

Arizona Care Home Tour and Comparison Worksheet

Use the same questions at every assisted living home or assisted living center 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 Arizona Care Check. 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

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Overall impression

☐ Strong fit ☐ Possible fit - follow-up needed ☐ Not a fit

Most important follow-up: _____

Official resources

Facility verification: <https://azcarecheck.azdhs.gov/s/>

Arizona Long-Term Care Ombudsman Program: 602-542-6454, extension 9 | <https://des.az.gov/LTCOP>

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