

A. Description of Assisted Living Community

1. Please answer these descriptive questions about your assisted living community:

- a. Name: _____
- b. Address: _____
City, State, Zip: _____
County: _____
- c. Telephone Number: _____

2. Under what category/categories is your assisted living community licensed, registered, or certified? LIST ALL CATEGORIES

- a. This assisted living community is licensed as a/an: _____
- b. This assisted living community is registered as a/an: _____
- c. This assisted living community is certified as a/an: _____

- 3. a. How many assisted living rooms/apartments does your community have? _____ rooms/apartments
- b. How many residents does your community currently have? _____ residents

4. Is there a separate area/neighborhood for residents with Alzheimer’s Disease and other dementias?

- Yes
- No

5. Is your community part of a multi-facility organization?

- Yes → What is the name of the multi-facility organization? _____
- No

6. Which of these categories describes your community’s ownership?

- Private/for profit → → → →
- Private/nonprofit
- City/county/state government
- Other → Specify: _____

a. If private/for profit, is it publicly traded? <input type="radio"/> Yes <input type="radio"/> No
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B. Service Provision

<p>1. For each of these services, please indicate whether your community:</p> <ul style="list-style-type: none"> • <u>offers it as s part of the basic package</u> (base rate) of services, and/or • <u>offers it for an additional fee</u> (not part of the basic package), or • <u>does not offer it</u> <p>IF SERVICES ARE OFFERED AS BOTH PART OF THE BASIC PACKAGE AND FOR AN ADDITIONAL FEE, DARKEN BOTH CIRCLES.</p>	Offered, basic package	Offered, additional fee	Not offered
<p>a. Personal care and assistance</p> <p>(1) For dressing and grooming</p>	○	○	○
<p>(2) For mobility (walking and wheelchair use)</p>	○	○	○
<p>(3) For transferring (bed to chair or wheelchair)</p>	○	○	○
<p>(4) For eating, such as cutting food or providing special set-up or devices</p>	○	○	○
<p>(5) For dining (hands-on assistance with eating)</p>	○	○	○
<p>(6) For bathing</p> <p>(i) twice a week or less</p>	○	○	○
<p>(ii) more than twice a week</p>	○	○	○
<p>b. Toileting and incontinence care</p> <p>(1) Reminders, assistance, and supervision with toileting</p>	○	○	○
<p>(2) Managing supplies, assisting in use of supplies, doing related cleaning and laundry</p>	○	○	○
<p>(3) Assistance with catheter care</p>	○	○	○
<p>(4) Assistance with ostomy care</p>	○	○	○
<p>c. Emergency call system</p> <p>(1) Built-in, such as a pull cord</p>	○	○	○
<p>(2) Mobile, such as an emergency response system</p>	○	○	○
<p>d. Housekeeping and linen service (laundering bed linen and towels) at least weekly, including vacuuming, emptying trashcans, cleaning the bathroom, and changing the bed</p>	○	○	○
<p>e. Personal laundry (clothing) at least weekly</p>	○	○	○
<p>f. Meals available at non-scheduled times</p>	○	○	○
<p>g. Prescribed and special diets, such as diabetic, mechanical soft, or vegetarian</p>	○	○	○

<p>1. For each of these services, please indicate whether your community:</p> <ul style="list-style-type: none"> • <u>offers it as a part of the basic package</u> (base rate) of services, and/or • <u>offers it for an additional fee</u> (not part of the basic package), or • <u>does not offer it</u> <p>IF SERVICES ARE OFFERED AS BOTH PART OF THE BASIC PACKAGE AND FOR AN ADDITIONAL FEE, DARKEN BOTH CIRCLES.</p>	Offered, basic package	Offered, additional fee	Not offered
h. Transportation for medical appointments			
(1) During scheduled times	○	○	○
(2) Other than at scheduled times	○	○	○
(3) With an escort	○	○	○
(4) Within a set distance	○	○	○
(5) Beyond a set distance	○	○	○
i. Transportation for non-medical reasons, such as to social/cultural/religious activities			
(1) During scheduled times	○	○	○
(2) Other than at scheduled times	○	○	○
(3) With an escort	○	○	○
j. Health care services			
(1) Assessment at move-in related to resident health, function, and cognition by a licensed nurse	○	○	○
(2) Regularly scheduled assessments after move-in by a licensed nurse	○	○	○
(3) Assessment of skin integrity by a licensed nurse as needed	○	○	○
(4) Vital sign/wellness monitoring, such as blood pressure, weight, pulse, temperature, respiration			
(i) at least monthly	○	○	○
(ii) more often than monthly	○	○	○
(5) Finger stick glucose testing as needed	○	○	○
(6) Oxygen use/equipment management	○	○	○
(7) Licensed on-site staff to perform intermittent/temporary nursing care such as post-acute or wound care	○	○	○
k. Medications			
(1) Medication set-up in pill organizers	○	○	○
(2) Medication preparation such as mixing, crushing, or dissolving medications	○	○	○
(3) Injections	○	○	○



