The Senior Care Decision Toolkit

A Roadmap, Worksheets, and Checklists for Navigating Eldercare with Confidence

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WHAT IS INCLUDED IN THIS TOOLKIT:

Section 1: The 5-Step "Where Do I Start?" Roadmap
Section 2: Facility Comparison Worksheets (Fillable Form Matrices)
Section 3: Questions to Ask Facilities (Categorized Interview Master Lists)
Section 4: Crisis Planning Checklist ("If Something Just Happened...")
Section 5: Family Meeting Planner & Conflict-Reducing Scripts
Section 6: Senior Care Payment Sheet

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SECTION 1: The 5-Step "Where Do I Start?" Roadmap

Step 1: Assess the Situation

Primary Trigger: _____

Urgency Profile: [ ] Urgent Crisis (Hospitalization/Acute Fall) [ ] Gradual Decline (Planning Ahead)

Activities of Daily Living (ADLs) & Safety Checklist

[ ] **Medication Management:** Loved one has missed, doubled, or confused doses over the last 30 days.

[ ] **Nutritional Safety:** Unexplained weight loss, spoiled food accumulation, or safety risks involving appliances.

[ ] **Mobility & Falls:** Unexplained bruising, structural instabilities, or documented near-miss slips.

[ ] **Physical Transferring:** Noticeable difficulty sitting down, standing up, or using facilities unaided.

[ ] **Personal Hygiene:** Neglecting routine self-care schedules (bathing, teeth brushing, wearing repetitive soiled clothing).

[ ] **Cognitive Safety:** Wandering episodes, severe confusion, uncharacteristic disorientation, or paranoia.

NEXT ACTION STEP: If you selected 2 or more checkboxes, move immediately to Step 2 below to isolate targeted care levels.

Step 2: Define Level of Care Needed

Care Level	Target Profile	Core Inclusions	Cost Profile
Independent	Active, safe alone, wishes to escape yardwork, structural overhead.	Meals, organized social events, baseline security.	$1,500 – $4,500 Monthly
In-Home Care	Desires aging in place, requires light external support structure.	Companionship, meal prep, light personal ADL backup.	$22 – $40 Hourly
Assisted Living	Requires 24/7 access to care staff, unsafe sleeping or staying alone.	Full ADL support, medication oversight, community dining.	$3,500 – $7,500 Monthly (Predictable)
Memory Care	Dementia/Alzheimer's diagnoses, flight or wandering liabilities.	Locked structural security, cognitive specialized therapy, 1:1 staff ratios.	$4,500 – $9,000 Monthly

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TARGETED CARE TYPE CHOSEN:

_____

Step 3: Research Smart (Not Forever)

Caregiver paralysis happens when you search endlessly. Build a streamlined 5-3-1 Strategy: locate 5 communities on paper, filter down to the top 3 physical tours using your worksheets, and secure 1 primary option with 1 contingent backup.

> ⚠ **CRITICAL EVALUATION FILTER**
> *Do not get blinded by grand chandeliers, marble entryways, or baby grand pianos during marketing visits. Marketing teams budget heavily for entry styling. Look past the aesthetic: assess actual staff-to-resident eye contact, transparency of care tiers, ambient smells, and resident expressions.*

NEXT ACTION STEP: Want a professional to handle the heavy lifting? For additional assistance in identifying the perfect care level, receiving a personalized vetted facility list, or having your site tours scheduled entirely on your behalf, call (662) 622-1831 today to schedule your free placement consultation.

Step 4: Tour & Compare

[ ] Pervasive odor profiles of heavy chemical air fresheners masking background ammonia/urine.

[ ] Unanswered call pendants, blinking lights, or residents isolated in corridor pathways for over 10 minutes.

[ ] Visible friction, stress indicators, or dismissive behaviors among front-line support staff.

[ ] Ambiguous, evasive answers regarding pricing increases, care tiers, and community fee application.

Step 5: Decide With Confidence

Fear-Based Decision-Making	Fact-Based Strategic Reality
"I am abandoning my loved one or breaking an ancient promise by moving them into an agency setup."	"I am executing professional, 24/7 physical risk mitigation that I cannot logistically deliver alone, preserving our emotional relationship structure."
"They explicitly refuse this transition path, so it must be structurally wrong for them."	"Vociferous resistance is a normative, biological response to an absolute loss of autonomy—not an indicator of an incorrect placement choice."

