

### Making the grade worksheet:

# CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)

## A CCRC is distinct in three important ways from other types of retirement communities:

Offers a combination of living accommodations and a "continuum of care" for the remainder of the resident's life.

The continuum of care encompasses different levels of service all at one location — from independent living to assisted living and skilled nursing. These services are either pre-funded or provided on a fee-for-service basis, for the remainder of the resident's lifetime.

CCRC residents sign a contract that involves the right to live in a specific place, and the intent to purchase services.

### Prior to your visit:

Look up the facility's rating on medicare.gov/nursinghomecompare or on state websites referenced on the same website. This worksheet is designed to familiarize you with the types of services offered by CCRCs. Consider reviewing the guide in advance of your visit, and bring along a copy of this questionnaire to take notes and evaluate the community based on your impressions.

A continuing care retirement community (CCRC), or life care community, offers maintenance-free housing and a multi-dimensional lifestyle along with a contract for care for health care services.

When visiting a CCRC with the intent of moving there, be sure to check out their health care facilities. Although they may not be needed today, they could come into play later. Be sure to thoroughly tour all aspects of the community, including assisted living, skilled nursing care and memory care facilities.

Use this guide to assess the CCRC communities you are considering for your move.

Community profile		
Name of community		Date visited
Address		Phone no.
City	State	Zip code
Contact name		Your rating 1–5 (5 being the highest)



Release from liability: Any selections the individual or family makes in terms of care are the sole responsibility of the decision maker. The Financial Advisor, Legg Mason, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from selecting a care center, caregiver, community or facility.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Community basics			
Number of:			
Residents (total)	Assisted living residents		
Units/available residences (total)	Skilled nursing beds		
Independent residents	_		
Setting (e.g., in-town, suburban, country)			
Average age of the residents			
Name of developer/sponsor			
Is the sponsor for profit not-for-profit (Affiliated with:			)
What is the financial position of the sponsor? (Request finar	ncial statements)		
Is there debt? How is it structured?		Yes	No
How many years has the community been in business?			
What is the history of any parent company or sponsor?			
Occupancy rate (%)			
Is there a waiting list?		Yes	No
Cost to join the waiting list:			
Is the cost refundable?		Yes	No
Length of waiting list:			
How is the waiting list managed?			
Percentage of residents from local area?			
Model unit preference?			
Admissions criteria			
Health			
Financial			
Location			
Convenient to family?		Yes	No
Convenient to friends?		Yes	No
Convenient to shopping/restaurants/entertainment (e.g., mo	vies)?	Yes	No

Location (Continued)  Convenient to medical care (e.g., doctors, specialists, hospitals, specialized rehabilitation facilities)?	Yes	No
Parking/Storage/Transportation		
What are the parking accommodations for residents (e.g., garage, driveway, on-street)?		
Free resident parking?	Yes	No
Is parking assigned?	Yes	No
Visitor parking?	Yes	No
Additional storage units?	Yes	No
Does the community offer transportation to shopping, doctors, etc.?	Yes	No
Is scheduled transportation or public transportation offered nearby?	Yes	No
Community environment		
Does it feel welcoming?	Yes	No
Do the residents appear happy and engaged?	Yes	No
Does the facility appear clean?	Yes	No
May residents bring personal items from home?	Yes	No
Is there a secure outside area for the residents to walk in?	Yes	No
Are pets allowed in independent living? Policies/rules/restrictions?	Yes	No
Are pets allowed in assisted living? Policies/rules/restrictions?	Yes	No
Community services		
What type of care can be brought into the residence if additional support is required? (For example, hor skilled nursing care.)	ome health a	iides
Is there a security system?	Yes	No
Is there a 24/7 concierge system?	Yes	No
Is there an emergency response system?	Yes	No

Community services (Contin	iued)						
What security measures are in (the assisted living facility or th			h Alzheimer's d	isease from wa	andering out of	the buildi	ng
Is there a secure outside area	for the resider	nts to walk in?				Yes	No
How do you accommodate a d	couple if one s	pouse needs	a higher level of	care?			
Health and medical care							
What type of health care and r	medical care s	ervices are av	ailable during ea	ach phase — in	dependent, as	sisted livir	ng
and skilled nursing?			Phase	of Care			
	Indepe	endent	Assiste	ed living	Skilled	nursing	
	Yes	No	Yes	No	Yes	No	
In-house physician							
Nurse/medic on call							
Physical therapist							
Wellness care							
On-site pharmacy							
Other specialists							
How are emergency health pro	oblems handle	ed? 					
What is the protocol for contact	ting family me	mbers should	an emergency c	or another impo	rtant issue aris	e?	
Is short-term skilled nursing and an illness or surgery?	d rehabilitation	available if soi	meone requires	them after		Yes	No
Is there someone on staff to h	elp arrange do	octor appointm	nents?			Yes	No
Are there doctors on site on co	ertain days? W	/hich specialis	ts?			Yes	No
What is the lead time to be se	en by a docto	r?					
Is there a social worker on star	ff for help with	n care and reso	ources, if neede	ed?		Yes	No
What type of care (e.g., home support is required?	health aides c	or skilled nursir	ng care) can be	brought into th	e residence if a	additional	

What happens if there is a short-term need for hospitalization?