ANSWER QUESTION 2 ONLY IF YOUR COMMUNITY OFFERS SERVICES FOR AN ADDITIONAL FEE

2. On which of the following are your additional fees based? INDICATE ALL THAT APPLY

- Fee for a specific service, such as for a shave or shower
- Minutes for specific services, such as the amount of time required to assist with dressing
- Points for specific services, such as based on the need for assistance with dressing
- Number of different services that are grouped into tiers

3. <i>The next questions relate to medications:</i>	Yes	No
a. Does your community have a policy that prohibits all residents from keeping <i>prescribed medications</i> in their rooms?	<input type="radio"/>	<input type="radio"/>
b. Does your community have a policy that prohibits all residents from keeping <i>over-the-counter medications</i> in their rooms?	<input type="radio"/>	<input type="radio"/>
c. Is an assessment done (by your staff or someone else) regarding a resident's ability to self-administer medications independent of staff assistance?	<input type="radio"/>	<input type="radio"/>
d. Does your community have a policy that prohibits all residents from self-administering their <i>prescribed medications</i> independent of staff assistance?	<input type="radio"/>	<input type="radio"/>
e. Does your community have a policy that prohibits all residents from self-administering their <i>over-the-counter</i> medications independent of staff assistance?	<input type="radio"/>	<input type="radio"/>
f. Does your community offer regular review of medications by a nurse or pharmacist?	<input type="radio"/>	<input type="radio"/>
g. If a resident wants to use a pharmacy other than those with which you contract, will you help coordinate this?	<input type="radio"/>	<input type="radio"/>
IF YES: (1) Is there an additional fee for arranging this individualized service?	<input type="radio"/>	<input type="radio"/>
(2) Do these restrictions apply?		
(a) Pharmacy must package medications in accordance with community packaging requirements	<input type="radio"/>	<input type="radio"/>
(b) Delivery of medication must be available on an emergency basis	<input type="radio"/>	<input type="radio"/>

4. <i>The next questions relate to recreational services, support/education, and the social setting:</i>	Yes	No
a. Does your community provide scheduled group activities		
(1) at least twice a day during the week?	<input type="radio"/>	<input type="radio"/>
(2) at least twice a day on weekends?	<input type="radio"/>	<input type="radio"/>
b. Does your community develop individualized activity plans?	<input type="radio"/>	<input type="radio"/>
c. Does your community have resident support/education groups related to wellness, managing chronic health conditions such as dementia or diabetes, or other topics?	<input type="radio"/>	<input type="radio"/>
d. Does your community have family support/education groups related to wellness, managing chronic health conditions such as dementia or diabetes, or other topics?	<input type="radio"/>	<input type="radio"/>
e. Does your community have a resident council?	<input type="radio"/>	<input type="radio"/>
f. Does your community have a family council?	<input type="radio"/>	<input type="radio"/>
g. Does your community provide personal mailboxes for each resident?		
h. Does your community have any community pets, such as dogs, cats, rabbits, fish, or birds?	<input type="radio"/>	<input type="radio"/>

5. Are the following services currently available on site for residents who desire them? IF NO: 6. Will your community help to arrange making these services available on site if requested? NOTE THAT THESE SERVICES MAY BE PROVIDED BY YOUR STAFF OR BY EXTERNAL PRACTITIONERS OR ORGANIZATIONS.	5. Currently available on site		6. IF NO: Would arrange to make available	
	Yes	No	Yes	No
a. Medical care provided by a physician, geriatric nurse practitioner, or physician's assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) IF CURRENTLY AVAILABLE ON SITE: Are any of the medical care providers specially trained to work with older adults? O Yes O No O Don't know				
b. Podiatric care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dental care provided by a hygienist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care provided by a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hearing care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Physical, occupational, or speech therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Licensed clinical mental health assessment and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) IF CURRENTLY AVAILABLE ON SITE: Are any of the providers specially trained to work with older adults (such as geriatric psychiatrists, psychologists with geriatric training, or gerontological social workers)? O Yes O No O Don't know				
j. Hospice care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Laboratory testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Does your community have restrictions that limit residents' ability to hire outside workers (other than those set by state or federal regulations)?

