



Assisted Living Administrators Wave 1 Survey

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ALIntro

Thank you for participating in the National Dementia Workforce Study. This survey is sponsored by the National Institute on Aging and is intended to collect data about

[FACILITY_NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY]

[ZIP]

[STATE]

If this assisted living community is associated with others that have a separate license, ANSWER ALL QUESTIONS IN RELATION TO ONLY THE ONE LICENSED ASSISTED LIVING COMMUNITY named above.

The survey should take about 25 minutes to complete.

AL1 OwnershipType

Is this assisted living community's ownership non-profit, for-profit, or government?

- 1. Non-Profit
- 2. For-Profit
- 3. Government

[ALLOW ONE SELECTION]

AL2 OwnMultiple

Is this assisted living community owned by a person, group, or organization that owns or manages two or more such entities? This may include a corporate chain.

- 1. Yes
 - 5. No
-

AL3 AssociatedWith

Is this assisted living community currently owned or operated in association with:

	Yes	No
a. a continuing care retirement community (CCRC)?	<input type="radio"/>	<input type="radio"/>
b. a hospital?	<input type="radio"/>	<input type="radio"/>
c. a nursing home?	<input type="radio"/>	<input type="radio"/>

d. another assisted living community/facility?

e. a home health/home care agency?

AL4 LicenseYears

For approximately how many years has this assisted living community been licensed under its current owner?

_____ years [INTEGER; RANGE 0-99]

998. Don't know

AL5a Beds

Including special care beds, how many licensed beds does this assisted living community currently have?

_____ beds

[INTEGER; RANGE 0-999]

AL5b BedsFull

How many of this assisted living community's total number of beds are occupied today?

_____ beds

[INTEGER; RANGE 1 TO TOTAL NUMBER OF BEDS ENTERED IN AL5A Beds]

AL6 MemCareExclusive

Is this assisted living community dedicated exclusively to memory care?

01. Yes [Go to AL6b]

05. No [Go to AL6a]

AL6a MemCareUnit

[DISPLAY IF AL6 = NO]

Does this assisted living community have a memory care unit?

01. Yes [Go to AL6b]

05. No [Go to AL7a]

AL6b MemCareBeds

How many memory care unit beds is this assisted living community licensed for?

_____ Beds

[INTEGER; RANGE 0 TO TOTAL NUMBER OF BEDS ENTERED IN AL5A Beds]

AL6c MemCareBedsFull

How many of those beds are occupied today?

_____ Beds

[INTEGER; RANGE 0 TO NUMBER OF BEDS ENTERED IN AL6B MemCareBeds]

AL7a BaseRate

What is the average monthly base rate paid by new residents today for private-pay single occupancy units?

\$_____ per month

[Integer; \$0-\$99,999; Mask input to show as a dollar amount e.g., \$xx,xxx]

966666 Community does not accept private pay residents [IF 966666 selected, skip to AL8]

AL7b MemCareBaseRate1

[ASK If AL6a = 01 YES]

Do you have a different base rate for private-pay memory care single occupancy units?

1. Yes [Go to AL7c]
5. No [Go to AL8]
-

AL7c MemCareBaseRate2

[ASK IF AL7b = 1 Yes]

What is the monthly base rate for memory care single occupancy units?

\$_____ per month

[Integer; \$0-\$99,999; Mask input to show as a dollar amount e.g., \$xx,xxx]

AL8 Benefits

What benefits are provided to full-time staff?

Select all that apply

a. Paid time off (PTO) that combines sick and vacation [IF SELECTED, ASK AL8a]	0
b. Paid sick time (separate from vacation) [IF SELECTED, ASK AL8b]	0
c. Paid vacation time (separate from sick time) [IF SELECTED, ASK AL8c]	0

d. Health insurance for employees	0
e. Health insurance for employees' families	0
f. Dental insurance	0
g. Vision insurance	0
h. Tuition reimbursement or education scholarship	0
i. Paid parental leave	0
j. Retirement benefits (401K, 403B, pension, other)	0

AL8a_DaysPTO

[DISPLAY IF AL8a. PTO is selected]

How many days of combined PTO do full-time staff receive...

_____ days per year

[Integer; RANGE 0-365]

AL8b DaysSick

[DISPLAY IF AL8b. Paid sick is selected]

How many sick days do full-time staff receive....

_____ days per year

[Integer; RANGE 0-365]

AL8 DaysVaca

[DISPLAY IF AL8c. Paid vacation is selected]

How many vacation days do full-time staff receive...