Final Decision Filter Scales:
Does this specific choice secure basic physical protection for your loved one? [ ] YES [ ] NO
Does this specific choice preserve your structural baseline mental sanity? [ ] YES [ ] NO

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SECTION 2: Facility Comparison Worksheet

Facility Name	_____
Primary Point of Contact & Title	_____
Base Monthly Cost & Community Fee	$_____ | Fee: $_____
Care Tier Inclusions & Overage Fees	_____
Staff-to-Resident Ratio (Day vs. Night)	Ratio: _____ | Night Ratio: _____
Cleanliness / Odor Audit Notation	[ ] Excellent [ ] Satisfactory [ ] Marginal [ ] Poor
Activity Schedule & Social Engagement Engagement	[ ] Calendar Analyzed | [ ] Residents seen participating
Medication Administration Infrastructure	[ ] Central Med Cart | [ ] Electronic tracking enabled
On-site Memory Care Lock Unit Availability	[ ] Yes, fully operational | [ ] No independent locked wing
Observed Operational Red Flags	_____ _____
Overall Core Gut Instinct Rating	[ ] 1-Poor [ ] 2-Fair [ ] 3-Good [ ] 4-Very Good [ ] 5-Elite

⚠ Quick Tip: Spotting a "Poor" vs. "Good" Facility

- **What a "Poor" answer sounds like:** If you ask about staff turn-over or fall call button times and the tour guide says: *"Oh, we don't track those numbers, but our staff has been here a long time and we are really fast!"* (This means they are hiding a bad score or don't track safety metrics).
- **What a "Good" answer sounds like:** *"Our current wait time on call buttons averages 4.5 minutes, and our director reviews the computer logs every single Friday morning."* (This means the building is organized and actively managed).

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SECTION 3: Questions to Ask Facilities

Care & Staffing

1. What is the specific, verifiable caregiver-to-resident ratio during the core day shift versus the overnight window?

2. What is your trailing 12-month staff turnover metric compared to the current national average?

3. How do you handle staff shortages? If a regular caregiver calls out, do you utilize consistent internal staff or rely on external temporary agency personnel?

4. What specific, ongoing dementia or cognitive training do your front-line care staff and managers receive annually?

5. Are your medication technicians supervised directly by an on-site, on-call protocol?

Write notes here:

Safety & Structural Security

1. What are your emergency protocols during a regional power event or extreme environmental disaster?

2. Are all resident apartments and bathrooms equipped with integrated hardwired emergency pull cords?

3. If a resident triggers an emergency pendant or pull cord, how long does it take for your staff to respond?

4. How do you stop residents who are confused or forgetful from wandering outside or getting lost?

5. How and when do you tell the family if a resident falls, gets hurt, or has a sudden medical emergency?

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Write notes here:

Costs & Contracts

1. How often do your monthly prices go up, and by how much do they usually increase each year?

2. Exactly what changes in a senior's health will require them to move to a higher-cost care plan or transition to another facility?

3. Do we get our upfront community move-in fee back if my parent has to leave the facility or passes away in the first few months?

4. Are extra services (help with diapers, managing pills, or bringing meals to the room) included in the price, or do they cost extra on top of the rent?

5. If my parent runs out of money and cannot pay anymore do you accept government financial help like Medicaid LTC, or will they have to move out?

Write notes here:

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Medical Support & Daily Life

1. Is there an active RN or LPN physically within the framework 24/7, or are they exclusively on-call?

2. What are the dining frameworks if a resident is temporarily or permanently unable to visit the common room?

Write notes here:

Discharges, Appeals, & Rights

1. What specific medical needs or behavioral problems would cause you to tell a resident they are no longer allowed to live at your facility?

2. What can the family do if we disagree with a price increase or our parents need a grace period to move out?

Write notes here:

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SECTION 4: Crisis Planning Checklist

🚨 "If Something Just Happened…" STOP, Breathe, and Check These Boxes.

Phase 1: Hospital Discharge & Acute Realities

[ ] **Demand Case Manager Resolution: Inform the coordinator:** "Discharge to the historical home environment is structurally unsafe. We require a formal post-acute care recommendation level written explicitly into the medical file."

[ ] **Secure the Paperwork Asset Pack:** Do not leave the floor without physical copies of the discharge medication reconciliation sheet, active physical therapy baseline records, and acute diagnostic panels.