Yes; please explain: _____

No

8. For residents whose first language is not English, do you have staff who speak these languages?	Yes	No
a. Arabic	<input type="radio"/>	<input type="radio"/>
b. Chinese	<input type="radio"/>	<input type="radio"/>
c. French	<input type="radio"/>	<input type="radio"/>
d. German	<input type="radio"/>	<input type="radio"/>
e. Italian	<input type="radio"/>	<input type="radio"/>
f. Korean	<input type="radio"/>	<input type="radio"/>
g. Polish	<input type="radio"/>	<input type="radio"/>
h. Russian	<input type="radio"/>	<input type="radio"/>
i. Spanish	<input type="radio"/>	<input type="radio"/>
j. Tagalog	<input type="radio"/>	<input type="radio"/>
k. Vietnamese	<input type="radio"/>	<input type="radio"/>
l. Other; please list: _____	<input type="radio"/>	<input type="radio"/>

9. How often do your staff use these techniques to address residents' physical and verbal aggressiveness?	Never	Sometimes	Often
a. Removal from over-stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Redirection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. One-on-one staff attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. As-needed (PRN) medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physician-ordered physical restraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question relates to services specifically tailored for residents with Alzheimer's Disease or other dementias. IF YOUR COMMUNITY DOES NOT SERVE RESIDENTS WITH DEMENTIA, INDICATE "NOT APPLICABLE".

10. Which of these activities does your community offer that are specifically tailored for residents with Alzheimer's Disease or other dementias?	Yes	No	Not applicable
a. Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spiritual/religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Music activity/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tactile and sensory-related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Reminiscence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Charges and Payments

Some assisted living communities offer different types of rooms/apartments as well as private and shared rooms/apartments.

For each type of room/apartment that your community has, what is the per person monthly fee (including the base rent and basic package of services)?
IF YOUR COMMUNITY HAS NONE OF THE LISTED TYPE OF ROOM/APARTMENT, INDICATE “NOT APPLICABLE”.

1. What is the per person monthly fee (including the base rent and basic package of services for your community’s ...	Rooms/apartments that are <u>in a dementia neighborhood</u>	Rooms/apartments that are <u>not in a dementia neighborhood</u>
a. Least expensive single occupancy room/apartment?	\$ _____ or <input type="radio"/> Not applicable	\$ _____ or <input type="radio"/> Not applicable
b. Most expensive single occupancy room/apartment?	\$ _____ or <input type="radio"/> Not applicable	\$ _____ or <input type="radio"/> Not applicable
c. Least expensive shared occupancy room/apartment?	\$ _____ or <input type="radio"/> Not applicable	\$ _____ or <input type="radio"/> Not applicable
d. Most expensive shared occupancy room/apartment?	\$ _____ or <input type="radio"/> Not applicable	\$ _____ or <input type="radio"/> Not applicable

2. How often are costs for the base rent and basic package of services reviewed?

- Quarterly
- Semi-annually
- Annually
- As needed

3. Regarding Medicaid payment:	Yes	No	Not applicable
a. Does your community accept Medicaid for prospective (i.e., newly moved in) residents?	<input type="radio"/>	<input type="radio"/>	
b. Does your community accept Medicaid for existing residents who have spent down?	<input type="radio"/>	<input type="radio"/>	
c. Is there usually a wait list for Medicaid assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Move In and Move Out Processes

The next questions ask about the move in and move out processes used by your community.

1. What is the duration of the initial residency agreement or lease for prospective residents at this community? SELECT ONE ANSWER

- No set duration
- Month to month
- More than month to month but less than a year
- One year
- More than one year
- Other

Many assisted living communities collect a variety of different fees during the move-in process. While the names used for these vary from place to place, the next few questions are designed to obtain information on what your community does in this regard.

