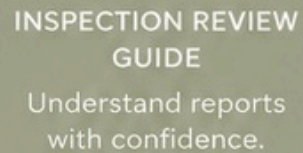
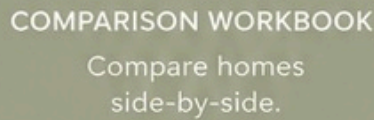
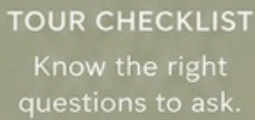


A close-up photograph of a light green ceramic mug. The mug has a simple, slightly textured surface and a white outline of a heart on its side. It is filled with a dark liquid, likely coffee or tea. The background is a neutral, light-colored surface.CHECKLISTSM

Created by

Helping families feel informed, empowered, and less alone.



THE FAMILY CAREGIVER'S LONG-TERM CARE TOUR CHECKLIST

BECAUSE CHOOSING A LONG-TERM CARE HOME IS ABOUT MORE THAN FINDING A BED. IT'S ABOUT FINDING THE RIGHT HOME.

WHY I CREATED THIS CHECKLIST

WHEN MY HUSBAND ENTERED LONG-TERM CARE AFTER YEARS OF CAREGIVING AT HOME, I QUICKLY REALIZED THAT MOST FAMILIES ARE EXPECTED TO MAKE IMPORTANT DECISIONS WITHOUT KNOWING WHAT QUESTIONS TO ASK. LATER, AS MY MOTHER ALSO ENTERED LONG-TERM CARE AND THROUGH MY WORK ON THE FAMILY COUNCIL, I SAW THE SAME CHALLENGES OVER AND OVER AGAIN. FAMILIES OFTEN FOCUS ON THE BUILDING, THE ROOM, OR THE BROCHURE. WHAT TRULY MATTERS IS THE CULTURE OF THE HOME, HOW STAFF INTERACT WITH RESIDENTS, HOW CONCERNS ARE HANDLED, AND WHETHER FAMILIES ARE WELCOMED AS PARTNERS IN CARE.

THIS CHECKLIST WAS CREATED TO HELP YOU LOOK BEYOND FIRST IMPRESSIONS AND EVALUATE WHAT DAILY LIFE MAY ACTUALLY BE LIKE FOR YOUR LOVED ONE.

WHAT'S INCLUDED



TOUR CHECKLIST



COMPARISON WORKBOOK



INSPECTION REVIEW GUIDE

HELPING FAMILIES FEEL INFORMED,
EMPOWERED, AND LESS ALONE.

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LONG-TERM CARE HOME COMPARISON WORKSHEET

LOVED ONE'S NAME:

DATE:_____

MY TOP 5 PRIORITIES

- 1.
- 2.
- 3.
- 4.
- 5.

EVALUATION CATEGORY	HOME #1	HOME #2	HOME #3
DISTANCE FROM FAMILY			
FAMILY COUNCIL ACTIVE			
STAFF FRIENDLINESS			
CLEANLINESS			
RECREATION PROGRAMS			
DEMENTIA SUPPORTS			
FOOD QUALITY			
OUTDOOR SPACES			
RESIDENT HAPPINESS			
INSPECTION HISTORY			
LEADERSHIP			
ACCESSIBILITY			
OVERALL IMPRESSION		1	

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NOTES ABOUT HOME #1

NOTES ABOUT HOME #2

¹NOTES ABOUT HOME #3

FAMILY ADVOCATE'S LONG-TERM CARE TOUR CHECKLIST

BEFORE YOU ARRIVE

REMEMBER:

- ☐ I AM EVALUATING WHETHER THIS HOME IS THE RIGHT FIT FOR MY LOVED ONE.
- ☐ I AM LOOKING BEYOND THE BUILDING ITSELF.
- ☐ I AM PAYING ATTENTION TO RESIDENTS, STAFF INTERACTIONS, AND CULTURE.
- ☐ I AM PREPARED TO ASK QUESTIONS.