Health and medical care (Continued)		
How often do residents return to the residence after a stay at rehab or hospital?		
What health setbacks would trigger a move from independent living (e.g., mobility, incontinence, oxygen, decline or dementia)?	cognitiv	ve
Who makes the decision to move the resident to a higher level of care?		
What happens if assisted living or skilled care is needed and there is no available space (i.e., unit/bed)?		
Who is the contact when the family has questions about patient care?		
Activities and amenities		
How are new residents welcomed to the community?		
What types of activities and events (e.g., book clubs, bingo nights, holiday events, etc.) are offered?		
What amenities (e.g., pool, tennis, fitness, dining, golf, etc.) are offered?		
What types of services are available?		
Are there dining options available?	Yes	No
If yes Are meals part of the service provided in every phase — independent, assisted living and skilled nursing?	Yes	No
Are the costs for meals included in the monthly fee?	Yes	No
What meals are provided each day (e.g., breakfast, lunch, dinner and/or snacks)?		
Can specific dietary needs be accommodated?	Yes	No
If no If meals are not included in the monthly fee, how much do they cost?		
How would the process work if one needed to have meals arranged for them?		

Activities and ame	enities (Continued)				
Optional services:					
Housekeeping		Storage			
Handyman		Guest rooms for visiting families		_	
Salon .		Visitor parking			
Linen/Laundry		Other			
·					
Staff	04 h a uma a alau 2				
Is the staff available	24 nours a day?		Yes N	0	
Is the staff friendly,	respectful and personable?		Yes N	0	
What is the staffing	level on weekdays, weekends a	nd evenings?		_	
				_	
What is the staff tur	nover rate?				
				_	
Management					
Who determines the	e management of the community	y?			
				_	
How is the manage	ment supervised?			_	
What feedback mechanisms exist for residents and their families?					
				_	
Contract and fees					
What services are in	ncluded in the care agreement/se	ervice contract?			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	racta are offered? (a.g. Type A.E.	2 C D ata \ Attach the community	'a faa aabadula ta thia naga	_	
after your visit.	acts are offered: (e.g., Type A, L	3, C, D, etc.) Attach the community	s ree scriedule to tris page		
				_	
By what percentage	nave the monthly fees increase	d over each of the last five years?		_	
What is the change	in monthly fee for additional leve	els of care?		_	
				_	
What happens if a r	esident can no longer cover their	monthly fees?		_	
				—	

Contract and fees (Continued)
What happens if a resident wants to leave after a month, year or several years?
What happens if a resident dies? What portion of the entrance fee will be refunded to the estate?
Could the community discharge a patient? If so, for what reason? Please provide some examples.
What would the financial implications of a discharge be?
Check with local regulatory agencies and the Better Business Bureau to confirm compliance and see if any complaints have been filed.
CCRC housing options
Residents of CCRCs have the certain knowledge that as they age and their health care needs grow, they can access additional levels of care in the community. Though the need for care may not be immediate, be sure to explore the breadth of quality of that care and the process by which decisions will be made that may affect your quality of life.
Assisted living
What level of care is provided in assisted living? For example, what health setbacks would surpass its capabilities?
Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs?
What is ratio of staff to residents?
How difficult is it to secure an assisted living space (when necessary)?
Who makes the final call about a long-term move to or from assisted living?
What health setbacks would trigger a move from assisted living to skilled nursing?
Skilled nuveing
Skilled nursing
What type of health care and personal care services are available?

Skilled nursing (Continued)		
Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs?	Yes	No
What is ratio of staff to residents?		
Who makes the final call about a long-term move to or from skilled nursing?		
How are medical problems handled?		
What is the overall Medicare rating?		
Memory care		
	Yes	No
What type of training has the staff received in caring for patients with dementia or cognitive impairment? Who does the training?		
How does the staff handle behaviors such as wandering and agitation?		
What security measures are in place to keep residents with dementia or cognitive impairment from wanderi out of the building?	ing	
Is the staff available 24 hours a day?	Yes	No
Who makes the final call about a long-term move to memory care?		
For facilities without specific memory care units, what training has the staff received to care for people with memory-related issues?	1	
Who is the contact when the family has questions about patient care?		

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