2. Does your community require:	Yes	No	Sometimes
a. A reservation fee to be on a waiting list?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A fee to reserve a unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A one-time, non-refundable entrance or community fee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A security deposit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other security deposits (e.g., pets)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Last month's "rent"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Under what circumstances would your community withhold all or part of a normally refundable security deposit?	Yes	No
a. If the resident did not give the amount of notice required by the agreement or lease	<input type="radio"/>	<input type="radio"/>
b. If the resident left the apartment with damage (such as urine damage to carpets, smoking odors, significant damage to walls)	<input type="radio"/>	<input type="radio"/>
c. If the resident made changes to the apartment that were non-standard for the building (e.g., put up wallpaper, changed the carpet to an unusual color, added or removed a wall)	<input type="radio"/>	<input type="radio"/>
d. If the resident left owing money	<input type="radio"/>	<input type="radio"/>
e. If the resident left furniture and other belongings in the apartment beyond the move out date	<input type="radio"/>	<input type="radio"/>

4. As part of the admission process, does your community require a recent medical clearance or evaluation, such as a form filled out by the prospective resident's doctor?

- Yes
- No

5. The following questions ask about whom you accept to move in, or whom you will retain in your community. For each of the areas, please indicate:
- (1) If your community generally allows a person to move in who routinely needs staff assistance in that area; and
 - (2) If your community generally retains a resident who routinely needs staff assistance in that area.

	(1) Will your community generally allow a person to move in who routinely needs staff to assist with...	(2) Will your community generally retain a resident who routinely needs your staff to assist with . . .
a. Evacuating in an emergency?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
b. Toileting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
c. Incontinence care (bladder)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
d. Incontinence care (bowel)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
e. Bathing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
f. Dressing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
g. A two-person transfer between bed and chair/wheelchair?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
h. Transferring from bed to chair/wheelchair (but less than a two-person transfer)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
i. Eating (such as cutting up food or providing special set-up or devices)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
j. Dining (hands-on assistance with eating)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
k. Care of pressure sores (open slow-healing skin wounds)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge

	(1) Will your community generally allow a person to move in who routinely needs staff to assist with...	(2) Will your community generally retain a resident who routinely needs your staff to assist with . . .
l. Oxygen that needs a nurse or other trained staff to calibrate/manage?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
m. PRN (as needed) medications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
n. Injectable medications such as insulin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
o. A catheter?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
p. Tube feeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge

6. These next items ask:

- (1) If your community generally allows these types of people to move in; and
 (2) If your community generally retains residents of these types.

	(1) Will your community generally allow a person to move in who ...	(2) Will your community generally retain a resident who ...
a. Uses oxygen which the resident can manage him/herself?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
b. Administers his/her own injectable medication, such as insulin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
c. Is enrolled in Hospice?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
d. Has dementia with poor safety awareness (for example, wanders or requires constant supervision)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
e. Is resistant to care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
f. Exhibits other difficult or disruptive behaviors?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge

	(1) Will your community generally allow a person to move in who ...	(2) Will your community generally retain a resident who ...
g. Has a primary diagnosis of an intellectual or developmental disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge
h. Has a primary diagnosis of a psychiatric disorder, other than Alzheimer's disease or other dementia?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, state prohibits	<input type="radio"/> Yes <input type="radio"/> Maybe, with outside services and/or other special circumstances <input type="radio"/> No, requires discharge

7. Who provides the furniture for the resident's apartment? INDICATE ALL THAT APPLY

- The resident provides all his/her own furniture
- The resident can bring small pieces of furniture, such as a favorite chair or small dresser
- The community provides basic furnishings for resident rooms/apartments

E. Staffing

The next questions ask about staffing in your community.

