



## Assisted Living Administrator Wave 3 Survey

### Table of Contents

AL Intro	3
AL0 Contact	3
AL1 OwnershipType	3
AL1a PrivEquity	4
AL2 OwnMultiple	4
AL3 AssociatedWith	4
AL4 LicenseYears	5
AL4a CertMedicare	5
AL4b CertMedicaid	5
AL5a Beds	5
AL5b BedsFull	5
AL5d MedCov	6
AL6 MemCareExclusive	6
AL6a MemCareUnit	6
AL6b MemCareBeds	6
AL6c MemCareBedsFull	6
AL7a BaseRate	7
AL7b MemCareBaseRate1	7
AL7c MemCareBaseRate2	7
AL8 Benefits	7
AL8a_DaysPTO	8
AL8b DaysSick	9
AL8c DaysVaca	9
AL9 Union	9
AL301 EntranceWeekday	10
AL302 EntranceWeekend	10
AL303 Building	10
AL304 Technology	11
AL305 Emergency Preparedness	12
AL306 LangTrain1	13
AL307 LangTrain2	13
AL308 StaffLang1	13
AL309 StaffLang2	14
 NDWS Assisted Living Administrator Wave 3 Survey	 1

AL310 OtherServices	14
AL316 GUIDEParticipate	15
AL11 EHRHave	15
AL12 EHRExtent	15
AL13 EHRCanDo	15
AL14 MedStaff	16
AL15 ResidentComposition	16
AL16a NrAdmins	17
AL16b NrDirectors	17
AL16b1 SupCurr	18
AL16c SupNurse	18
AL16d SupCred	18
AL16e SupFTPT	18
AL16f SupOnSite	18
AL16g MedDir	19
AL16h_a-e MedDirLicense	19
AL16i MedDirCert	19
AL16j MedDirFTPT	20
AL16k MedDirOnsite	20
AL16L1 Contracts	20
AL16m Competitors	20
AL17a-f Market	21
AL18 NursingIntro	22
AL18e PayLvl	22
AL18f_a-h SupCareer	22
AL18a NrNurseStaff	22
AL18b NrNurseFT	23
AL18c NrNurseTemp	23
AL18d NrMedAid	23
AL19 NA_PA StaffRatio	23
AL19a LPNStaffRatio	24
AL19b RNStaffRatio	24
AL20 ShiftLength	25
AL21a MedCareOnSite	25
AL22 TrainFormal	25
AL23 TrainEdu	26
AL24 TrainHave	27
AL25 TrainAdditional	27
AL26 TrainConfident	28
AL27 Assessments	28
AL311 ADReview1	28
AL29a-f ElderAbuse	29
AL312 StaffAgencyUS	29
AL313 StaffAgencyInt	29

## 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.

---

## AL0 Contact

What is the name and title of the person leading the completion of this survey?

Your contact information will be used only for follow-up communication and will be stored separately from your survey responses to protect your confidentiality.

Name:  
Title:

---

## 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 or backed by a private equity firm?

- 1. Yes
  - 5. No
  - 8. 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)	<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)	<input type="radio"/>	<input type="radio"/>
e. a home health/home care agency)	<input type="radio"/>	<input type="radio"/>
f. a hospice organization)	<input type="radio"/>	<input type="radio"/>

[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]  
-8. Don't know

---

## AL4a CertMedicare

Is this assisted living community certified under **Medicare**?

- 1. Yes
  - 5. No
- 

## AL4b CertMedicaid

Is this assisted living community 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)

[INTEGER; RANGE 0-9999]

[IF Beds > 0 GO TO AL5b BedsFull  
IF Beds = 0 GO TO AL5d 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'."]

---

## AL5b BedsFull

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

\_\_\_\_\_ bed(s)

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

---

## AL5d MedCov

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

\_\_\_\_\_ resident(s) with Medicaid coverage

[Integer; Range 0-999]

---

## AL6 MemCareExclusive

Is this assisted living community dedicated exclusively to memory care?

- 1. Yes            [\[Go to AL6b\]](#)
  - 5. No            [\[Go to AL6a\]](#)
- 

## AL6a MemCareUnit

[DISPLAY IF AL6 = NO]

Does this assisted living community have a memory care unit?

- 1. Yes            [\[Go to AL6b\]](#)
  - 5.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 memory care beds are occupied today?

\_\_\_\_\_ bed(s)

[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  
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]

0



[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	0
b. Registered nurse	0
c. Licensed practical/vocational nurse	0
d. Certified nursing assistant	0
e. Home health aide/assistant	0
f. Personal care aide/assistant or other similar aide	0

g. Activity staff		0
h. Other (specify) _____		0
[VARIABLE CODING]	a. [UnionNone]	f. [UnionPCA]
	b. [UnionRN]	g. [UnionActivity]
	c. [UnionLPVN]	h. [UnionOther]
	d. [UnionCNA]	
	e. [UnionHHA]	

### AL301 EntranceWeekday

Please answer the following questions about this assisted living community.

