



Nursing Home Administrator Wave 2 Survey

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NH 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 nursing home is associated with others that have a separate license, ANSWER ALL QUESTIONS IN RELATION TO ONLY THE ONE LICENSED NURSING HOME named above.

The survey should take about 25 minutes to complete.

NH1 OwnershipType

Is this nursing home's ownership non-profit, for-profit, or government?

- 1. Non-Profit [\[GO TO NH2\]](#)
- 2. For-Profit [\[GO TO NH1a\]](#)
- 3. Government [\[GO TO NH2\]](#)

[\[ALLOW ONE SELECTION\]](#)

NH1a PrivEquity

Is this nursing home owned by a private equity firm?

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

NH2 OwnMultiple

Is this nursing home 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
-

NH3 AssociatedWith

Is this nursing home 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. another nursing home?

☐

☐

d. an assisted living community/facility?

☐

☐

e. a home health/home care agency?

☐

☐

f. a hospice organization?

☐

☐

[VARIABLE CODING]

a.[AssociatedWithCCRC]

b.[AssociatedWithHosp]

c.[AssociatedWithNH]

d.[AssociatedWithALC]

e.[AssociatedWithHC]

NH4 LicenseYears

For approximately how many years has this nursing home been licensed under its current owner?

_____ year(s) [INTEGER; RANGE 0-99]

98. Don't know

NH4a CertMedicare

Is this facility certified under Medicare?

1. Yes

5. No

NH4b CertMedicaid

Is this facility certified under Medicaid?

1. Yes

5. No

NH5a Beds

Including special care beds, how many licensed beds does this nursing home currently have?

_____ bed(s)

[Integer; Range 0-999]

[IF Beds > 0 GO TO NH5b BedsFull
IF Beds = 0 GO TO NH5d MedCov]

[Consistency check message: >1,000 beds, message reads, "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'."]

NH5b BedsFull

How many of this nursing home's total number of beds are occupied today?

_____ bed(s)

[Integer; range 1 to number of beds entered in NH5a Beds]

NH5d MedCov

How many of your current residents have Medicaid coverage for their nursing home services and supports?

_____ # resident(s) with Medicaid coverage

[Integer; Range 0-999]

NH6 MemCareExclusive

Is this nursing home dedicated exclusively to memory care?

1. Yes [Go to NH6b]
5. No [Go to NH6a]

NH6a MemCareUnit

[DISPLAY IF NH6 = NO]

Does this nursing home have a memory care unit?

01. Yes [Go to NH6b]
05. No [Go to NH7a]
-

NH6b MemCareBeds

How many memory care unit beds is this nursing home licensed for?

_____ bed(s)

[Integer; range 0 to number of beds entered in NH5a Beds]

NH6c MemCareBedsFull

How many of those beds are occupied today?

_____ bed(s)

[Integer; range 0 to number of beds entered in NH6b MemCareBeds]

NH7a BaseRate

What is the average daily base rate paid by new residents today for private-pay beds?

\$_____ per day

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

966666 Facility does not accept private pay residents [IF 966666 selected, skip to NH8]

NH7b MemCareBaseRate1

[ASK IF
Exclusive Memory Care NH6= 01 YES OR
Have Memory Care NH6a = 01 YES]

Do you have a different **base rate** for private-pay memory care beds?

- 1. Yes [Go to NH7c]
 - 5. No [Go to NH8]
-

NH7c MemCareBaseRate2

[DISPLAY IF NH7b = 1 YES]

What is the daily base rate for memory care beds?

\$ _____ per day

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

NH8 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 NH8a]	<input type="checkbox"/>
b. Paid sick time (separate from vacation) [IF SELECTED, ASK NH8b]	<input type="checkbox"/>
c. Paid vacation time (separate from sick time) [IF SELECTED, ASK NH8c]	
d. Health insurance for employees	<input type="checkbox"/>
e. Health insurance for employees' families	<input type="checkbox"/>
f. Dental insurance	<input type="checkbox"/>
g. Vision insurance	<input type="checkbox"/>
h. Tuition reimbursement or education scholarship	<input type="checkbox"/>
i. Paid parental leave	<input type="checkbox"/>
j. Retirement benefits (401K, 403B, pension, other)	<input type="checkbox"/>
k. None of the above [EXCLUSIVE CHOICE, CANNOT BE SELECTED WITH OTHER OPTIONS]	<input type="checkbox"/>