	On-site 24/7	On-site full-time	On-site part-time	On call	Do not use
1. How often does your community use registered nurse(s) (RNs)? INDICATE ALL THAT APPLY a. IF ON-SITE: Does your community staff fewer RNs during the weekends than during the week? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often does your community use licensed practical nurse(s) (LPNs) or licensed vocational nurse(s) (LVNs)? INDICATE ALL THAT APPLY a. IF ON-SITE: Does your community staff fewer LPNs/LVNs during the weekends than during the week? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No
3. Does your community staff fewer direct care workers during the weekends than during the week?	<input type="radio"/>	<input type="radio"/>
4. Are on-site staff required to be awake at all times?	<input type="radio"/>	<input type="radio"/>
5. Does your community have someone on staff who is professionally trained (such as a social worker) to help families and residents deal with psychosocial issues such as challenges of aging, transitions to and within the community, and dementia?	<input type="radio"/>	<input type="radio"/>

6. In an average month, how often does your community use agency staff, either RNs, LPNs, or direct care workers?

- Daily
- Weekly
- Monthly
- Less than monthly
- Never

7. Complete this table to indicate how many full-time equivalents (FTEs) your community has on-site in an average week (Monday through Friday). IF YOU HAVE NONE OF THE STAFF ON-SITE IN AN AVERAGE WEEK, ENTER "0".

	SHIFT		
	Weekdays	Weekday evenings	Weekday nights
RNs			
LPNs/LVNs			
Direct care workers			

8. Does your state require criminal background checks for new employees?

Yes

No → a. **IF NO:** Does your community conduct criminal background checks on all new employees? Yes

No

9. The next questions ask about staff retention and turnover.	Less than 1 year	Between 1-5 years	More than 5 years	N/A
a. How long has the current Executive Director/ Administrator/General Manager been employed in this position in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How long has the current Director of Nursing/Director of Resident Care/Director of Wellness been employed in this position in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Excluding the Executive Director/Administrator/General Manager and the Director of Nursing/ Director of Resident Care/Director of Wellness:				
(1) Estimate the percent of RNs who have been employed in your community for less than 1 year, 1-5 years, and more than 5 years (provide one answer for each column): IF YOU DO NOT EMPLOY RNs, INDICATE NOT APPLICABLE (NA).	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/>
(2) Estimate the percent of LPNs/LVNs who have been employed in your community for less than 1 year, 1-5 years, and more than 5 years (provide one answer for each column): IF YOU DO NOT EMPLOY LPNs/LVNs, INDICATE NOT APPLICABLE (NA).	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/>
d. Estimate the percent of direct care workers who have been employed in your community for less than 1 year, 1-5 years, and more than 5 years (provide one answer for each column):	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	<input type="radio"/> < 33% <input type="radio"/> 33-66% <input type="radio"/> > 66%	

	Full-time positions	Part-time positions
10. What is the average number of RN vacancies your community has experienced within the past three months for full-time positions and part-time positions? IF YOU DO NOT EMPLOY RNS, INDICATE NOT APPLICABLE	_____ vacancies or <input type="radio"/> Not applicable	_____ vacancies or <input type="radio"/> Not applicable
11. What is the average number of LPN/LVN vacancies your community has experienced within the past three months for full-time positions and part-time positions? IF YOU DO NOT EMPLOY LPNs/LVNs, INDICATE NOT APPLICABLE	_____ vacancies or <input type="radio"/> Not applicable	_____ vacancies or <input type="radio"/> Not applicable
12. What is the average number of direct care worker vacancies your community has experienced within the past three months for full-time positions and part-time positions?	_____ vacancies	_____ vacancies

13. The next questions relate to staff training. For each of these topics, please indicate:

- (1) If your state has minimum training requirements in that topic; and
- (2) If your community exceeds the state minimum training requirements in regards to content, hours, or recipients; and
- (3) IF YOU DO EXCEED THE STATE MINIMUM TRAINING REQUIREMENTS: The staff who receives the additional training.