On **weekdays**, how many **hours per day** is the front entrance staffed by someone?

\_\_\_\_\_ hour(s) per day  
 [Integer; RANGE 0-24]

### AL302 EntranceWeekend

On **weekends**, how many **hours per day** is the front entrance staffed by someone?

\_\_\_\_\_ hour(s) per day  
 [Integer; RANGE 0-24]

### AL303 Building

Please answer the following questions about this assisted living community.

	Yes	No
a. Does the building have a WanderGuard or similar alarm system to <b>prevent people at risk of elopement</b> from leaving?	0	0
b. Does the building have a designated secure memory care unit?	0	0
c. Is there a secure outdoor area that has room for seating and protection from the sun for people with dementia?	0	0

d. Are residents or caregivers able to personalize entrances to resident rooms?	0	0
---	---	---

e. Are the residents' main lounge areas visible from where staff spend most of their time?	0	0
--	---	---

f. Do most hallways and common areas have intentional visual stimulation (such as pictures, patterns, or vistas)?	0	0
---	---	---

[VARIABLE CODING]      a.[BuildingElope]      f.[BuildingStimulation]  
 b.[BuildingMemory]  
 c.[BuildingSun]  
 d.[BuildingPersonalize]  
 e.[BuildingVisible]

## AL304 Technology

Does this assisted living community provide any of these care-related technologies?

Yes	No
-----	----

### Health-related

a. Sensors or other automated patient monitoring devices to track residents' vital signs (such as blood pressure and heart rate)	0	0
--	---	---

b. A telehealth system to transmit remote patient monitoring (RPM) data to external providers	0	0
---	---	---

c. Telehealth video technology to consult with healthcare providers	0	0
---	---	---

### Detection devices

d. Non-wearable fall-related (such as bed alarms or camera monitoring systems)	0	0
--	---	---

e. Wearable (such as clothing or watches that capture movement)	0	0
---	---	---

### Resident engagement-related

f. Community-provided smartphones, tablets or computers to engage with others	0	0
---	---	---

g. Social robots (such as robotic pets or plush dolls with audio or other sensory features)	0	0
---	---	---

**Other**

h. Other technology or remote monitoring systems (specify)_____	0	0
---	---	---

[IF AL304 =h, OPEN SPECIFY]

[VARIABLE CODING]	a.[TechSensors]	f. [TechSmartphones]
	b.[TechRemote]	g. TechRobots]
	c.[TechVideo]	h. TechOther]]
	d.[TechFallrelated]	
	e.[TechWearable]	

## AL305 Emergency Preparedness

How often do staff receive the following types of emergency preparedness training?

	Never	At time of hire only	Every 2-3 years	At least every year
a. CPR / Basic Life Support (BLS)	0	0	0	0
b. Use of personal protective equipment	0	0	0	0
c. Fire Safety	0	0	0	0
d. Active shooter	0	0	0	0
e. Procedures for major weather events such as tornadoes or hurricanes	0	0	0	0
f. Procedures for building evacuation in the event of a major emergency	0	0	0	0
g. Procedures if a resident elopes from the building	0	0	0	0

[VARIABLE CODING] a. [EmerPrepCPR] f. [EmerPrepEvac]  
b. [EmerPrepPPE] g. [EmerPrepElopes]  
c. EmerPrepFire]  
d. [EmerPrepActive]  
e. [EmerPrepWeather]

---

## AL306 LangTrain1

Does this assisted living community provide any training in languages other than English?

1. Yes [Go to AL307]  
5. No [Go to AL308]
- 

## AL307 LangTrain2

In which language(s) do you provide training? *Select all that apply.*

- a. Spanish  
b. Chinese  
c. Tagalog  
d. Vietnamese  
e. Arabic  
f. French or French Creole  
g. Portuguese  
h. Russian  
i. Other, specify: \_\_\_\_\_

[IF AL307 =9, OPEN SPECIFY]

[VARIABLE CODING] a..[LangTrainSpanish] h.[LangTrainRussian]  
b.[LangTrainChinese] i.[LangTrainOther]]  
c..[LangTrainTagalog]  
d..[LangTrainVietnamese]]  
e..[LangTrainArabic]  
f..[LangTrainFrench]]  
g.[LangTrainPortugese]

---

## AL308 StaffLang1

To adequately serve your resident population, do you need some staff to be able to speak a language other than English?

