TEMPLATE C

# Facility Tour Scorecard

Score 1-5. Multiply by a weight of 1-3 if some lines matter more to your family.

| Area | Weight | Facility A | Facility B | Facility C |
|---|---|---|---|---|
| First impression: clean, no lingering odors, residents engaged | | | | |
| Staff with residents: respectful, patient, quick to respond | | | | |
| Staffing ratios by shift; turnover; nurse coverage | | | | |
| Can meet today's and likely future needs | | | | |
| Move-out triggers clear and in writing | | | | |
| Medication handling | | | | |
| Dining (eat a meal) | | | | |
| Activities match the calendar | | | | |
| Safety: call system, falls, secure exits | | | | |
| Health services: doctor visits, therapy, hospice | | | | |
| Family communication and care plan meetings | | | | |
| Inspection record and how they explained it | | | | |
| Total monthly cost and increase history | | | | |
| Medicaid acceptance or plan when money runs out | | | | |
| Answers to the Chapter 13 contract questions | | | | |
| Location for family visits | | | | |
| Parent's preference | | | | |
| **Weighted total** | | | | |