_____ days per years

[Integer; RANGE 0-365]

AL9 Union

Which, if any, of the following positions in the assisted living community are represented by a union?

Select all that apply.

a. None	<input type="checkbox"/>
b. Registered nurse	<input type="checkbox"/>
c. Licensed practical/vocational nurse	<input type="checkbox"/>
d. Certified nursing assistant	<input type="checkbox"/>
e. Home health aide	<input type="checkbox"/>
f. Personal care aide or other nurse aides	<input type="checkbox"/>
g. Activity staff	<input type="checkbox"/>
h. Other (describe) _____	<input type="checkbox"/>

AL10 Guide

Did this organization participate in an application to the Guiding an Improved Dementia Experience (GUIDE) model?

1. Yes, and we were awarded
 2. Yes, but we were not awarded
 5. No
 8. Don't Know
-

AL11 EHRHave

Not including for accounting or billing purposes, does this assisted living community currently use an electronic health record (EHR) to manage residents' care?

- 1. Yes [GO to AL12]
 - 5. No [GO to AL15]
-

AL12 EHRExtent

[DISPLAY IF AL11 = "Yes"]

In this assisted living community, which best describes the extent to which resident care activities are documented in an electronic health record (EHR)?

- 1. All documentation is electronic in a single EHR system
 - 2. All documentation is electronic but in multiple EHR systems
 - 3. Some documentation is electronic, some documentation is on paper
-

AL13 EHRCanDo

Does the electronic health record (EHR) at this assisted living community enable staff to do the following electronically?

	Yes	No	Don't Know
a. Order medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Document medication administration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Send key clinical information such as labs, medications or problem lists to outside health care providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Receive key clinical information such as labs, medications, or problem lists from outside health care providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. Access lab results electronically rather than as scanned or faxed documents?	o	o	o
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AL14 MedStaff

Does this assisted living community have authorized staff available to administer medication 24 hours a day, 7 days a week?

- 1. Yes
- 5. No
- 6. Not applicable – this assisted living community does not provide this service

AL15 ResidentComposition:

Please enter percentages below. Your answers do not need to add to 100%.

Approximately what percent of all current residents

	<i>(percent of current residents)</i>
a. have dementia, including Alzheimer’s disease?	__ %
b. have serious mental illness (e.g., bipolar disorder, schizophrenia, other psychotic disorder)?	__ %
c. have substance use disorder?	__ %
d. are enrolled in hospice services?	__ %
e. have advance directives upon admission?	__ %

[RANGE 0 - 100%; Mask PCTN - % formatting to table entries.]

AL16a NrAdmins:

How many administrators, including interim administrators, has this assisted living community had in the last 5 years?

_____ administrators in the last 5 years [INTEGER; RANGE 0-99]

98. Don't know

AL16b NrDirectors:

How many health care supervisors – meaning the one staff member who most oversees the health status of residents – has this assisted living community had in the last 5 years?

Enter number or indicate if this assisted living community does not have such a position.

_____ number of health care supervisors in last 5 years [INTEGER; RANGE 0-99]

96. Do not have this position in our organization

98. Don't know

AL18 NursingIntro

This question is about all direct care workers who work in this assisted living community, including the personal care assistants (PCAs), certified nursing assistants (CNAs), medication aides, or any other direct care workers.

If this assisted living community is associated with other facilities that have a separate license, count ONLY the staff who work at least half of their time in this assisted living community.

AL18a NrNurseStaff:

How many total direct care workers are on staff?
This would include medication aides and contract staff.

_____ total number of direct care workers
[Integer; RANGE 0-999; IF AL18a = 0/Ref/Blank GO TO AL19]

AL18b NrNurseFT

Of the [Answer to AL18a] direct care workers, what number are full-time?

_____ full-time direct care workers

[INTEGER; RANGE 0 TO TOTAL ENTERED IN AL18a NrNurseStaff]

AL18c NrNurseTemp:

Of the [Answer to AL18a] direct care workers, what number are contract staff?

_____ contract direct care workers

[INTEGER; RANGE 0 TO TOTAL ENTERED IN AL18a NrNurseStaff]

AL18d NrMedAid:

Of the [Answer to AL18a] direct care workers, what number are medication aides?

_____ medication aides

[INTEGER; RANGE 0 TO TOTAL ENTERED IN AL18a NrNurseStaff]

AL19

On a typical weekday, what is your personal care assistant/direct care worker staffing ratio during these hours?

