VISION BY AMEL

# FACILITY VISION DAY CHECKLIST

Plan your assisted living community's visit across the Las Vegas Valley. Keep resident details in your private care records.

Facility: _____ Coordinator: _____ Planned date: _____

## 1. RESIDENT INTEREST LIST

- ☐ Invite residents and explain voluntary participation.
- ☐ Keep the interest list private. Estimate the participating count for planning.

## 2. CONSENT AND REPRESENTATIVE AUTHORITY

- ☐ Confirm resident consent before examinations.
- ☐ Arrange guardian or healthcare representative participation and confirm authority where needed.

## 3. INSURANCE DOCUMENTS

- ☐ Help residents prepare insurance documents.
- ☐ Coordinate secure handling and benefit verification by phone before service.

## 4. PRIVATE ROOM REQUIREMENTS

- ☐ Reserve a private examination room.
- ☐ Confirm seating and a side table for portable examination equipment with the team.

## 5. ACCESSIBILITY AND ELECTRICAL ACCESS

- ☐ Check the room route and space for mobility assistance.
- ☐ Confirm electrical access and keep walking routes clear.

## 6. EXAMINATION SCHEDULE

- ☐ Coordinate examination times around resident routines.
- ☐ Assign a facility contact and arrange caregiver or representative availability.

## 7. REFRESHMENTS AND COMMUNITY ENGAGEMENT

- ☐ Plan refreshments within residents' existing care routines.
- ☐ Keep optional activities separate from the private examination area.

## 8. FOLLOW-UP RESPONSIBILITIES

- ☐ Assign a contact for eyewear selection, measurements, delivery and adjustments.
- ☐ Confirm responsibility for follow-up appointments, referrals and transportation.

> Confirm benefits before your visit. Benefits depend on each resident's eligibility and plan terms. Coordinate resident information privately with the team. Use the public scheduling form for facility contacts only.

**Plan your vision day:** (702) 858-4362

https://www.visiondts.com/assisted-living-eye-care/