	(1) Does your state have minimum training requirements in ...	(2) Does your community <u>exceed</u> state minimum training requirements of your state in...	(3) Which staff receives training above state minimum requirements? INDICATE ALL THAT APPLY
a. Resident Care and Services (such as rights and responsibilities, abuse and neglect, confidentiality, transitions of care)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes → Complete question 3 <input type="radio"/> No	<input type="radio"/> All licensed staff <input type="radio"/> All direct care staff <input type="radio"/> All other staff
b. Safety (such as food handling and safety, infection control, first aid/CPR, fire emergency and preparedness)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes → Complete question 3 <input type="radio"/> No	<input type="radio"/> All licensed staff <input type="radio"/> All direct care staff <input type="radio"/> All other staff
c. Age-related Changes (such as incontinence, falls, malnutrition, hearing/vision, thinning bones, sleep problems)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes → Complete question 3 <input type="radio"/> No	<input type="radio"/> All licensed staff <input type="radio"/> All direct care staff <input type="radio"/> All other staff
d. Dementia (such as person-centered caring, communication training, behavior management, psycho-social needs of population)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes → Complete question 3 <input type="radio"/> No	<input type="radio"/> All licensed staff <input type="radio"/> All direct care staff <input type="radio"/> All other staff
e. Service Delivery Practices (such as communication training, team building, person-centered care, cultural competency, customer service, family support)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes → Complete question 3 <input type="radio"/> No	<input type="radio"/> All licensed staff <input type="radio"/> All direct care staff <input type="radio"/> All other staff
f. Medication Management (such as types of administration, storage, documentation, re-ordering)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes → Complete question 3 <input type="radio"/> No	<input type="radio"/> All licensed staff <input type="radio"/> All direct care staff <input type="radio"/> All medication technicians <input type="radio"/> All other staff

F. Physical Structure

The next questions ask about different components of the physical structure of your community.

	Yes	No
1. Do residents live on three or more floors (also known as stories) in your building?	<input type="radio"/>	<input type="radio"/>
2. Does your community have these common spaces available for use by residents and families?		
a. A private dining room	<input type="radio"/>	<input type="radio"/>
b. A kitchen	<input type="radio"/>	<input type="radio"/>
3. Does your community have special environmental adaptations for residents who are blind or have low vision, such as contrasting color walls and carpeting, large-button telephones, or oversized clocks?	<input type="radio"/>	<input type="radio"/>

4. For each of these, does your community:	Offered, basic package	Offered, additional fee	Not offered
<ul style="list-style-type: none"> • offer it as part of the <u>basic package</u> (base rate) of services; or • <u>offer it for an additional fee</u> (not part of the basic package); or • <u>not offer it</u> <p>IF SERVICES ARE OFFERED AS BOTH PART OF THE BASIC PACKAGE AND FOR AN ADDITIONAL FEE, DARKEN BOTH CIRCLES.</p>			
a. Complete room furnishings , including furniture and window covering?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Local telephone service			
(1) in common areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) in apartments/rooms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cable or satellite TV			
(1) in common areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) in apartments/rooms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Internet access			
(1) hard-wired, in common areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) hard-wired, in apartments/rooms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) wireless internet (Wifi) throughout the building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next items are about life safety and accessibility of different safety features.

5. Does your community have ...	In none	Yes, in some	Yes, in all
a. A sprinkler system in resident rooms and apartments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A sprinkler system in common areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. An emergency call or personal response system available in resident rooms and apartments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Does your community have a fire alarm system that is ...	No	Yes, in some areas of the building	Yes, in all areas in the building
a. Tied to the fire department?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Adapted for people who are deaf or hard of hearing, such as flashing lights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Adapted for people who are blind or have low vision, such as auditory alarms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Are these areas accessible (meaning able to be entered and used) for residents who use (1) manual walkers or wheelchairs, and (2) power wheelchairs or scooters?	(1) For people who use a manual walker or wheelchair?			(2) For people who use a power wheelchair or scooter?			
	No	Yes, some areas of the building	Yes, all areas in the building	No	Yes, some areas of the building	Yes, all areas in the building	Not permitted in the building
a. Rooms/apartments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Resident bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Common dining rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other common areas, such as living rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No
8. Does your community have spaces for wheelchair storage/parking other than in resident rooms/apartments?	<input type="radio"/>	<input type="radio"/>
9. Does your community have sufficient power sources for recharging power wheelchairs or scooters?	<input type="radio"/>	<input type="radio"/>

