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## Retirement Community: Questions to Evaluate

To begin the process in evaluating retirement community options, you may want to ask yourselves the following questions:

1. What location would you prefer? In a big city (Charlotte), in a smaller city (Asheville, Columbia, Greenville), on the edge of a city/town, in the country?
2. Do you want a community with a particular religious affiliation, any affiliation, or no religious affiliation?
3. Do you want a particular living arrangement, e.g., detached cottage, apartment in a small building, apartment in a large building? Is covered parking important to you?
4. Do you prefer a larger community or a smaller community?
5. What is the typical age group of the residents? For example, some communities cater to over 50's where other focus on those in their 70's and above.
6. Do you want a community that offers the levels of care that you may need in the future? Does the facility have specialized care areas, such as memory care?
7. Do you enjoy the activities offered by the community? Will you feel engaged and have plenty to do?
8. Does the community offer the services that you want? (Meal requirements and offerings, frequency of housekeeping services, transportation to churches or medical appointments, concierge services, etc.)
9. When you visit, do you enjoy the residents? Do you like the layout (ease of access to services and the dining room?) Do the residents in the assisted living and/or skilled nursing areas seem well-cared for and well-groomed? Are the community areas pleasant, clean, and well-cared for?
10. What is the cost and how are costs charged? For example, some communities charge both an up-front fee and a monthly fee, whereas others only charge a (higher) monthly fee.

Once you narrow down your possibilities, you will want to visit the facilities again (both scheduled and unannounced visits) and arrange to stay overnight in your top choice facilities (if possible). Complete the attached Continuing Care Retirement Community Evaluation Checklist for each facility, and consult with a CFP professional or Elder Care attorney to review your findings.

Additional resources:

[The Elder Care Locator Service](#)

[The Commission on Accreditation of Rehabilitation Facilities \(CARF\)](#)

State or local agencies or offices on aging

## Continuing Care Retirement Community Evaluation Checklist

### Contact Information

Facility Name: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

### Type Of Facility/Contract

\_\_\_ All Inclusive/Extensive: Guarantees that if skilled nursing or intensive services are needed, they will be available at no extra charge. Prescription medicines may be included as well.

\_\_\_ Fee-For-Service: Has a lower monthly fee but requires extra payment for services like nursing care.

\_\_\_ Hybrid: Guarantees that nursing care or intensive services will be available at no extra charge for a specified amount of time each year, e.g. 30 to 60 days.

### Facility Background

How old is the facility? \_\_\_\_\_

When were the present units and common areas first built and last remodeled? \_\_\_\_\_

Who manages the facility? \_\_\_\_\_

For how long? \_\_\_\_\_

Is there a parent company or affiliated companies that provide financial support? \_\_\_\_\_

Are financial statements available? \_\_\_\_\_

Has the facility ever declared bankruptcy? \_\_\_\_\_

Admission Requirements

What are the facility's requirements for admission? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Resident Fees & Costs

What is the one-time entrance fee? \_\_\_\_\_

Under what conditions is it refundable? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(For example: a voluntary decision to move, death, facility change in ownership or closing? What refund formula is used? Many CCRCs use a 2% reduction per month or a fraction, in which the resident's life expectancy at the time the contract is terminated is the numerator and the life expectancy at the time of admission is the denominator.)

Is there a probationary period during which the resident may terminate the contract and receive a refund (less services provided)? If so, how long? \_\_\_\_\_

\_\_\_\_\_

Does the facility accept non-cash assets as entrance fees? \_\_\_\_\_

Are the units detached or attached? \_\_\_\_\_

What are the monthly fees by unit type?      What is the square footage of each unit?

Studio: \_\_\_\_\_

One Bedroom: \_\_\_\_\_

Two Bedroom: \_\_\_\_\_

Other: \_\_\_\_\_

What is included in that fee at the different levels of care? Is the rate flat, or does it vary by the amount of assistance needed? Describe: \_\_\_\_\_

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Is there a fee to share accommodations with a second person? If so, what? \_\_\_\_\_

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Are there extra charges to hold accommodations during an absence from the facility for whatever reason? If so, what are they? \_\_\_\_\_

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Can the resident contract with outside services? If so, which? \_\_\_\_\_

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When, how often, and why can the fees be changed? When fees are changed, who is informed? How much advance warning is provided? Describe: \_\_\_\_\_

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Does the facility participate in Medicare and Medicaid? \_\_\_\_\_

Are there differences in the services received between participants and non-participants of these programs? If so, describe: \_\_\_\_\_

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Is there a financial assistance program if a resident's funds should run out? If so, describe: \_\_\_\_\_

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\_\_\_\_\_

(It is recommended that the facility have a guaranteed financial assistance program. Assess the experience of this program by interviewing resident participants.)

