

NAME OF RESIDENCE		
DATE _____ TEL _____		CONTACT _____
SERVICE		SERVICE
Nursing services		Pet therapy
Skilled nursing services		Social services/casework
Resident health assessment		Transportation to medical care
Health monitoring/wellness checks		Wander protection
Hospice Services		Emergency response system
Assistance with ADLs		Short-term respite care
Assistance with IADLs		Medication distribution/ reminders
Alzheimer's/dementia care		Pharmacy on site
Incontinence care		Medication administration
Catheter care		Injections (e.g. insulin)
Colostomy/ileostomy care		Physical therapy
Pressure ulcer/wound care		Speech therapy
Tube feeding		Occupational therapy
Dialysis		Podiatry
1—2—3-- congregate meals only		Family/resident counselling
Nutritionist-Dietician		Exercise classes/equipment
Administration of oxygen		Housekeeping services
Social – recreational activities		Laundry service: facility--personal
ATMOSPHERE COMFORT LEVEL		ATMOSPHERE COMFORT LEVEL
n Size of facility		n Snacks
n Furnished—unfurnished suites		n Telephone--Cable hookups
n Library--Beauty salon		n Own cars—ownership and use
n Private/shared bath		n Visiting hours/open living

n Kitchenettes—Private dining room	n Cleanliness/odour/appearance
n Garden--Court-yard	n Attitude of residents
n Pets allowed	n Staff Attitude /courteous/friendly
n Participation level--residents	n Interaction frequency by staff
n Family involvement-planning	n Reassessment frequency of needs
n Flexibility of schedules	n Interaction with community
n Storage space	n Proximity to shopping centers
n Religious facilities close-by	n Proximity to entertainment
n Computers	n Chapel in facility
n Ventilation	n Adequate heating
SAFETY CONSIDERATIONS	SAFETY CONSIDERATIONS
Intercoms in each room	Proper lighting
24-hour emergency response	Hand-rails
Door alarms	Fire-system
Clearly marked exits	Handicapped access
Closeness to nearest hospital	Number of staff on duty per shift
Length of time-staff to respond	Security/door locks
FINANCIAL CONSIDERATIONS	FINANCIAL CONSIDERATIONS
∅ Monthly costs/fees	∅ Circumstances forcing departure
∅ Trends in rate increases	∅ Opportunities for further care
∅ Deposit required/refundable	∅ Other wings of the facility - care
∅ Services included in fees	∅ Unable to pay—what happens
∅ Separate services/a la carte	∅ Payment, billing, credit policies
∅ Utilities included in costs	∅ \$\$ Available for assistance

Patty Randall, Author...Consultant—The Care-Years

Let's Talk—The Care-Years, Taking Care Of Our Parents/Planning For Ourselves