



FACILITY INFORMATION

Date of Tour: _____ Time of Day: _____

Facility Name: _____

Type of Facility: _____ Distance from Your Home: _____

Cost per Day: _____ Cost per Month: _____

Private Room Size: _____ Semi-Private Room Size: _____

PRE-VISIT CHECKLIST

- Check facility inspections on Florida Health Finder — floridahealthfinder.gov
- Check facility quality score (if nursing home) on medicare.gov
- Ask for and review the calendar of facility events
- Ask for and review copies of admission contracts and paperwork

DURING YOUR VISIT — OBSERVATIONS

Food appearance and taste: _____

Appearance of dining facilities: _____

General appearance of facility: _____

General cleanliness of facility: _____

Smell of facility: _____

General appearance of facility rooms: _____

Where are the residents in the facility? _____

Are the residents engaged in activities? _____

RESIDENT LIFE

Is there a resident or family council? Y N If yes, it meets: _____

Do residents control their own routines (e.g., bedtime, wake time)? Y N

STAFFING

Staff-to-Resident Ratio: Day Shift: _____ Night Shift: _____ # Nurses per Shift: _____

The facility has on-staff nurses or uses nursing agency (describe): _____

Facility staff turnover rate: _____

YOUR NOTES

What did you like about this facility: _____

What did you dislike about this facility: _____
