

Printable First Month Checklist and 30-Day Tracker

A post-move-in family checklist for the first 30 days in assisted living

How to use this checklist and tracker

Use the checklist to stay current on each area of monitoring and communication. Use the tracker to record observations week by week so you have a documented picture of the transition to bring to the 30-day check-in.

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Family and Community Details

Resident name:	_____	Move-in date:	_____
Community name:	_____	Primary family contact:	_____
Care team contact:	_____	After-hours contact:	_____
30-day check-in date:	_____	Next care plan review:	_____

Week One: Immediate Priorities

Checklist item	Status	Notes or follow-up
<input type="checkbox"/> Resident's baseline mood and affect observed on day one and day three	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Medication support process confirmed with the care team during the first 48 hours	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Sleep and appetite noted: any immediate concerns raised with care team	<input type="checkbox"/> Done	_____

Checklist item	Status	Notes or follow-up
<input type="checkbox"/> Primary family contact confirmed with care team	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Care team primary contact and after-hours number confirmed	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Any unexplained physical changes or new injuries noted and reported immediately	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Room setup confirmed as comfortable and familiar items accessible	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Brief care team check-in at end of week one: any concerns or questions from staff?	<input type="checkbox"/> Done	_____

Week Two: Early Adjustment Review

Checklist item	Status	Notes or follow-up
<input type="checkbox"/> Medication continuity confirmed directly with care team	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Appetite and meal participation asked about	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Sleep quality asked about; any ongoing concern noted	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Physical condition: any changes since move-in?	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Care team observations on emotional adjustment asked for specifically	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Any care plan gaps or discrepancies raised directly	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Weekly tracking notes completed	<input type="checkbox"/> Done	_____

Week Three: Mid-Transition Assessment

Checklist item	Status	Notes or follow-up
<input type="checkbox"/> Emotional adjustment pattern assessed: improving, stable or persistent difficulty?	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Activity and meal participation observed during at least one visit this week	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Persistent withdrawal or refusal raised with care team if present	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Visit at a different time of day this week: any observations outside normal pattern?	<input type="checkbox"/> Done	_____
<input type="checkbox"/> 30-day check-in confirmed and scheduled	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Weekly tracking notes completed	<input type="checkbox"/> Done	_____

Week Four and 30-Day Check-In

Checklist item	Status	Notes or follow-up
<input type="checkbox"/> Monthly tracking notes reviewed and compiled for 30-day meeting	<input type="checkbox"/> Done	_____
<input type="checkbox"/> 30-day check-in held with care team: structured in-person, phone or video conversation	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Care plan reviewed and updated if needed	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Medication records or medication assistance documentation reviewed if any concern arose during the month	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Next care plan review date confirmed	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Any outstanding concerns from the first month formally noted and a response requested	<input type="checkbox"/> Done	_____
<input type="checkbox"/> Care team asked for recommendations for the next 30 to 60 days	<input type="checkbox"/> Done	_____

30-Day Check-In Questions

30-day check-in question	Answer, decision or follow-up needed
<input type="checkbox"/> "How would you describe the overall adjustment over the past 30 days?"	Answer / note: _____
<input type="checkbox"/> "Is the current care plan still accurate for my loved one's actual needs, or do you recommend any changes?"	Answer / note: _____
<input type="checkbox"/> "Are there any care level changes anticipated in the near term?"	Answer / note: _____
<input type="checkbox"/> "Have there been any medication concerns, missed doses or changes since move-in? Can we review the current medication record or medication assistance documentation?"	Answer / note: _____
<input type="checkbox"/> "What has appetite and meal participation been like overall? Is weight being monitored?"	Answer / note: _____
<input type="checkbox"/> "Is my loved one participating in any community activities? What have you noticed about their engagement with staff and other residents?"	Answer / note: _____
<input type="checkbox"/> "Has the care team identified any concerns we should know about that have not come up in our regular communication?"	Answer / note: _____
<input type="checkbox"/> "Is there anything we as a family could do differently that would support the transition or the care team's work?"	Answer / note: _____
<input type="checkbox"/> "What do you recommend for the next 30 to 60 days in terms of visiting, communication and family involvement?"	Answer / note: _____
<input type="checkbox"/> "When should we schedule the next formal care plan review?"	Answer / note: _____

Weekly Observation Tracker

Use short notes to capture patterns across the first month. Bring the completed tracker to the 30-day check-in.

Observation area	Week 1	Week 2	Week 3	Week 4
Overall mood and affect	_____	_____	_____	_____
Physical condition and mobility	_____	_____	_____	_____
Appetite and meal participation	_____	_____	_____	_____
Sleep quality	_____	_____	_____	_____
Medication continuity confirmed	_____	_____	_____	_____
Activity participation	_____	_____	_____	_____
Staff responsiveness observed	_____	_____	_____	_____
Room condition on visit	_____	_____	_____	_____
Concerns raised with care team	_____	_____	_____	_____
Care team response to concerns	_____	_____	_____	_____
Overall transition direction	_____	_____	_____	_____

Using this tracker: Note briefly what you observed in each category after each week's visits. A word or two captures a pattern. Bring the completed tracker to the 30-day check-in.

Important Disclaimer

This checklist and tracker are provided for general informational and organizational purposes only. They are not medical, legal, financial, clinical, regulatory, emergency or other professional advice.

They should not replace a personalized care plan, physician evaluation, licensed professional guidance, facility-specific documentation or emergency services. Care needs, adjustment timelines, medication-related concerns, safety risks and family circumstances vary by individual, community and time.

Families should contact the care team and the resident's physician promptly for health concerns observed during the transition. For sudden confusion, chest pain, serious injury, suspected stroke symptoms, suicidal statements or immediate danger, call 911 or seek urgent medical care.

For unresolved care concerns in a licensed RCFE, families may contact the California Community Care Licensing Division or the Long-Term Care Ombudsman program. If this checklist is reprinted, shared or republished online, please credit Raya's Paradise at rayasparadise.com.



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