Is there a fee to be placed on a waiting list? If so, how much, and is it refundable: \_\_\_\_\_

\_\_\_\_\_

(This fee should be fully refundable, and be held in an interest-bearing escrow account.)

Is there an application fee? If so, how much: \_\_\_\_\_

(This fee should not be more than a few hundred dollars.)

#### Levels of Care/Assessment

How are the various levels of care structured? (E.g. independent living, assisted living, intensive/nursing care.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who, how, and how often is it determined which level of care is appropriate for a resident's needs? Who participates in the decision? (E.g. the facility alone, resident, family, doctors) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there an appeals process for when these involved parties disagree? How does it work?

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Required Insurance Coverage

What different insurance coverages are required of residents? \_\_\_\_\_

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Physical Location

How close are you to family and friends who may visit? (The closer you are, the more frequent visits are likely to be.) \_\_\_\_\_

How close is the nearest hospital? \_\_\_\_\_

How close are services such as shopping and restaurants? \_\_\_\_\_

How rich are the social, cultural, religious facilities nearby? \_\_\_\_\_

Is public transportation easily available? \_\_\_\_\_

Accommodations

Are the grounds and surrounding area attractive?  
\_\_\_\_\_

Are the common areas spacious and attractive?  
\_\_\_\_\_

Are the living spaces at each level of care attractive, comfortable and clean?  
\_\_\_\_\_  
\_\_\_\_\_

Note the availability of each of the following facilities and amenities for each level of care:

<b>Facilities/Amenities:</b>	<b>Independent Living</b>	<b>Assisted Living</b>	<b>Nursing Care</b>
Kitchen			
Stove/Burners	_____	_____	_____
Oven	_____	_____	_____
Microwave	_____	_____	_____
Large Refrigerator	_____	_____	_____
Small Refrigerator	_____	_____	_____
Washer/Dryer	_____	_____	_____
Bathroom(s)			
Full Bath	_____	_____	_____
Half Bath	_____	_____	_____
Window Treatments	_____	_____	_____
Carpeting	_____	_____	_____
Utilities: (Gas/Elec/Water)	_____	_____	_____
Cable TV	_____	_____	_____
Internet	_____	_____	_____
Local Phone Service	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Other, e.g. Furnishings	_____	_____	_____

What provisions are there for changes in resident household composition, e.g. death/divorce, marriage, or a resident sharing his/her room with another person?  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the provisions for having visitors for either brief or extended periods.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the CCRC's recreation facilities, e.g. athletic facilities, outdoor socializing areas, community garden, shop, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What parking is available for residents? For visitors? Are there additional fees?

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Is extra storage space available? How much? \_\_\_\_\_

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Are pets allowed? What kind? \_\_\_\_\_

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Is room service available? If so, describe service and cost: \_\_\_\_\_

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Is shopping assistance service available? If so, describe service and cost: \_\_\_\_\_

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What are the rules surrounding the use of tobacco and alcohol by residents and visitors?

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What are the rules surrounding the decoration or modification of units?

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What are the rules surrounding movement to another unit the resident qualifies for?

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Is there easy access to all facilities for people with disabilities? \_\_\_\_\_

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Security Systems

Does each unit have automatic sprinklers and fire alarm?

Does each unit have an emergency response system/call buttons?

Is there a schedule for staff to check on a resident's whereabouts and well-being? \_\_\_\_\_

Does the assisted living and the nursing facility have a wander management system?  
Describe: \_\_\_\_\_

If a resident displays behavior problems, what steps will the facility take? \_\_\_\_\_

Does the residence provide ample security? Describe the systems in place: \_\_\_\_\_

Does the residence have an emergency evacuation plan? \_\_\_\_\_

Liability

Who is responsible for cleaning, repairing, or replacement of resident or facility property? Under what circumstances? \_\_\_\_\_

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\_\_\_\_\_

Services

Describe, in general, which services are provided at the three levels of care and if the costs are included or in addition to the base rate.

Service:	Independent Living	Assisted Living	Nursing Care
Meals			
# Per Day/Week	_____	_____	_____
Snacks	_____	_____	_____
Special Diets	_____	_____	_____
Housekeeping (How often, how thorough?)	_____	_____	_____
Maintenance	_____	_____	_____
Laundry (Loads per week, as needed?)	_____	_____	_____
Transportation (scheduled, unscheduled, car, van/minibus, with lift?)	_____	_____	_____
Supervision of self-medication and medication administration	_____	_____	_____
Other	_____	_____	_____

Food

It is recommended that potential residents eat several different meals prepared by the facility.

