Florida Care Home Tour and Comparison Worksheet

Use the same questions at every assisted living facility or adult family-care home so your notes are easier to compare. Bring one copy for each visit.

Before the visit: confirm the facility name, address, license type, and available state records through Florida Health Finder facility search. Ask the home to explain any concern and what changed.

Facility name _____

Address _____

Visit date / time _____

Administrator / contact _____

License number / type _____

Care fit

[ ] The home reviewed the person's current care needs before quoting a price.

[ ] Staff explained which mobility, transfer, toileting, bathing, and dressing needs they can support.

[ ] Staff explained dementia support, wandering precautions, and behavior-change procedures when relevant.

[ ] Nighttime needs, call response, and overnight staffing were discussed clearly.

[ ] Medication assistance, pharmacy coordination, and refill responsibilities were explained.

[ ] The home explained what happens after a fall, illness, hospitalization, or significant change in condition.

Staffing and daily life

[ ] Who is present during the day, evening, and overnight? _____

[ ] Who covers when a caregiver is absent? _____

[ ] How are staff trained for the resident's specific needs? _____

[ ] Residents appeared comfortable, clean, engaged, and treated respectfully.

[ ] Meals, snacks, hydration, dietary needs, routines, activities, and transportation were discussed.

[ ] Family communication and after-hours contacts were explained.

Safety and observations

- [ ] Exits, walkways, bathrooms, lighting, temperature, and mobility areas appeared safe.
- [ ] The home described emergency plans, evacuation assistance, and backup power arrangements.
- [ ] There were no unexplained strong odors, visible hazards, or concerning staff interactions.
- [ ] The bedroom and shared spaces fit the resident's mobility, privacy, and personal preferences.

Price and agreement

- [ ] Base monthly rate: $_____ Care-level fees: $_____
- [ ] One-time / preadmission fees: $_____ Deposit: $_____
- [ ] Extra charges were listed for supplies, incontinence care, escorts, transportation, special diets, or other services.
- [ ] Rate-increase notice, refund rules, move-out terms, and transfer/discharge procedures were explained.
- [ ] A blank or sample agreement was offered for review before signing.
- [ ] The written price matches what was discussed verbally.

Questions to ask before deciding

- [ ] Can this home meet the person's needs now? Which change in needs would require a move?
- [ ] What services are covered by this license type, and which are not?
- [ ] What should the family provide, and what does the home provide?
- [ ] Who handles concerns, and how quickly should families expect a response?
- [ ] What availability and move-in timing were quoted? _____

Visit notes

Overall impression

[ ] Strong fit [ ] Possible fit - follow-up needed [ ] Not a fit

Most important follow-up: _____

Official resources

Facility verification: https://quality.healthfinder.fl.gov/facilitylocator/FacilitySearch.aspx

Florida Long-Term Care Ombudsman Program: 888-831-0404 | https://ombudsman.elderaffairs.org/contact-us/

Educational worksheet only. It does not replace medical, legal, financial, or licensing advice. Services, prices, availability, and records can change. Sources reviewed September 2026.