Senior Care Provider Comparison Checklist

Use this worksheet to keep track of important information during tours, consultations, and care planning conversations.

Provider Name: _____ Location: _____

Contact Person: _____ Phone: _____ Date: _____

Website: _____

Care Services

☐ Personal Care Assistance ☐ Medication Management ☐ Memory Care Support

☐ Skilled Nursing Services ☐ Rehabilitation Therapies ☐ Hospice Coordination

☐ Transportation Services

Notes: _____

Staffing and Care Team

☐ Adequate Staffing Levels ☐ Licensed Nurses Available ☐ Dementia-Trained Staff

☐ Emergency Response Training ☐ Low Staff Turnover

Notes: _____

Safety and Security

☐ Fall Prevention Measures ☐ Emergency Call Systems ☐ Fire Safety Procedures

☐ Secure Environment ☐ Wandering Prevention Measures

Notes: _____

Family Communication

☐ Regular Care Updates ☐ Dedicated Family Contact ☐ Care Conferences Offered

☐ Easy Access to Staff

Notes: _____

Activities and Quality of Life

☐ Social Activities ☐ Exercise Programs ☐ Community Events

☐ Opportunities for Social Engagement ☐ Personalized Activities

Notes: _____

Dining and Nutrition

☐ Menu Variety ☐ Dietary Accommodations ☐ Snacks Available

☐ Dining Assistance Available

Notes: _____

Costs and Financial Information

Monthly Cost: _____ Additional Fees: _____

☐ Long-Term Care Insurance Accepted ☐ Medicaid Accepted ☐ VA Benefits Accepted

Notes: _____

Overall Impressions

How would you rate this provider?

Care Quality: ★★★★★ Staff Friendliness: ★★★★★ Communication: ★★★★★

Safety: ★★★★★ Value: ★★★★★ Overall Rating: ★★★★★

Would You Consider This Provider? ☐ Yes ☐ No ☐ Maybe

Additional Notes: _____

_____

_____

_____

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