Assisted Living Administrator
Wave 2 Survey

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AL Intro

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]
[FACILITY LICENSE NUMBER]
[ADDRESS 1]
[ADDRESS 2]
[CITY]
[STATE]
[ZIP]

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 [GO TO AL2]
2. For-Profit [GO TO AL1a]
3. Government [GO TO AL2]

[ALLOW ONE SELECTION]

AL1a PrivEquity

Is this assisted living community owned by a private equity firm?

1. Yes
5. No
98. Don't know

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)?	o	o
b. a hospital?	o	o

c. a nursing home?	o	o
d. another assisted living community/facility?	o	o
e. a home health/home care agency?	o	o
f. a hospice organization?	o	o

[VARIABLE CODING]   a. [AssociatedWithCCRC]
b. [AssociatedWithHosp]
c. [AssociatedWithNH]
d. [AssociatedWithALC]
e. [AssociatedWithHC]
f. [AssociatedWithHospice]

AL4 LicenseYears

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

_____ year(s) [INTEGER; RANGE 0-99]
998. Don't know

AL4a CertMedicare
Is this agency certified under Medicare?

1. Yes
5. No

AL4b CertMedicaid
Is this agency certified under Medicaid?

1. Yes
5. No

AL5a Beds

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

_____ bed(s)

AL5b BedsFull

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

_____ bed(s)

AL5d MedCov

How many of your current residents have Medicaid coverage for their assisted living services and supports?

_____ resident(s) with Medicaid coverage

AL6 MemCareExclusive

Is this assisted living community dedicated exclusively to memory care?

1. Yes   [Go to AL6b]
5. No   [Go to AL6a]

AL6a MemCareUnit

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?

_____ bed(s)

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

AL6c MemCareBedsFull

How many of those beds are occupied today?

_____ bed(s)

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

AL7a BaseRate

What is the average monthly <u>base rate</u> 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
Exclusive Memory Care AL6= 01 YES OR
Have Memory Care 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]	o
b. Paid sick time (separate from vacation) [IF SELECTED, ASK AL8b]	o
c. Paid vacation time (separate from sick time) [IF SELECTED, ASK AL8c]	o
d. Health insurance for employees	o
e. Health insurance for employees' families	o
f. Dental insurance	o
g. Vision insurance	o
h. Tuition reimbursement or education scholarship	o
i. Paid parental leave	o
j. Retirement benefits (401K, 403B, pension, other)	o
k. None of the above [EXCLUSIVE CHOICE, CANNOT BE SELECTED WITH OTHER OPTIONS]	o

[VARIABLE CODING]   a. [BenefitsPTO]   f. [BenefitsDental]

AL8a_DaysPTO

[DISPLAY IF AL8a. PTO is selected]

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

_____ day(s) per year

[Integer; RANGE 0-365]

AL8b DaysSick

[DISPLAY IF AL8b. Paid sick is selected]

How many paid sick days do full-time staff receive?

_____ day(s) per year

[Integer; RANGE 0-365]

AL8c DaysVaca
[DISPLAY IF AL8c. Paid vacation is selected]

How many paid vacation days do full-time staff receive?

_____ day(s) per year

[Integer; RANGE 0-365]

AL9 Union
Which, if any, of the following positions in this assisted living community are represented by a union?

Select all that apply.

a. None	☐

b. Registered nurse	☐
c. Licensed practical/vocational nurse	☐
d. Certified nursing assistant	☐
e. Home health aide/assistant	☐
f. Personal care aide/assistant or other similar aide	☐
g. Activity staff	☐
h. Other (describe) _____	☐

[VARIABLE CODING]   a. [UnionNone]   f. [UnionPCAI]
                     b. [UnionRN]   g. [UnionActivity]
                     c. [UnionLPVN]   h. [UnionOther]
                     d. [UnionCNA]
                     e. [UnionHHA]

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
98. 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 AL14]

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?	o	o	o
b. Document medication administration?	o	o	o
c. Send key clinical information such as labs, medications, or problem lists to outside health care providers?	o	o	o
d. Receive key clinical information such as labs, medications, or problem lists from outside health care providers?	o	o	o
e. Access lab results electronically rather than as scanned or faxed documents?	o	o	o

[VARIABLE CODING] a.[EHROrder]
b.[EHRDoc]
c.[EHRSend]
d.[EHRReceive]
e.[EHRAccess]

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

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AL15 ResidentComposition

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

Approximately what percent of all current residents …

	(percent of current residents)
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.]

[VARIABLE CODING]   a.[ResDementia]
                                                       b.[ResMental]
 c.[ResSubstance]
 d.[ResHospice]
 e.[ResAD]

[Consistency check message: You did not provide an answer for this question or entered a value that is not common. Please enter a number 0 and 100 or you may leave this question unanswered and click 'Next'.]