10. For each of these, indicate whether your assisted living community is: <ul style="list-style-type: none"> • located in the <u>same building</u>, or • not in the same building, but <u>located on the same campus</u>, or • not located in the same building or on the same campus, but still <u>affiliated with it</u>, or • <u>none of these</u> 	Same building	Same campus	Affiliated	None of these
a. A licensed nursing home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) If same building, campus, or affiliated: Do your residents have priority access to the nursing home? <input type="radio"/> Yes <input type="radio"/> No				
b. Independent living rooms/apartments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) If same building, campus, or affiliated: Do your residents have priority access to the independent living rooms/apartments? <input type="radio"/> Yes <input type="radio"/> No				
c. Adult day care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) If same building, campus, or affiliated: Do your residents have priority access to the adult day care? <input type="radio"/> Yes <input type="radio"/> No				
d. A hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>11. Does your community have a dementia neighborhood, meaning all or a section of the building that is dedicated to serving persons with Alzheimer’s Disease and other dementias?</p> <p>SELECT ONE ANSWER TO THE RIGHT, THEN COMPLETE COLUMN A AND/OR B AS INDICATED</p>	<p>O Entire building is dedicated to residents with dementia</p> <p>COMPLETE COLUMN A</p>	<p>O Some of the building is dedicated to residents with dementia</p> <p>COMPLETE COLUMNS A and B</p>	<p>O None of the building is dedicated to residents with dementia</p> <p>COMPLETE COLUMN B</p>
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	A. Dementia Neighborhood		B. Non-Dementia Area			
	Yes	No	Yes	No		
a. Is the neighborhood secured by a keypad or other safety locking device?	<input type="radio"/>	<input type="radio"/>	NA	NA		
b. Does the neighborhood have some physical design features for persons with dementia, such as short corridors, contrasting colors, or environmental cues?	<input type="radio"/>	<input type="radio"/>	NA	NA		
c. Are residents permitted, under specific conditions, to keep a cat, dog, or other pet in the rooms/apartments in this neighborhood/area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
d. Do residents in this neighborhood/area have:						
(1) access to a common space dedicated to dining?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
(2) access to one or more common spaces dedicated to activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
(3) access to a secure outdoor space for activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
(4) access to a designated smoking area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	Number of rooms/apartments IF NONE, ENTER “0”		Number of rooms/apartments IF NONE, ENTER “0”			
e. How many rooms/apartments:						
(1) are there, in total?						
(2) are efficiencies/studios?						
(3) have one bedroom?						
(4) have two or more bedrooms?						
(5) have a private toilet?						
(6) have a private shower or bathtub?						
(7) have an entry door that locks?						
(8) have individually controlled heating and air conditioning?						
	Offered, basic package	Offered, additional fee	Not offered	Offered, basic package	Offered, additional fee	Not offered
f. Does your community offer staff assigned to do scheduled monitoring/cueing as necessary to assure resident well-being?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Does your community offer dementia-specific programming and activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. Policies

The next section is about your community's policies.

1. Does your community have policies that prohibit:	Yes	No
a. Smoking		
(1) in rooms/apartments?	<input type="radio"/>	<input type="radio"/>
(2) in designated areas in the building?	<input type="radio"/>	<input type="radio"/>
(3) on the grounds?	<input type="radio"/>	<input type="radio"/>
b. Residents from keeping/consuming alcoholic beverages in their rooms?	<input type="radio"/>	<input type="radio"/>
c. Residents from consuming alcoholic beverages in common areas, such as the dining room?	<input type="radio"/>	<input type="radio"/>

2. The following questions ask about written policies the community has and how it makes this information available to residents and potential residents. For each of the areas, please indicate:

- (1) If your community has a written policy in that area; and
- (2) If your community has a written policy, how the policy is usually communicated to residents/families.

	(1) Community has this in a written form	(2) If your community has written policies in this area, how are they communicated to residents/families? INDICATE ALL THAT APPLY				
		(A) Explained verbally	(B) Written summary provided at move-in	(C) Full document provided at move in	(D) Written summary provided on request	(E) Full document provided on request
a. Resident rights (as per state law)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fire evacuation plan	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Emergency plan	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Missing person policy	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Involuntary discharge procedures including appeals	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Community's rules	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Grievance procedures	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Policy on advance directives	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Policy on how residents obtain their medicines	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Policies regarding restraints and restraint alternatives	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. Contact Information

These last questions are about contact information for your community.

1. Does your community have a website?

Yes → What is the website address? _____

No

2. Does your community have an e-mail address?

Yes → What is the e-mail address? _____

No

Thank you for providing this information ! Please indicate:

1. What is the position of the person completing this form?

Administrator

Executive Director

Area Director

Other → Specify: _____

2. What is the date this form was completed (mm/dd/yr) ? ____ ____ / ____ ____ / ____ ____