Memory Care Tour Kit

The questions the tour is not designed to answer — and somewhere to write down what you actually saw.

DAY TO DAY DEMENTIA

Why this exists

The tour is a sales presentation given by someone skilled at giving it, usually to a family in crisis. It is built around the dining room, the courtyard and the activity calendar. It is not built to tell you how many people are awake at four in the morning.

You are also touring at the worst possible moment — after a fall, after a hospital stay, after a night that ended something. Take the questions with you. It is very hard to think of them while someone is being warm at you.

> **Start here: the star ratings probably do not apply.** Medicare's Care Compare covers Medicare and Medicaid certified *nursing homes*. Most memory care is licensed as *assisted living* — state-regulated, and generally absent from that system. Ask your **state assisted living licensing agency** for inspection reports and substantiated complaints, and call the **long-term care ombudsman**, who is free, independent, and often knows a building's reputation better than any document.

How to use it

- **Page 2** — score three facilities side by side. Fill it in *in the parking lot*, before the buildings blur together.
- **Page 3** — the questions to ask, grouped so you can work down them.
- **Page 4** — what you observed, and the unannounced second visit.
- Ask for the money answers **in writing**. Note who said what, and when.
- Take the residency agreement home. Nobody should sign a five-figure-a-month contract at a table with a salesperson opposite them.

The three that matter most

- **"How many care staff are on the floor of this unit at 3 a.m.?"** Not the building. Not a ratio. A number.
- **"What would make you tell us she has to leave?"** Ask before you sign, not after the notice arrives.
- **"What triggers a move up a level of care, and what does each level cost?"** Base rent is not the price.

Scorecard

Fill this in before you drive away. Rate 1–5 where it helps, and write the actual answer where you got one.

	FACILITY A	FACILITY B	FACILITY C
Name			
Date / time of visit			
Who showed us around			
Care staff on this unit at 3 a.m.			
Staff on the unit during our visit			
Caregiver turnover, past year			
How long has the MC director been here			
Base rent			
Level-of-care tiers & cost of each			
Community fee / refundable?			
Rate rises, last 3 years			
Accepts Medicaid? Can she stay if we spend down?			
Notice period for discharge			
Can they keep a 2-person transfer?			
Can our hospice come in?			
Residents engaged, not parked (1–5)			
Grooming — nails, hair, clothes (1–5)			
Staff warmth toward residents (1–5)			
Smell (1–5)			
Gut feeling — and why			

The questions

STAFFING — ASK ABOUT THE NIGHT

- “How many care staff are on the floor of *this unit* at 3 a.m.?”
- “Does that number include the med tech, housekeeper or receptionist?”
- “What happens when someone calls in sick on nights?”
- “What is caregiver turnover in this unit over the last year?”
- “What dementia training do care staff get beyond the state minimum?”
- **“Walk me through what happens overnight if my mother gets up at 2 a.m., is wet, and does not want to be changed.”** — then stop talking. You are finding out whether there is a system or a hope.

CARE, NOT AMENITIES

- “Who does the prompting — do staff assist, or remind residents to do it themselves?”
- “How often are briefs checked and changed overnight, and how is that recorded?” *(ask to see the record format)*
- “How is pain assessed in someone who cannot report it?”
- “What is your process when a resident refuses a bath?”
- “Do residents see a doctor here, or do we transport? Who goes with them?”
- “What proportion of residents in this unit are on an antipsychotic, and how is that reviewed?”
- “What happens when they stop walking?”

DISCHARGE — ASK BEFORE YOU SIGN

- “What behaviors or needs would put a resident beyond what you can care for here?”
- “Have you discharged a resident in the last two years, and for what?”
- “What is the notice period, and what is the appeal process?”
- “If she needs one-to-one supervision, is it available, what does it cost, is it optional?”
- “Who decides — and can we be part of that before a notice is issued?”

SAFETY, INCLUDING THE PART NOBODY RAISES

- “How do you assess a new resident for aggression risk before admission?”
- “What happens the same day after an incident between residents?”
- “How and when are families notified?”
- “How are the doors secured, and what happens when an alarm sounds?”
- “Is the outdoor space enclosed and freely accessible?”
- “What happens if someone is found on the floor and nobody saw it?”

> **Why ask about resident-to-resident aggression.** A 2024 *JAMA Network Open* study of 930 residents across 14 assisted living communities found a one-month prevalence of **22.5% in memory care units**, against 10.3% elsewhere. It is foreseeable, and it can be staffed and designed for. Nobody expects a family to ask — which is exactly why the answer is revealing.

What you saw

You will be told a great deal. Write down what you watched instead.

OBSERVATION	A	B	C
Residents out of their rooms and doing something			
Staff greet residents by name; residents respond			
Staff crouch to eye level rather than talking overhead			
Hands, nails, hair, glasses, shoes cared for			
Anyone calling out unanswered — for how long?			
Smell — one spot, or across the unit?			
Watched a meal? Staff present, assistance given, unhurried			
Handrails and steadying surfaces at resident height			

COME BACK UNANNOUNCED

Different day, different time. A weekend, an evening, or mid-afternoon around four when sundowning is at its worst. You will be shown the same building under real conditions.

If a facility discourages an unscheduled visit, or requires an appointment to see the unit, treat that as an answer.

	FACILITY A	FACILITY B	FACILITY C
Second visit — date & time			
What was different			

BEFORE YOU SIGN

- Take the residency agreement home and read it somewhere else.
- Check: what triggers a rate rise and what notice you get; discharge terms; any arbitration clause; what the community fee covers and whether it is refundable; your own notice period; what happens if she dies or moves to a nursing home.
- An elder law attorney reading it costs a fraction of one month’s rent.

daytodaydementia.com

Education and peer support — not legal advice. Licensing, staffing rules and discharge protections vary by state; verify with your state licensing agency and long-term care ombudsman.