AL16a NrAdmins

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

_____administrator(s) 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.

_____health care supervisor(s) in last 5 years [INTEGER; RANGE 0-99; IF 1 OR MORE GO TO AL16b1]

96. Do not have this position in our organization [GO TO AL16g]
98. Don't know [GO TO AL16g]

[IF AL16b = 0 GO TO AL16g MedDir]

AL16b1 SupCurr

Is there currently someone in the position of health care supervisor?
1. Yes   [GO TO AL16c]
5. No   [GO TO AL16g]

AL16c SupNurse

Is the current health care supervisor a licensed nurse?
1. Yes
5. No   [GO TO AL16e]

AL16d SupCred

What is the highest nursing credential the current health care supervisor has?

1. LVN/LPN
2. RN
3. NP
4. Other, specify:_____
8. Don't know

AL16e SupFTPT

Is this health care supervisor part-time or full-time?
1. Part-time
2. Full-time

AL16f SupOnSite

How many hours per week is this health care supervisor physically on-site?
_____ hour(s)

[INTEGER; RANGE 0-168]

AL16g MedDir

Does this assisted living community have a medical director – someone you contract with to advise about or provide medical care?

1. Yes
5. No [GO TO AL16L]

AL16h_a-e MedDirLicense

What type of license does the medical director hold?

Select all that apply.

a. Physician [GO TO AL16i]
b. Nurse practitioner [GO TO AL16j]
c. Physician assistant [GO TO AL16j]
d. Other, specify: _____
e. Don't know

[VARIABLE CODING]   a.[MedDirLicensePh]
                                     b.[MedDirLicenseNP]
                                     c.[MedDirLicensePA]
                                     d.[MedDirLicenseOther]
                                     e.[MedDirLicenseDK]

AL16i MedDirCert

Please indicate whether this medical director holds any of the following board certifications

Select all that apply.

a. Certified Medical Director
b. Geriatrics
c. Hospice and Palliative Medicine
d.None of the above [DO NOT ALLOW WITH OTHER ANSWERS]

e. Don't know [DO NOT ALLOW WITH OTHER ANSWERS]

[VARIABLE CODING]   a.[MedDirCertMed]
b.[MedDirCertGeriatrics]
c.[MedDirCertHosPal]
d.[MedDirCertNone]
e.[MedDirCertDK]

AL16j MedDirFTPT
[DISPLAY AL16j IF 16g = YES]

Is the medical director of this assisted living community part-time or full-time?
1. Part-time
2. Full-time

AL16k MedDirOnsite
[DISPLAY AL16k IF 16g = YES]

Does this medical director provide on-site care for your residents?
1. Yes
5. No

AL16L Contracts

[IF AL16g = YES, then display:] Other than a medical director, does this assisted living community have a contract with one or more physician(s), nurse practitioner(s), or physician assistant(s) to provide primary care for your residents?

IF AL16g = NO, then display:] Does this assisted living community have a contract with one or more physician(s), nurse practitioner(s), or physician assistant(s) to provide primary care for your residents?

1. Yes
5. No

AL16m_a-j Competitors

Which industries do you view as your top competitors for staff?

Select all that apply.

a. Home care/home health agencies
b. Nursing homes

c.   Other assisted living communities
d.   Hospitals
e.   Other health care organizations
f.   Retail business
g.   Office work
h.   Food service
i.   Manufacturing
j.   Other
k.   [NONE SELECTED]

[VARIABLE CODING]   a. [CompetitorsHC]   e. [CompetitorsOHCO]   h.[CompetitorsFood]
                     b. [CompetitorsNH]   f. [CompetitorsRetail]   i.[CompetitorsManuf]
                     c. [CompetitorsALC]   g. [CompetitorsOffice]   j.[CompetitorsOther]
                     d. [CompetitorsHosp]   k.[CompetitorsNone]

AL16n StaffAgencyContract

Do you currently work with any staffing agencies for contract /temporary staffing?

1.   Yes
5.   No

AL16o StaffAgencyPerm

Do you currently work with any staffing agencies for permanent hiring?

1.   Yes
5.   No

AL17a-f Market
How do you perceive the labor market in your area for the following types of professionals?

	Supply Far Exceeds Demand	Supply Slightly Exceeds Demand	Balanced Labor Market	Demand Slightly Exceeds Supply	Demand Far Exceeds Supply
a. Registered nurses	o	o	o	o	o
b. Licensed practical/vocational nurses	o	o	o	o	o
c. Certified nursing assistants	o	o	o	o	o

d. Home health assistants/aides	o	o	o	o	o
e. Personal care aides/assistants or similar aides	o	o	o	o	o
f. Activity staff	o	o	o	o	o

VARIABLE CODING]   [MarketRN]   [MarketAS]
                                     [MarketLPVN]
                                     [MarketCNA]
                                     [MarketHA]
                                     [MarketPA]

AL18 NursingIntro

The next set of questions are about all direct care workers who work in this assisted living community, including the personal care aides/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.