[ ] **Establish Fall Risk Coding:** Confirm the internal chart reflects an updated medical Fall Risk Assessment score to force insurer validation of required care levels.

> ⚠ **CRITICAL LEGAL SAFEGUARD**
> *Do NOT sign any community contract, intake sheet, or admission portfolio as the 'Responsible Party' or 'Financial Guarantor' unless you choose to accept total personal out-of-pocket financial liability. Explicitly execute all signature blanks as: '[Your Name], acting strictly as Power of Attorney for [Loved One's Name]'.*

Phase 2: The 72-Hour Stabilization Matrix

Timeframe	Immediate Action Item Requirement	Status
Hours 0–24	Locate and copy active Healthcare Power of Attorney (POA) and Financial POA papers. Centralize active Medicare, Medicaid, and long-term care insurance policy coordinates.	[ ] Done
Hours 24–48	Reference Section 6. Place direct telephone calls to your top 3 target communities to assess immediate bed, waiver, or memory wing availability.	[ ] Done
Hours 48–72	Appoint exactly ONE sibling or family node to act as the single point of communication with facility intake personnel to minimize internal alignment fragmentation.	[ ] Done

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SECTION 5: Family Meeting Planner

Part 1: Pre-Meeting Cheat Sheet

Fill this out by yourself BEFORE you call or sit down with your family:

1. **What is the number one goal of this meeting?** (Example: Deciding if Dad needs to move to assisted living this month or just hiring a part-time nurse).

   _____
   _____

2. **What does Mom or Dad actually want?** (Do they have a legal will or paperwork stating where they want to live? If not, what have they told you?)

   _____
   _____

3. **What is our maximum monthly budget?** (What is the highest amount of money available from the parent's income, savings, or family contributions combined?)
   $_____ per month.

Part 2: The One Hour Meeting Agenda

Timeline/Clock	What to Talk About	Who is In Charge?
00:00 - 00:15	**The Reality Check:** Talk about how Mom/Dad is *actually* doing. Share recent falls, missed medications, or doctor notes.	Name: _____
00:15 - 00:30	**The Money Box:** Look at the finances. How much money does Mom/Dad have in savings, social security, or insurance to pay for care?	Name: _____
00:30 - 00:45	**Splitting Up the Work:** Look at your facility list. Who is going to call the places? Who is visiting them? Divide the tasks evenly.	Name: _____
00:45 - 01:00	**Next Action Steps:** Write down exactly what needs to be done by next week. Lock in dates and times.	Name: _____

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Part 3: Tension-Defusing Verbal Scripts

1. When a sibling says: "You live closer, so you should be doing all the daily work."

🗣️ ***What to say:*** *"I know I am closer, but I am completely overwhelmed and running out of steam. I cannot handle this alone anymore. Let's look at the care list together and figure out how we can split up the tasks fairly, even from far away."*

2. When a sibling says: "Mom/Dad is totally fine! You are just overreacting and worrying too much."

🗣️ ***What to say:*** *"I wish that were true, but let's look at the facts. They have missed their pills three times this month and had a bad fall last Tuesday. We can't wait for something worse to happen. Is their current setup actually safe today?"*

3. When everyone is arguing about different choices and getting nowhere:

🗣️ ***What to say:*** *"We are probably not going to agree on every single little detail today, and that is okay. But we have to leave this room with a basic safety plan locked in before this weekend. Let's focus on that first."*

4. When a sibling says: "I don't want to spend their savings on a facility. We should keep them at home no matter what."

🗣️ ***What to say:*** *"I want them to stay home too, but their health needs are getting too heavy for us to manage safely. Their savings were built specifically to keep them safe and cared for. Let's look at what that money can buy to give them a better life."*

5. When a sibling hasn't helped at all but starts criticizing your choices:

🗣️ ***What to say:*** *"I am doing the absolute best I can with the information I have. If you think there is a better way to do this, I welcome your help. Which specific facility or doctor would you like to take charge of calling tomorrow?"*

6. When siblings start bringing up old childhood drama or past family arguments:

🗣️ ***What to say:*** *"We have a lot of old family history, and we might never see eye-to-eye on the past. But right now, our parent is in trouble. Let's put our past differences away for just one hour and focus strictly on what is best for Mom/Dad."*

7. When everyone is too afraid to make a final choice because it feels scary:

🗣️ ***What to say:*** *"Making this decision feels incredibly heavy, and none of us want to make the wrong move. But doing nothing is still a choice, and it is the most dangerous choice we can make. Let's make the safest choice we can for right now, and we can always adjust it later."*

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SECTION 6: Senior Care Payment Sheet

⚠ THE FINANCIAL REALITY CHECK

Many families think health insurance pays for the daily rent, room, and board at senior living facilities. This is a very expensive mistake. Read this simple guide to see how care is actually paid for, what insurance will do, and what you must pay for yourself.

