

# ASSISTED LIVING & MEMORY CARE TOUR GUIDE

*The Questions, The Watch-Fors, and How to Advocate*



Dementia Life

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## QUESTIONS TO ASK WHEN TOURING

**Bring this list. Take notes. Ask follow-up questions.**

### Staffing & Coverage

- What is your caregiver-to-resident ratio during the day? Evenings? Overnight?
- How many caregivers are on memory care overnight?
- Is there a nurse in the building 24/7?
- How often do you use agency staff?
- What is your staff turnover rate?
- Are caregivers consistently assigned to the same residents?
- How often are residents checked overnight?

### Dementia Training & Care Philosophy

- What dementia-specific training do staff receive?
- How many hours of dementia education are required annually?
- How do you approach agitation, wandering?
- Do you use non-medication strategies first?
- How do you preserve dignity during bathing and personal care?
- What is the continence support plan? How often are residents guided to the restroom or assisted with brief changes? (Should be every 2-3 hours)
- How often are residents bathed?
- Does oral care happen every morning and night? (teeth brushing, dentures soaked)
- How are care plans individualized?
- What happens when a resident refuses care?

### Medications & Medical Oversight

- How often are medications reviewed?
- When are antipsychotic medications considered?
- How are medication changes communicated to families?
- How are falls documented and reported?
- When are families notified of incidents?

### Activities & Engagement

- What does a typical day look like in memory care?
- Are activities adapted by stage of dementia?
- How do you engage residents who refuse group activities?
- Are there dedicated activity staff?
- How many hours per day are structured activities offered?

*You want to see engagement - not just a TV on.*

## Environment

- How do you reduce overstimulation during busy times?
- How do you manage noise in common areas?
- Is lighting adjusted in the evening to reduce sundowning?
- How is temperature regulated throughout the building?
- What do you do if a resident frequently feels cold?
- Are multiple sensory inputs happening at once (TV, music, overhead paging)?
- Are the music and TV content appropriate for the residents and what THEY prefer?
- Are memory boxes or personal items displayed outside rooms?
- Is outdoor space secure, accessible, and used daily?

## Safety & Emergency Protocols

- How do you discourage exit seeking?
- What happens if someone exits the building?
- How are emergencies handled?
- What hospital do you use?
- What is your discharge policy if care needs increase?

## Communication & Accessibility

- Is there a 24-hour phone number answered by a live person?
- If something happens at 10 PM, how are we notified?
- Who do we call or get into the building after hours?
- How often are care plan meetings held?
- What is your formal complaint process?
- What is the expected timeline for resolving concerns?

## Staff Cell Phone & AirPods Policy

- What is your policy on staff cell phone use during shifts?
- Are staff allowed to wear AirPods or earbuds while working?
- How do you ensure phones are not used during direct care?
- How do you protect resident privacy related to photos or videos?
- How is policy enforced?

*In dementia care, presence is safety. Divided attention can increase falls, missed distress cues, and agitation.*

## Food & Hydration

- Can we see a sample menu?
- How is weight monitored?
- Do you cue residents to eat and guide them through meals?
- Are the foods dementia friendly?
- Is the food the same quality as other areas of the community?
- Do the residents in memory care have access to the menu items of AL and IL?
- How do you support residents who refuse meals?
- Do you have a plan/program for hydration?

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## RED FLAGS TO WATCH FOR

### Staffing Concerns

- Vague answers about ratios
- Defensive responses to basic questions
- High staff turnover
- Heavy agency use
- No nurse overnight
- Long call light response times

### Excessive or Distracted Phone Use

- Staff scrolling on phones while residents sit unattended
- Caregivers texting during care
- AirPods or earbuds worn in the memory care unit
- Staff appearing disengaged
- Leadership minimizing concerns (“Everyone uses their phones.”)

*Residents with dementia are highly sensitive to tone and presence. If staff are distracted, residents feel it.*

### Resident Condition & Engagement

- Strong odors
- Residents left unattended for long periods
- Over-sedation
- Poor grooming - uncombed hair, food on hands/clothing/wheelchairs
- No visible engagement beyond television

### Medication Practices

- Quick reliance on antipsychotics
- No discussion of non-drug approaches
- No regular medication reviews
- Families not included in decisions

### Transparency Issues

- No clear complaint process
- Unclear after-hours contact
- Hesitation explaining incident reporting
- Pressure to sign contracts quickly

### Safety Gaps

- Propped open memory care doors
- Confusion about wandering procedures
- Staff unable to explain emergency protocols

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## GREEN FLAGS TO LOOK FOR

### Respectful, Warm Interactions

- Staff greet residents by name
- Staff SMILE at the residents and exhibit calm, warm presence
- Eye-level communication
- Gentle redirection instead of correction
- Residents appear relaxed and safe

### Calm, Confident Staff

- Clear explanation of staffing ratios
- Leadership answers questions directly
- Staff know resident preferences
- Low visible chaos

### Strong Dementia Understanding

- Behaviors described as communication
- Non-medication approaches prioritized
- Individualized care plans
- Ongoing dementia education that is experiential and effective - not just online

### Meaningful Engagement

- Small group or one-on-one activities happening
- Sensory tools and music visible
- Variety in programming
- Engagement for quieter residents too

### Professional Boundaries Around Devices

- No visible phone use during resident interaction
  - No AirPods or earbuds worn during care
  - Devices stored in designated areas
  - Clear policy confidently explained
  - Staff visibly attentive and present
- Eye contact. Hands free. Full attention.*

### Transparent Communication

- Clear complaint process
- Open invitation to care conferences
- Defined after-hours contact plan
- Willingness to put policies in writing

*Healthy communities promise responsiveness – not perfection.*



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## HOW TO ADVOCATE AFTER MOVE-IN

*Placement is not the end of your role. It is the beginning of partnership.*

### Build Relationships

- Learn staff names
- Express appreciation when you see good care
- Share written history and preferences
- Attend care plan meetings

### Document Concerns Clearly

- Write down dates and observations
- Stick to specifics
- Request meetings rather than hallway confrontations
- Ask: "Help me understand what happened."

### Follow the Chain of Command

1. Caregiver
2. Nurse
3. Director of Nursing and/or Memory Care Director
4. Executive Director
5. Corporate or regional leadership

*Request the formal complaint process if needed.*

### Address Phone Concerns Directly (If Needed)

- You might say: "I've noticed staff wearing earbuds during care. Can you help me understand your policy?"

*Calm. Direct. Collaborative.*

### Visit at Varied Times

- Evenings, Weekends, Mealtimes, Occasionally unannounced

*Patterns tell the real story.*

### Escalate If Safety Is Compromised

- Put concerns in writing
- Request written follow-up
- Contact your state Long-Term Care Ombudsman
- File a regulatory complaint if necessary

*Advocacy protects dignity.*



Dementia Life

**This is your loved one's home.**

- **You are allowed to ask questions.**
- **You are allowed to expect presence.**
- **You are allowed to protect dignity.**

**Trust your eyes.  
Trust your instincts.  
And remember —  
your voice matters.**

*The most beautiful building cannot compensate for inattentive care.*