FIRST IMPRESSIONS

PARKING & ENTRANCE

- ☐ EASY TO ACCESS
- ☐ ACCESSIBLE ENTRANCE
- ☐ CLEAN AND WELCOMING
- ☐ STAFF ACKNOWLEDGE

VISITORS NOTES:

OVERALL ENVIRONMENT

- ☐ HOME FEELS WELCOMING
 - ☐ HOME FEELS CALM
 - ☐ HOME SMELLS CLEAN
 - ☐ RESIDENTS APPEAR COMFORTABLE
 - ☐ RESIDENTS APPEAR ENGAGED
 - ☐ STAFF SEEM APPROACHABLE
- NOTES:



OBSERVING THE RESIDENTS

AS YOU WALK THROUGH THE HOME, OBSERVE:

- ☐ RESIDENTS APPEAR CLEAN
- ☐ HAIR APPEARS BRUSHED/GROOMED
- ☐ CLOTHING APPEARS CLEAN
- ☐ RESIDENTS SEEM COMFORTABLE
- ☐ RESIDENTS ARE INTERACTING WITH OTHERS
- ☐ RESIDENTS ARE NOT SITTING UNATTENDED FOR LONG

PERIODS

- ☐ RESIDENTS APPEAR RESPECTED BY STAFF

NOTES:

OBSERVING THE STAFF

PAY ATTENTION TO HOW STAFF INTERACT WHEN
THEY DON'T REALIZE YOU'RE EVALUATING THEM

- ☐ STAFF GREET RESIDENTS BY NAME
- ☐ STAFF MAKE EYE CONTACT
- ☐ STAFF SEEM RUSHED
- ☐ STAFF APPEAR PATIENT
- ☐ STAFF ANSWER QUESTIONS WILLINGLY
- ☐ STAFF APPEAR TO KNOW RESIDENTS

PERSONALLY

NOTES:

QUESTIONS TO ASK

CARE PLANNING

- ☐ HOW OFTEN ARE CARE PLANS REVIEWED?
- ☐ HOW ARE FAMILIES INVOLVED IN CARE PLANNING?
- ☐ HOW ARE CONCERNS DOCUMENTED AND FOLLOWED UP?

NOTES:

STAFFING

- ☐ WHAT IS YOUR STAFF RETENTION RATE?
- ☐ DO YOU USE AGENCY STAFF?
- ☐ HOW LONG HAVE YOUR PSWS WORKED HERE?
- ☐ HOW DO YOU ORIENT NEW STAFF?

NOTES:

RECREATION & QUALITY OF LIFE

- ☐ HOW DO YOU PERSONALIZE ACTIVITIES?
- ☐ WHAT ACTIVITIES ARE AVAILABLE DAILY?
- ☐ HOW DO YOU ENGAGE RESIDENTS WITH DEMENTIA?
- ☐ CAN I SEE A RECREATION CALENDAR?

NOTES:

DINING

- ☐ CAN I SEE A SAMPLE MENU?
- ☐ ARE ALTERNATIVES AVAILABLE IF RESIDENTS DISLIKE A MEAL?
- ☐ CAN FAMILIES EAT WITH RESIDENTS?
- ☐ HOW ARE DIETARY RESTRICTIONS ACCOMMODATED?

NOTES:

FAMILY INVOLVEMENT



- ☐ IS THERE A FAMILY COUNCIL?
- ☐ HOW OFTEN DOES IT MEET?
- ☐ HOW ARE COMPLAINTS HANDLED?
- ☐ HOW QUICKLY ARE CONCERNS ADDRESSED?

NOTES:

MEDICAL SUPPORT

- ☐ IS THERE A NURSE PRACTITIONER?
- ☐ HOW OFTEN DOES A PHYSICIAN ATTEND?
- ☐ HOW ARE MEDICATION CONCERNS MANAGED? ☐ WHAT HAPPENS AFTER A FALL?

NOTES:

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IMPORTANT DOCUMENTS TO REQUEST

- ☐ RECREATION CALENDAR SAMPLE
- ☐ MENU
- ☐ FAMILY HANDBOOK COMPLAINT
- ☐ PROCESS
- ☐ FAMILY COUNCIL INFORMATION
- ☐ RECENT NEWSLETTER
- ☐ VISITOR INFORMATION ADMISSION
- ☐ PACKAGE

☐ PAUSE & LOOK CLOSER

THESE OBSERVATIONS DON'T AUTOMATICALLY MEAN A HOME IS POOR QUALITY, BUT THEY ARE SIGNS THAT DESERVE ADDITIONAL QUESTIONS AND ATTENTION.