[VARIABLE CODING]

a. [BenefitsPTO]	f. [BenefitsDental]
b. [BenefitsSick]	g. [BenefitsVision]
c. [BenefitsVaca]	h. [BenefitsTuition]
d. [BenefitsIns]	i. [BenefitsPPL]

e. [BenefitsFam]

j. [BenefitsRetirement]

k. [BenefitsNone]

NH8a DaysPTO

[DISPLAY IF NH8a. PTO is selected]

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

_____ day(s) per year

[INTEGER; RANGE 0-365]

NH8b DaysSick

[DISPLAY IF NH8b. Paid sick is selected]

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

_____ day(s) per year

[INTEGER; RANGE 0-365]

NH8c DaysVaca

[DISPLAY IF NH8c. Paid Vacation is selected]

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

_____ day(s) per year

[INTEGER; RANGE 0-365]

NH9 Union

Which, if any, of the following positions in this nursing home are represented by a union?

Select all that apply.

a. None

☐

b. Registered nurse

☐

c. Licensed practical/vocational nurse

☐

d. Certified nursing assistant ☐

e. [Not present in NH] ☐

f. Personal care aide/assistant or other similar aide ☐

g. Activity Staff ☐

h. Other (describe) _____ ☐

[VARIABLE CODING] a. [UnionNone] f. [UnionPCAI]
 b. [UnionRN] g. [Not present in NH]
 c. [UnionLPVN] h. [UnionOther]
 d. [UnionCNA]
 e.[Not present in NH]

NH10 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

NH11 EHRHave

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

- 1. Yes [\[GO to NH12\]](#)
- 5. No [\[GO to NH15\]](#)

NH12 EHRExtent

[DISPLAY IF NH11 = "Yes"]

In this nursing home, 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

NH13 EHRCanDo

Does the electronic health record (EHR) at this nursing home 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

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

NH15 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'.]

NH16a NrAdmins

How many nursing home administrators, including interim administrators, has this nursing home had in the last 5 years?

_____ nursing home administrator(s) in last 5 years [INTEGER; RANGE 0-99]

98. Don't know

NH16b NrDirectors

How many directors of nursing has this nursing home had in the last 5 years?

Enter number:

_____director(s) of nursing in last 5 years [INTEGER; RANGE 0-99]

98. Don't know

NH161_a-eMedDirCert

Please indicate whether the 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]

NH16j MedDirFTPT

Is the medical director of this nursing home part-time or full-time?

- 1. Part-time
- 2. Full-time

NH16k MedDirOnsite

Does this medical director provide on-site care for your residents?

- 1. Yes
- 5. No

NH16j1 Employ

Other than the medical director, does this nursing home directly employ one or more physician(s), nurse practitioner(s), or physician assistant(s) to provide primary care for residents?

- 1. Yes [GO TO NH16j2, a-c]
- 2. No [GO TO NH16l1]

NH16j2 EmployNumber

Please indicate what number you employ for each category below.

If none for a certain category, enter 0.

a.How many physicians do you employ?

____ physician(s) [Integer, RANGE 0-999]

b. How many nurse practitioners do you employ?

____ nurse practitioner(s) [Integer, RANGE 0-999]

c.How many physician assistants do you employ?

____ physician assistant(s) [Integer, RANGE 0-999]

NH16L1 Contracts

Other than the medical director, does this nursing home contract with one or more outside physician(s), nurse practitioner(s), or physician assistant(s) to provide primary care for your residents?

1. Yes [GO TO NH16I2, a-c]
5. No [GO TO NH16m]

NH16L2 Contracts

[DISPLAY N16L2 a-c ON ONE SCREEN]

Please indicate what number you employ for each category below.

If none for a certain category, enter 0.

a.How many physicians do you contract with?

____ physician(s) [Integer, RANGE 0-999]

b.How many nurse practitioners do you contract with?

____ nurse practitioner(s) [Integer, RANGE 0-999]

c.How many physician assistants do you contract with?

____ physician assistant(s) [Integer, RANGE 0-999]

NH16m_a-k Competitors

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

Select all that apply.

- a. Home care/home health agencies
- b. Other nursing homes
- c. 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]

NH16n StaffAgencyContract

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

- 1. Yes
- 5. No

NH16o StaffAgencyPerm

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

- 1. Yes
- 5. No

NH17a-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	Balance d Labor Market	Demand Slightly Exceeds Supply	Demand Far Exceeds Supply
a. Registered nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Licensed practical/vocational nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Certified nursing assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Home health assistants/aides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Personal care aides/assistants or similar aides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Activity staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a. [MarketRN] f. [MarketAS]

- b. [MarketLPVN]
- c. [MarketCNA]
- d. [MarketHHA]

NH18 NursingIntro

The next set of questions are about all nursing assistants who work in this nursing home, including certified nursing assistants (CNAs), nursing assistants (NAs), medication aides, personal care aides/ assistants (PCAs), and nurse aides in training.