Please include all personal care aides/assistants (PCAs), nursing assistants (NAs), medication aides, and other employees who go by similar titles.

Ratio at 10:00 AM:	# _____ staff for	# _____ residents
Ratio at 8:00 PM:	# _____ staff for	# _____ residents
Ratio at 2:00 AM:	# _____ staff for	# _____ residents

[INTEGER; RANGE 0-999 FOR EACH]

AL19a

On a typical weekday, what is the licensed practical/vocational nurse (LPN/LVN) staffing ratio during these hours?

Ratio at 10:00 AM:	# _____ LPN/LVNs for	# _____ residents
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Ratio at 8:00 PM:	# _____ LPN/LVNs for	# _____ residents
-------------------	----------------------	-------------------

Ratio at 2:00 AM:	# _____ LPN/LVNs for	# _____ residents
-------------------	----------------------	-------------------

[INTEGER; RANGE 0-999 FOR EACH]

AL19b

On a typical weekday, what is the registered nurse (RN) staffing ratio during these hours?

Ratio at 10:00 AM:	# _____ RNs for	# _____ residents
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Ratio at 8:00 PM:	# _____ RNs for	# _____ residents
-------------------	-----------------	-------------------

Ratio at 2:00 AM:	# _____ RNs for	# _____ residents
-------------------	-----------------	-------------------

[INTEGER; RANGE 0-999 FOR EACH]

AL20 ShiftLength

What is the typical shift length for a personal care assistant/direct care worker?

_____ hours

[INTEGER; RANGE 0-24]

AL21a MedCareOnSite

Approximately what percentage of current residents have their medical care (by a doctor, nurse practitioner, or physician assistant) provided on-site at this assisted living community?

_____ %

[RANGE 0 - 100%; Mask input as PCTN/%]

AL22 TrainFormal

Does this assisted living community provide formal training in the following topics to newly hired staff either **during orientation or at another time before they begin working** with residents?

(Formal training is the type of training that is documented, the hours of which can be counted.)

	Yes	No
a. Dementia including Alzheimer's disease	<input type="radio"/>	<input type="radio"/>
b. Person-centered care	<input type="radio"/>	<input type="radio"/>
c. Assessment and care planning	<input type="radio"/>	<input type="radio"/>
d. Dementia-appropriate support for activities of daily living	<input type="radio"/>	<input type="radio"/>
e. Behaviors and communication specific to persons with dementia	<input type="radio"/>	<input type="radio"/>

AL23 TrainEdu

Have the majority of staff who provide direct care to residents had formal training in the following areas as **continuing education** in the last year?

(Formal training is the type of training that is documented, the hours of which can be counted.)

	Yes	No
a. Dementia including Alzheimer's disease	<input type="radio"/>	<input type="radio"/>
b. Person-centered care	<input type="radio"/>	<input type="radio"/>
c. Assessment and care planning	<input type="radio"/>	<input type="radio"/>
d. Dementia-appropriate support for activities of daily living	<input type="radio"/>	<input type="radio"/>
e. Behaviors and communication specific to persons with dementia	<input type="radio"/>	<input type="radio"/>

AL24 TrainHave

When hiring, how frequently does this assisted living community look for people who have training and/or experience in dementia care?

1. Never
 2. Rarely
 3. Sometimes
 4. Often
 5. Always
-

AL25 TrainAdditional

[DISPLAY IF AL6 OR AL6A = "Yes" (HAS SPECIALIZED DEMENTIA CARE)]

Does this assisted living community provide additional dementia training to staff working in the specialized dementia/memory care unit for ...?

	Yes	No
a. Licensed nurses	<input type="radio"/>	<input type="radio"/>
b. Certified nursing assistants	<input type="radio"/>	<input type="radio"/>

AL26 TrainConfident

How confident are you in this assisted living community's capacity to educate staff about dementia care?

1. Not confident
 2. Slightly confident
 3. Moderately confident
 4. Very confident
-

AL27 Assessments

In this assisted living community, how frequently are assessments administered to residents age 65 and over for the following conditions or risks?

	Routinely	As needed	Never	Don't know
a. Depression screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dementia/cognitive impairment screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fall risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AL28 ADReview

Do staff in this assisted living community typically review advance directive documentation with residents....

Select all that apply

1. upon admission?
 2. with change of condition?
 3. at least annually?
-

ALEnd

Thank you. These are all the questions we have for you today.