#14 - Nursing Care

| | Important | Available | Notes |
|---------------------------------------|-----------|-----------|-------|
| Number of residents | | | |
| Number of in-house aides | | | |
| Physician on site | | | |
| Number of in-house nurses | | | |
| Twenty -four-hour staffing | | | |
| Observe: | | | |
| Understanding | | | |
| Patience | | | |
| Dignity | | | |
| Love | | | |
| BuildingTrust | | | |
| Three meals per day and snacks | | | |
| Types of foods served/special diets | | | |
| Allergies | | | |
| Kosher | | | |
| Vegetarian | | | |
| Dressing assistance | | | |
| Bathing assistance | | | |
| Dispensing medication | | | |
| Mobility assistance | | | |
| Weekly housekeeping and linen service | | | |
| Personal laundry | | | |
| Private Mailboxes | | | |
| Spa services | | | |
| Salon and barber shop | | | |
| Manicures/pedicures | | | |

#14 - Nursing Care

| | Important | Available | Notes |
|---|-----------|-----------|-------|
| Resident storage area | | | |
| Outdoor patio | | | |
| Individually controlled heating and cooling | | | |
| Privacy | | | |
| Fire safety system | | | |
| Maintenance of buildings and grounds | | | |
| COSTS | | | |
| Hold a place: Deposit | | | |
| Initial Community Deposit | | | |
| Cost includes: | | | |
| Cable Y/N | | | |
| Telephone: local & long distance Y/N | | | |
| Water Y/N | | | |
| Electric/Gas Y/N | | | |
| Internet/WiFi Y/N | | | |
| Monthly costs: extra | | | |
| | | | |
| | | | |
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| | | | |