



NDWS Nursing Home Administrator Wave 3 Follow-up 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]

This nursing home participated in this survey in [YEAR]. This follow-up survey aims to provide updated information on this nursing home since the initial survey.

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.

NH0 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:

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 or backed by a private equity firm?

- 1. Yes
 - 5. No
 - 8. 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?	<input type="radio"/>	<input type="radio"/>
d. an 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]
-

NH4 LicenseYears

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

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

-8. 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 0-9999]

[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 care?

_____ resident(s) with Medicaid coverage

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 memory care 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]

H8 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) | |

_____ 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 | <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. [Not present in NH] | <input type="checkbox"/> |
| f. Personal care aide/assistant or other similar aide | <input type="checkbox"/> |
| g. Activity Staff | <input type="checkbox"/> |
| h. Other (describe) _____ | <input type="checkbox"/> |

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

- d. [UnionCNA]
- e.[not present inNH]

NH301 EntranceWeekday

Please answer the following questions about this nursing home.

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

_____ hour(s) per day

[Integer; RANGE 0-24]

NH302 EntranceWeekend

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

_____ hour(s) per day

[Integer; RANGE 0-24]

NH303 Building

Please answer the following questions about this nursing home.

	Yes	No
a. Does the building have a WanderGuard or similar alarm system to prevent people at risk of elopement 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] b.[BuildingMemory] c..[BuildingSun] d.[BuildingPersonalize] e.[BuildingVisible]	f.[BuildingStimulation]

NH304 Technology

Does this nursing home 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. Facility-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 NH304 =h, OPEN SPECIFY]

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

HC305 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]
 - b. [EmerPrepPPE]
 - c. EmerPrepFire]
 - d. [EmerPrepActive]
 - e. [EmerPrepWeather]
 - f. [EmerPrepEvac]
 - g. [EmerPrepElopes]
-

NH306 LangTrain1

Does this nursing home provide any training in languages other than English?

- 1. Yes [Go to NH307]
 - 5. No [Go to NH308]
-

NH307 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 NH307 =9, OPEN SPECIFY]

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

NH308 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 NH309]
 - 5. No [Go to NH310]
-

NH309 StaffLang2

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

- 1. Spanish
- 2. Chinese
- 3. Tagalog
- 4. Vietnamese
- 5. Arabic
- 6. French or French Creole
- 7. Portuguese
- 8. Russian
- 9. Other (specify): _____

[IF NH309 =9, OPEN SPECIFY]

[VARIABLE CODING]

1.[StaffLangSpanish]	8.[StaffLangRussian]
2.[StaffLangChinese]	9.[StaffLangOther]
3.[StaffLangTagalog]	
4.[StaffLangVietnamese]	
5.[StaffLangArabic]	
6.[StaffLangFrench]	
7.[StaffLangPortugese]	

NH 310 OtherServices

Are the following types of services provided on site to residents in this nursing home?

	Yes	No
a. Dental cleanings and/or exams	0	0

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

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 3 years?

_____ nursing home administrator(s) in last 3 years [INTEGER; RANGE 0-99]

-8. Don't know

NH16b NrDirectors

How many directors of nursing has this nursing home had in the last 3 years?

Enter number:

_____director(s) of nursing in last 3 years [INTEGER; RANGE 0-99]

-8. Don't know

NH16i MedDirCert

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

Select all that apply.

1. Certified Medical Director
2. Geriatrics
3. Hospice and Palliative Medicine
4. None of the above [DO NOT ALLOW WITH OTHER ANSWERS]
- 8. Don't know [DO NOT ALLOW WITH OTHER ANSWERS]

[VARIABLE CODING]

- 1.[MedDirCertMed]
 - 2.[MedDirCertGeriatrics]
 - 3.[MedDirCertHosPal]
 - 4.[MedDirCertNone]
-

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.

[EmployPhysicians]

a. How many physicians do you employ?
____ physician(s) [Integer, RANGE 0-999]

[EmployNP]

b. How many nurse practitioners do you employ?
____ nurse practitioner(s) [Integer, RANGE 0-999]

[EmployPA]

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 NH16l2, a-c]
 5. No [GO TO NH16m]
-

NH16L2 Contracts

[DISPLAY N16L2 a-c ON ONE SCREEN]

Please indicate what number you contract with for each category below.

If none for a certain category, enter 0.

[ContractPhysicians]

a. How many physicians do you contract with?
____ physician(s) [Integer, RANGE 0-999]

[ContractNP]

b. How many nurse practitioners do you contract with?
____ nurse practitioner(s) [Integer, RANGE 0-999]

[ContractPA]

c. How many physician assistants do you contract with?

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

NH16m 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]
 b.[CompetitorsNH]
 c.[CompetitorsALC]
 .[CompetitorsHosp]

e.[CompetitorsOHCO]
 f.[CompetitorsRetail]
 g.[CompetitorsOffice]

h.[CompetitorsFood]
 i.[CompetitorsManuf]
 j.[CompetitorsOther]
 k.[CompetitorsNone]

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	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	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]

a.[MarketRN]

f.[MarketAS]

b.[MarketLPVN]

c.[MarketCNA]

d.[MarketHHA]

e.[MarketPA]

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 (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 NA_PA StaffRatio

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 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
	# _____ LPN/LVNs for	# _____ residents

Ratio at 2:00 AM:

[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 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]

[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"/>
h. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>

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

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"/>
h. Providing end-of-life care	<input type="radio"/>	<input type="radio"/>

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

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 MEMORY CARE)]

Does this nursing home 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]

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

NH311 ADReview1

Do clinicians in this nursing home 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]

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]]

NH312 StaffAgencyUS

Does this nursing home 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

NH313 StaffAgencyInt

Does this nursing home 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

NH314 StaffLoss

Over the past year, has this nursing home lost staff due to immigration-related challenges?

- 5. No [Go to NHEnd]
- 1. Yes, 1 or 2 employees [Go to NH315]

2. Yes, more than two employees. [\[Go to NH315\]](#)

NH315 StaffLossType

Which types of workers have left this nursing home due to immigration related challenges?

Select all that apply.

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

[\[StaffLossLPN\]](#)

[\[StaffLossCNAs\]](#)

[\[StaffLossOther\]](#)

NHEnd

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]

These are all the questions we have for you today.