

# Facility & Provider Information Summary

Care Facility Name

Provider Name & Number

Address

3 questions before scheduling **1)** Do you have current openings?

**2)** Can you provide care for my [AGE] year old [RELATIONSHIP] who has [SPECIFIC MEDICAL CONDITION]?

**2)** Are they within your budget? Medicaid Acceptance Policy (if applicable)?

Tour Date & Time

Your top desires:

Your primary health and safety needs & concerns: **1)**  
**2)**

**Due Diligence:** Check the [DSHS WEBSITE](https://fortress.wa.gov/dshs/adsaapps/Lookup/AFHAdvLookup.aspx) for Enforcement Letters or STOP-Placement Orders  
**Before you Tour** (<https://fortress.wa.gov/dshs/adsaapps/Lookup/AFHAdvLookup.aspx>)

1) Display facility listings Search by County, City, Zip, or License Number

2) Find the facility Browse the results list to find the AFH in question

3) View Reports & Citations Once you locate the facility, look on the right-hand column under "Documents & Reports" and "View Reports" if there are any.

Notes from your tour:

## Summary Recap

1 star = poor / 5 = best

Pleasing home & surroundings? ★ ★ ★ ★ ★

Clean and clutter-free? ★ ★ ★ ★ ★

Convenient location for you? ★ ★ ★ ★ ★

Can provide safe and competent care *now and in the future?* ★ ★ ★ ★ ★

Current residents are compatible? ★ ★ ★ ★ ★

Residents appear clean and well cared for? ★ ★ ★ ★ ★

Within budget? ★ ★ ★ ★ ★

Acceptable Medicaid Acceptance Policy? ★ ★ ★ ★ ★

**Overall Impression & Rating:** ★ ★ ★ ★ ★

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# Touring Questions & Checklist

Category	Questions	YES	NO
<b>Skills / Experience</b>	How long have you been an AFH Provider? Your Experience & Specialty?	[ ]	[ ]
	What social, or other activities do you provide?	[ ]	[ ]
<b>Social</b>	What are the other residents' engagement & social abilities?	[ ]	[ ]
	<i>Are the current residents compatible with your loved one?</i>	[ ]	[ ]
<b>Aging in Place</b>	Do you provide end-of-life & hospice care?	[ ]	[ ]
	What SPECIFIC circumstances would requires us to move out?	[ ]	[ ]
	What specific care or services are NOT provided / offered?	[ ]	[ ]
<b>Safety</b>	What safeguards do you have in place if my loved one wanders?	[ ]	[ ]
	Please explain alarms and call bell system.	[ ]	[ ]
	<i>Observe: Tripping hazards like carpets or area rugs?</i>	[ ]	[ ]
	<i>Observe: Enough hand rails and grab bars in restrooms and shower?</i>	[ ]	[ ]
<b>Staffing &amp; Night Care</b>	How long has each caregiver worked here? Can we meet them?	[ ]	[ ]
	Explain your staffing schedule - how many on duty?	[ ]	[ ]
	<i>Observe: Is the staff's English and communication adequate?</i>	[ ]	[ ]
	<b>Is night staff AWAKE or ON-CALL?</b>	[ ]	[ ]
	How do you manage nighttime care?	[ ]	[ ]
<b>Friends &amp; Family</b>	Any visiting restrictions or rules?	[ ]	[ ]
	<i>Observe: Do you feel welcome and encouraged to visit?</i>	[ ]	[ ]
<b>Financial &amp; Financial</b>	<b>What is the cost?</b>	[ ]	[ ]
	<i>If based on level of care: explain care levels and associated fees.</i>	[ ]	[ ]
	<i>When my loved one needs more care, how do you determine the rate increase?</i>	[ ]	[ ]
	<b>What charges are NOT included</b> in the daily /monthly fee?	[ ]	[ ]
	<b>Any deposits?</b> How are deposits used, and the refund policy on all deposits.	[ ]	[ ]
	Refund policy when passing away and moving out.	[ ]	[ ]
	What is your bed hold policy (during hospitalization)?	[ ]	[ ]
	<b>What is your Medicaid Acceptance policy?</b>	[ ]	[ ]
<i>Obtain a copy of all AFH policies, Residency Agreement, and Disclosures BEFORE providing deposit or agreeing to move in.</i>	[ ]	[ ]	
<b>Appointments &amp; Medical Care</b>	Do you have a visiting doctor? Visiting Podiatrist? Etc.	[ ]	[ ]
	Do you provide transportation for medical and urgent care? Cost?	[ ]	[ ]
<b>Food</b>	Do you accommodate special diets (blenderized, diabetic, etc.)?	[ ]	[ ]
	Are meals & snacks scheduled? Flexible?	[ ]	[ ]
	Are meals taken together? At specific times? Describe meal routine...	[ ]	[ ]
<b>Furnishings</b>	Which furnishings are provided? What do we need to bring?	[ ]	[ ]