AL18e PayLvl

Does your pay scale for direct care workers increase with greater experience or skill levels?

1. Yes
5. No

AL18f_a-h SupCareer

In what ways do you support career progression for direct care workers?

Select all that apply.

a. Offer on-the-job training
b. Offer promotion to higher job categories
c. Offer registered apprenticeships
d. Provide tuition support to pursue additional certification or degrees
e. Provide paid time off to support educational opportunities
f.   Partner with other organizations to provide educational opportunities
g. Other, please specify: _____

h. None of the above [DO NOT ALLOW WITH OTHER CHOICES]

[VARIABLE CODING]   a. [SupCareerOTJTrain]   f. [SupCareerPartnerEd]
                         b. [SupCareerPromotion]   g. [SupCareerOther]
                                                      [SupCareerOtherT]
                         c. [SupCareerApprent]   h. [SupCareerNone]
                         d. [SupCareerTuition]
                         e. [SupCareerTimeOffEd]

AL18a NrNurseStaff:

How many total direct care workers are on staff?

This would include medication aides and contract (agency) staff.

_____direct care worker(s)

[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 worker(s)

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

AL18c NrNurseTemp:

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

_____ contract direct care worker(s)

[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 aide(s)

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

AL19 PCA/CNAStaffRatio

On a typical weekday, what is your personal care aide/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]

[VARIABLE CODING]   [AL19_1a NA10AM]   [AL19_1b NARes10AM]
                              [AL19_2a NA08PM]   [AL19_2b NARes08PM]
                              [AL19_3a NA02AM]   [AL19_3c NARes02AM]

[Range check message: > 1,000 in any field, instrument delivers this message: You did not provide an answer for this question or entered a value that is not common. Please enter a number between 0 and 999 or you may leave this question unanswered and click 'Next'.]

AL19a LPNStaffRatio

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
Ratio at 8:00 PM:	# _____ LPN/LVNs for	# _____ residents
Ratio at 2:00 AM:	# _____ LPN/LVNs for	# _____ residents

[INTEGER; RANGE 0-999 FOR EACH]

[Range check message: > 1,000 in any field, instrument delivers this message: You did not provide an answer for this question or entered a value that is not common. Please enter a number between 0 and 999 or you may leave this question unanswered and click 'Next'.]

AL19b RNStaffRatio

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

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

[INTEGER; RANGE 0-999 FOR EACH]

[Range check message: > 1,000 in any field, instrument delivers this message: You did not provide an answer for this question or entered a value that is not common. Please enter a number between 0 and 999 or you may leave this question unanswered and click 'Next'.]

AL20 ShiftLength

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

_____ hour(s)

[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?

_____ %

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	O	O
b. Person-centered care	O	O
c. Assessment and care planning	O	O
d. Dementia-appropriate support for activities of daily living	O	O
e. Behaviors and communication specific to persons with dementia	O	O
f. Infection control	O	O
g. Safe resident handling	O	O

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.)

20

	Yes	No
a. Dementia including Alzheimer's disease	O	O
b. Person-centered care	O	O
c. Assessment and care planning	O	O
d. Dementia-appropriate support for activities of daily living	O	O
e. Behaviors and communication specific to persons with dementia	O	O
f. Infection control	O	O
g. Safe resident handling	O	O

[VARIABLE CODING]   a. [TrainEduDem]   e. [TrainEduBehavior]
                              b. [TrainEduPerson]   f. [TrainEduInfection]
                              c. [TrainEduPlan]   g.[TrainEduSafe]
                              d. [TrainEduSupport]

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	○	○
b. Certified nursing assistants	○	○

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	○	○	○	○
b. Dementia/cognitive impairment screening	○	○	○	○
c. Fall risk	○	○	○	○

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?

AL29a-f ElderAbuse

Does this assisted living community's staff receive training on how to identify and report elder abuse?

Select all of the topics for which the staff receive training.

  a. Physical abuse
  b. Psychological/emotional abuse
  c. Sexual abuse
  d. Financial abuse
  e. Neglect
  f. No training received on how to identify and report elder abuse.

[VARIABLE CODING]   a. [ElderAbusePhys]   e. [ElderAbuseNeglect]
                               b. [ElderAbusePsych]   f. [ElderAbuseNoTrain]
                               c. [ElderAbuseSexual]
                               d. [ElderAbuseFinancial]

ALEnd

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