CHECK ANY CONCERNS OBSERVED:

- ☐ STRONG URINE OR FECAL ODOURS
- ☐ RESIDENTS LEFT UNATTENDED
- ☐ RESIDENTS CALLING FOR HELP WITHOUT RESPONSE
- ☐ STAFF APPEAR RUSHED OR FRUSTRATED
- ☐ POOR CLEANLINESS
- ☐ RESIDENTS APPEAR HEAVILY SEDATED
- ☐ STAFF UNABLE TO ANSWER BASIC QUESTIONS
- ☐ HIGH STAFF TURNOVER MENTIONED
- ☐ LEADERSHIP UNAVAILABLE
- ☐ FAMILY COUNCIL INACTIVE OR NONEXISTENT

NOTES:

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MY OVERALL IMPRESSION

AFTER THE TOUR, ASK YOURSELF:

WOULD I FEEL COMFORTABLE LIVING HERE?

☐ YES

☐ NO

WOULD I FEEL COMFORTABLE LEAVING MY LOVED ONE HERE?

☐ YES

☐ NO

WOULD I RECOMMEND THIS HOME TO SOMEONE I CARE ABOUT?

☐ YES

☐ NO

CAREGIVER REFLECTION

RATE EACH CATEGORY FROM 1–5

CATEGORY.

CLEANLINESS

STAFF INTERACTIONS RESIDENT ENGAGEMENT LEADERSHIP

RECREATION

DINING

FAMILY INVOLVEMENT OVERALL FEELING

SCORE

TOTAL SCORE: _____ / 40

MOST IMPORTANT TAKEAWAY

WHAT STOOD OUT MOST ABOUT THIS HOME?

WOULD I PLACE MY LOVED ONE HERE? ☐

DEFINITELY

☐ POSSIBLY

☐ PROBABLY NOT

☐ DEFINITELY NOT

INSPECTION REPORT REVIEW GUIDE

HOME NAME: _____

DATE REPORT REVIEWED: _____

WHAT DID I FIND?

- ☐ RESIDENT RIGHTS CONCERNS
- ☐ INFECTION PREVENTION & CONTROL
- ☐ MEDICATION MANAGEMENT
- ☐ ABUSE OR NEGLECT
- ☐ NUTRITION & HYDRATION
- ☐ SAFETY CONCERNS
- ☐ CARE PLANNING
- ☐ STAFFING ISSUES

QUESTIONS TO CONSIDER

DID THE SAME ISSUE

OCCUR MORE THAN

ONCE?

☐ YES

☐ NO

NOTES:

WAS THE ISSUE

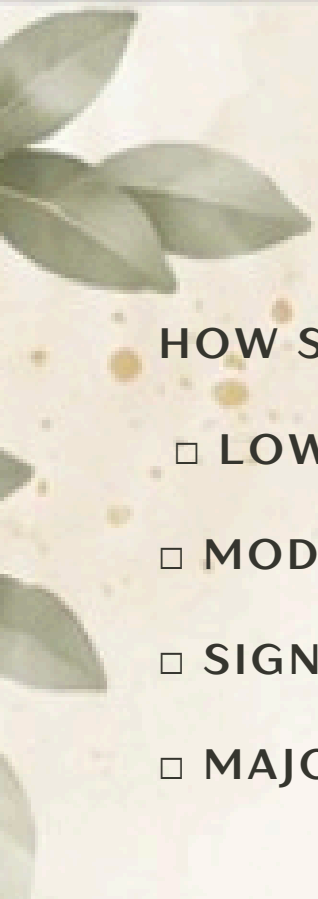
CORRECTED?

☐ YES

☐ NO

☐ UNSURE

NOTES:



HOW SERIOUS IS THIS CONCERN?

- ☐ LOW
- ☐ MODERATE
- ☐ SIGNIFICANT
- ☐ MAJOR RED FLAG

WHAT QUESTIONS DO I NEED TO ASK THE HOME?

- 1
- .
- 2
- .
- 3
- .
- 4
- .

WOULD THIS INSPECTION CONCERN AFFECT MY DECISION?

- ☐ YES
- ☐ NO

WHY?

Notes _____ ♥