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

NH18e PayLvl

Does your pay scale for certified nursing assistants increase with greater experience or skill levels?

- 1. Yes
- 5. No

NH18f_a-h SupCareer

In what ways do you support career progression for certified nursing assistants?

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] |
| c.[SupCareerApprent] | h.[SupCareerNone] |
| d.[SupCareerTuition] | |
| e.[SupCareerTimeOffEd] | |

NH18a NrNurseStaff

How many total nursing assistants are on staff?

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

_____ nursing assistant(s)

[INTEGER; RANGE 0-999; IF NH18a = 0/Ref/Blank GO TO NH19]

NH18b NrNurseFT

Of the [Answer to NH18a] nursing assistants, what number are full-time?

_____ full-time nursing assistant(s)

[INTEGER; RANGE 0 TO TOTAL ENTERED IN NH18a NrNurseStaff]

NH18c NrNurseTemp

Of the [Answer to NH18a] nursing assistants, what number are contract (agency) staff?

_____ contract nursing assistant(s)

[INTEGER; RANGE 0 TO TOTAL ENTERED IN NH18a NrNurseStaff]

NH18d NrMedAid

Of the [Answer to NH18a] nursing assistants, what number are medication aides?

_____ medication aide(s)

[INTEGER; RANGE 0 TO TOTAL ENTERED IN NH18a NrNurseStaff]

NH19 F_NA

On a typical weekday, what is the nursing assistant staffing ratio during these hours?

Please include all certified nursing assistants (CNAs), nursing assistants (NAs), medication aides, personal care aides/assistants (PCAs), or any other nurse aides who work in this nursing home.

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

[INTEGER; RANGE 0-999 FOR EACH]

[VARIABLE CODING]	[NH19_1a NA10AM]	[NH19_1b NARes10AM]
	[NH19_2a NA08PM]	[NH19_2b NARes08PM]
	[NH19_3a NA02AM]	[NH19_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'.]

NH19a

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]

[VARIABLE CODING]	[NH19a_1 LPN10AM]	[NH19a_1a LPNRes10AM]
	[NH19a_2 LPN08PM]	[NH19a_2a LPNRes08PM]
	[NH19a_3 LPN02AM]	[NH19a_3a LPNRes02AM]

[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'.]

NH19b

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]

[VARIABLE CODING]	[NH19b_1a RN10AM]	[NH19b_1b RNRes10AM]
	[NH19b_2a RN08PM]	[NH19b_2b RNRes08PM]
	[NH19b_3a RN02AM]	[NH19b_3b RNRes02AM]

[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'.]

NH20 ShiftLength

What is the typical shift length for a certified nursing assistant in this nursing home?

_____ hour(s)

[INTEGER; RANGE 0-24]

NH22 TrainFormal

Does this nursing home 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"/>
f. Infection control	<input type="radio"/>	<input type="radio"/>
g. Safe resident handling	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]

- a. [TrainFormalDem]
- b. [TrainFormalPerson]
- c. [TrainFormalPlan]
- d. [TrainFormalSupport]
- e. [TrainFormalBehavior]
- f. [TrainFormalInfectionI]
- g. [TrainFormalSafe]

NH23 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"/>

f. Infection control	<input type="radio"/>	<input type="radio"/>
----------------------	-----------------------	-----------------------

g. Safe resident handling	<input type="radio"/>	<input type="radio"/>
---------------------------	-----------------------	-----------------------

[VARIABLE CODING]

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

NH24 TrainHave

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

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

NH25 TrainAdditional

[DISPLAY IF NH6 = "YES" OR NH6A = "Yes" (HAS SPECIALIZED DEMENTIA CARE)]

Does this nursing home provide additional dementia training to staff working in the 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"/>

[VARIABLE CODING]

- a. [TrainMemLN]
- b. [TrainMemCNA]

NH26 TrainConfident

How confident are you in this nursing home's capacity to educate staff about dementia care?

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

NH28 ADReview

Do clinicians in this nursing home typically review advance directive documentation with residents....

Select all that apply

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

NH29a-f ElderAbuse

Does this nursing home'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]

f.[ElderAbuseNoTrain]

b.[ElderAbusePsych]

c.[ElderAbuseSexual]

d.[ElderAbuseFinancial]

e.[ElderAbuseNeglect]]

NHEnd

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