Question	🏥 MEDICARE(Health Insurance)	🏦 MEDICAID(Government Financial Help)	🛡️ PRIVATE INSURANCE(Long-Term Care Plans)	💰 PRIVATE PAY(Your Own Money)
What is it?	Normal health insurance for seniors aged 65 and older.	A state program that helps people with very low income and low savings.	Special insurance plans bought years ago specifically to cover senior care.	Using personal savings, income, or family help to pay out-of-pocket.
Do places accept it?	❌ **NO.** Facilities do not take Medicare for room and board.	⚠️ **SELDOM.** It only covers a very limited amount of things, not the cost of living.	✅ **YES.** Most places gladly accept these specialized insurance plans.	✅ **YES.** This is the number one way facilities prefer to be paid.
Does it pay for Assisted Living	❌ **NO.** It never pays for a senior to live in an Assisted Living	❌ **NO.** It might pay for small medical tasks, but it will not pay your	✅ **YES.** Most plans pay a set amount of money per day toward	✅ **YES.** You pay the full monthly

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Question	🏥 MEDICARE(Health Insurance)	🏦 MEDICAID(Government Financial Help)	🛡️ PRIVATE INSURANCE(Long-Term Care Plans)	💰 PRIVATE PAY(Your Own Money)
rent?	community.	monthly rent.	your monthly care rent.	bill directly to the facility out of your pocket.
Does it pay for Memory Care rent?	❌ **NO.** It never pays for a senior to live in a locked Memory Care building.	❌ **NO.** It will not pay for the room, board, or rent in a Memory Care community.	✅ **YES.** If a doctor states the senior has memory loss, these plans usually pay out.	✅ **YES.** You pay the full monthly bill directly to the facility out of your pocket.
Does it pay for Nursing Home care?	⚠️ **ONLY SHORT-TERM.** It only pays for a quick stay (up to 100 days) for rehab after a hospital visit.	✅ **YES.** It will pay for a long stay inside a nursing home, but only after personal savings are gone.	✅ **YES.** Most plans will cover nursing home stays up to your plan's total limit.	✅ **YES.** You can pay out-of-pocket until your savings run out, then transition to Medicaid.
What does it actually pay for?	Doctor visits, ER hospital stays, short rehab therapy, and	Limited medical supplies or doctor care, but never the facility room and board.	Daily rent, room, board, and personal care helper fees at the	Everything. Rent, food, utilities, activities, and daily

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Question	🏥 MEDICARE(Health Insurance)	🏦 MEDICAID(Government Financial Help)	🛡️ PRIVATE INSURANCE(Long-Term Care Plans)	💰 PRIVATE PAY(Your Own Money)
	prescription pills.		building.	care helpers.

💡 4 Things You Must Know About the Money

- **Medicare** is only for medical health. Think of Medicare as standard health insurance. It pays the doctor or the hospital if your parent gets sick. It will never pay for a senior's apartment, their daily food, or a caregiver to help them get dressed.
- **Medicaid** does not pay for room and board. Even if a facility says they "take Medicaid," they usually mean they take it for limited medical supplies or therapy tasks. It almost never covers the cost of living inside an Assisted Living or Memory Care building.
- **Private Pay** is what facilities want. Senior living buildings are businesses. They want "Private Pay," which means you pay the rent using your parent's monthly Social Security checks, regular bank savings, pensions, or money from selling their house.
- **Check for Long-Term Care Insurance early.** Normal health insurance or Obamacare does not pay for senior living. But if your parent bought a special "Long-Term Care Insurance" policy years ago, call that insurance company right away! These specific plans are widely accepted and can pay for a large part of Assisted Living or Memory Care rent.

🏁 The Bottom Line for Families

If your loved one is moving into an Assisted Living or Memory Care community, expect to pay out-of-pocket using Private Pay or Private Long-Term Care Insurance. Do not count on standard health insurance or government Medicaid to pay the monthly rent bill!

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