- 1. Yes [Go to AL309]
- 5. No [Go to AL310]

## AL309 StaffLang2

Which language(s) do you need some staff to be able to speak? *Select all that apply.*

- a. Spanish
- b. Chinese
- c. Tagalog
- d. Vietnamese
- e. Arabic
- f. French or French Creole
- h. Portuguese
- i. Russian
- j. Other, specify: \_\_\_\_\_

[IF AL309 =9, OPEN SPECIFY]

[VARIABLE CODING]

a.[StaffLangSpanish]	i.[StaffLangRussian]
b.[StaffLangChinese]	j.[StaffLangOther]
c.[StaffLangTagalog]	
d.[StaffLangVietnamese]	
e.[StaffLangArabic]	
f.[StaffLangFrench]	
h.[StaffLangPortugese]	

## AL310 OtherServices

Are the following types of services provided on site to residents in this assisted living community?

	Yes	No
a. Dental cleanings and/or exams	0	0
b. Podiatry	0	0
c. Assessment and/or counseling offered by a psychologist or other mental health professional	0	0

d. Music therapy with **certified music therapist** 0 0

e. Art therapy with a **certified art therapist** 0 0

[VARIABLE CODING] a. [ServicesDental] d. [ServicesMusic]  
b. [ServicesPodiatry] e. [ServicesArt]  
c. [ServicesMental]

---

## AL316 GUIDEParticipate

Does this organization participate in the Guiding an Improved Dementia Experience (GUIDE) program?

- 1. Yes
- 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 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?	<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]

---

## 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 ...

*(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]

-8. 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? This person may have a title such as Wellness Director, Nursing Director, Clinical Services Director, or similar titles.

*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]

-8. 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, that is, a medical professional contracted or employed by this facility 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. I 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

---

## AL16L1 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 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]

## 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	<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] [MarketRN] [MarketPA]  
 [MarketLPVN] [MarketAS]  
 [MarketCNA]  
 [MarketHA]

## 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]<br>[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 NA\_PA StaffRatio

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]

[VARIABLE CODING] [AL19a\_1 LPN10AM] [AL19a\_1a LPNRes10AM]  
[AL19a\_2 LPN08PM] [AL19a\_2a LPNRes08PM]  
[AL19a\_3 LPN02AM] [AL19a\_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'.]

---

## 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]

[VARIABLE CODING]	[AL19b_1a RN10AM]	[AL19b_1b RNRes10AM]
	[AL19b_2a RN08PM]	[AL19b_2b RNRes08PM]
	[AL19b_3a RN02AM]	[AL19b_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'.]

---

## 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?

\_\_\_\_\_ %

[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"/>
f. Infection control	<input type="radio"/>	<input type="radio"/>
g. Safe resident handling	<input type="radio"/>	<input type="radio"/>
h. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING]    a. [TrainFormalDem]            e. [TrainFormalBehavior]  
                                  b. [TrainFormalPerson]        f. [TrainFormalInfection]  
                                  c. [TrainFormalPlan]            g. [TrainFormalSafe]  
                                  d. [TrainFormalSupport]        h. [TrainFormalEOLC]

---

## 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"/>
f. Infection control	<input type="radio"/>	<input type="radio"/>
g. Safe resident handling	<input type="radio"/>	<input type="radio"/>
i. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>

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

## 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 MEMORY CARE)]

Does this assisted living community provide additional dementia training to staff working in the specialized 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]

## 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"/>

[VARIABLE CODING] a. [AssessDepress]  
b. [AssessDem]  
c. [AssessFall]

---

## AL311 ADReview1

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

	Never	Sometimes	Often	Always
1. With change of condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. At least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[VARIABLE CODING] a. [AdReviewChange]  
b. [AdReviewAnnually]

---

## 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]

---

## AL312 StaffAgencyUS

Does this assisted living community currently work with any staffing agencies to recruit staff from **within the U.S.**?

- 1. Yes, for contract or temporary staff
  - 2. Yes, for permanent staff
  - 3. Yes, for both contract and permanent staff
  - 5. No
- 

## AL313 StaffAgencyInt

Does this assisted living community currently work with any staffing agencies to recruit staff from **outside of the U.S.**?

- 1. Yes, for contract or temporary staff
  - 2. Yes, for permanent staff
  - 3. Yes, for both contract and permanent staff
  - 5. No
- 

## AL314 StaffLoss

Over the past year, has this assisted living community lost staff due to immigration-related challenges?

5. No [GO TO ALEnd ]
  1. Yes, 1-2 employees [GO TO AL315]
  2. Yes, more than 2 employees [GO TO AL315]
- 

### AL315 StaffLossType

[IF AL314 = Yes. Otherwise skip.]

Which types of workers have left this assisted living community due to immigration related challenges?

*Select all that apply.*

1. Licensed nurses
2. CNAs, home health aides, or other aides
3. Other

1. [StaffLossLPN]
  2. [StaffLossCNAs]
  3. [StaffLossOther]
- 

### ALEnd

Thank you for participating in the National Dementia Workforce Study. We would like to contact you in the future for follow-up studies. Learning about how your experiences change over time will help provide a better understanding of the challenges and opportunities faced by the dementia care workforce.

[CONFIRM / COLLECT first & last name, address, email, phone information]