Does the food taste good, and do residents generally like the food? \_\_\_\_\_

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How does then menu vary from meal to meal? \_\_\_\_\_

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Does a dietitian plan or approve menus? \_\_\_\_\_

Are residents involved in menu planning? \_\_\_\_\_

May residents eat in their rooms? \_\_\_\_\_

May residents have guests for meals? \_\_\_\_\_ If so, what is the cost? \_\_\_\_\_

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Is there a private dining room for special events and occasions? Is there an additional cost to use this? \_\_\_\_\_

Health And Medical Care

Is individual health insurance required? If, so, what kind? \_\_\_\_\_

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What health care services are provided? \_\_\_\_\_

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What health care services are not provided? \_\_\_\_\_

How are medical emergencies handled? \_\_\_\_\_

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### Recreation

What kinds of group and individual recreational activities are offered? \_\_\_\_\_

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\_\_\_\_\_

Are there supplies for social activities or hobbies (games, cards, crafts, gardening, etc.)?

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\_\_\_\_\_

Does the CCRC encourage contact with the surrounding community, including schools and senior centers? \_\_\_\_\_

\_\_\_\_\_

Are religious services held on the premises? If not, does the residence assist in making arrangements for attending nearby services? \_\_\_\_\_

\_\_\_\_\_

### Other Services

Are supplies of toiletries and incontinence supplies available at the facility? \_\_\_\_\_

Is there a beauty/barber shop at the facility? \_\_\_\_\_

Are the services of a physical, occupational, or speech therapist available? \_\_\_\_\_

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On the whole, do the residents appear relaxed and sociable?

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Personnel/Staffing

Many experts feel that staff and management are among the most important factors contributing to the quality of a CCRC. Such intangibles are difficult to assess. Especially at the Assisted Living and Nursing levels:

Overall, are staff/resident interactions positive? Do staff respond to resident's needs promptly and with caring and respect? \_\_\_\_\_

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How many staff are there for each job or responsibility? \_\_\_\_\_

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How many residents are there for each direct care staff person? \_\_\_\_\_

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Do direct care staff have other responsibilities? \_\_\_\_\_

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For those requiring it, how does the facility tailor the schedule for bathing and dressing to accommodate the preferences of residents? Can changes be made? \_\_\_\_\_

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How does the facility help residents maintain their abilities to care for themselves, especially in regard to toileting, dressing, and eating? \_\_\_\_\_

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What is the staff's training and certification? \_\_\_\_\_

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What is the staff turnover rate? \_\_\_\_\_

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Does the CCRC offer staff development and wellness programs for employees? \_\_\_\_\_

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Do staff speak English clearly? Other languages? \_\_\_\_\_

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Do staff receive special training about dementia and Alzheimer's disease? \_\_\_\_\_

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Are staff trained to deal with aggressive individuals? With wanderers? \_\_\_\_\_

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Can the direct care staff person responsible for a resident be changed if they do not get along? \_\_\_\_\_

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Resident Participation, Government

To what extent do residents participate in the management of the facility?

Are residents respected and encouraged to participate in the life of the community to the fullest extent his or her health permits? \_\_\_\_\_

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Does the facility have at least one resident representative on the management board?

\_\_\_\_\_

\_\_\_\_\_

Is there a resident's council? How does it participate in facility management? \_\_\_\_\_

\_\_\_\_\_

Resident Rights

Are the rights of residents clearly stated? For example,

- Informing residents of services available, policies, procedures and changes to them;
- Retaining of personal possessions;
- To interact freely with others both inside the residence and in the community;
- To have freedom of religion;
- To control your health-related services; and
- To have your privacy.

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Is there a grievance procedure and alternatives if you are not satisfied with the grievance procedure? \_\_\_\_\_

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Facility Initiated Discharge

Describe any circumstances in which a resident would be forced to move out? For example, a resident:

- Acquires a mental or behavioral condition that extends beyond the CCRC's staffing capabilities.
- Endangers the safety, health or welfare of him/her-self and others.
- Fails to observe and abide by the residences rules and regulations.
- Fails to meet their contractual obligations under the Residency Agreement.
- Conduct is disturbing to other residents and such behavior continues after notice to cease.

How much notice of discharge is provided? \_\_\_\_\_

Is there family involvement in the discharge process? \_\_\_\_\_

Does the facility assist in making discharge plans and alternate arrangements? \_\_\_\_\_

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Licensure & Certification

Most states require the facility and administrator to be licensed/certified with the State's department of insurance or department of aging. Ask to read the licensing inspection report.

Do they have a current license/certification? \_\_\_\_\_

If the facility had deficiencies, have they been corrected? Describe: \_\_\_\_\_

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Is the facility a member of a trade or professional association? Which? \_\_\_\_\_

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