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Attachment G

Pretest Advance Data Collection Form

Questions mailed to facility prior to site visit

This form contains some of the questions that will be asked in the interview. We have mailed these to you in advance because they may require you to check reports or other sources of information. Having answers to these questions in advance of our visit will reduce the time we need to spend talking with you during the interview process. The survey is about residential care. For this study, residential care is defined as:

“Residential care facilities are places that are licensed, registered, listed, certified, or otherwise regulated by the state and that provide room and board with at least two meals a day, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health related services such as medication management. These facilities serve an adult population. Facilities licensed to serve the mentally ill or the MR/DD populations exclusively are excluded.”

If your facility is part of a campus that includes other types of care, please obtain answers only for the residential care portion of the facility and have them ready on the day of the site visit.

Number of beds /Residents

Some states license, register, or certify residential care facilities by number of beds, while other states regulate by the number of units. The next questions are about both the number of beds and the number of units in this facility. A unit is defined as a room or apartment where residents live. Do not include rooms within apartments.

A1. At this facility, what is the number of licensed, registered, or certified residential care beds

A2. IF YOUR STATE LICENSE BY UNITS: At this facility, what is the number of licensed, registered, or certified residential care units _____

A3. What is the current number of residents living at this residential care facility? _____
 The next few questions are about apartments. An apartment is a living unit that includes lockable doors, a bathroom with a sink, toilet, and shower or bath, and a kitchen area which includes a sink, at least a cook top, hotplate, or microwave and a refrigerator.

A4. Based on this definition, do any of your units qualify as an apartment?

- YES
- NO – PLEASE SKIP QUESTIONS A5a, A5b, and A5c

A5. How many of your units are....	Number of Apartments/ Rooms
a. Studio apartments	_____
b. One bedroom apartments	_____
c. Two bedroom apartments	_____
d. Room designed for one person	_____
e. Double occupancy rooms	_____
f. Rooms for three or more residents	_____

If YOU ANSWERED “NO” TO A4 – GOTO A7

A6. How many apartments include a kitchen area that contains...

- A6a. A cook top or hot plate []
- A6b. A microwave []
- A6c. An oven []

If YOU ANSWERED “YES” TO A4 – GOTO A23

A7. How many units have a door to the hallway that can be locked? []

A7_within. How many rooms have a bathroom located within the room? _____

IF THIS FACILITY HAS NO ROOMS WITH A BATHROOM LOCATED WITHIN THE ROOM -- SKIP QUESTIONS A7a AND A7b

How many rooms...

- A7a. have a full bathroom including a toilet, sink, and shower or tub located within the room []
- A7b. have a half-bath including a sink and toilet located within the room []

Source of Payment

The next questions ask about items resident source of payment.

A23. During the last 30 days, how many of the residents had some or all of their long-term care services at this facility paid by Medicaid? _____

Waiting Lists

IF THIS FACILITY DOES NOT HAVE A WAITING LIST SKIP QUESTIONS A25-A26.

A25. What is the current number of people on the active waiting list for residential care?

A26. What is the average length of time that prospective residents are on the waiting list for residential care before admission? Please respond in months and/or days.

_____ **DAYS**
_____ **MONTHS**

Resident Turnover: Admissions/Discharges

The next questions ask about resident admission and discharge.

A27. How many residents moved into this facility over the past 12 months?

Note: Please count couples separately. Do not include as an admission, returning from a “temporary discharge” to a hospital if this facility held the bed for the resident.

_____ **ADMISSIONS IN PAST 12 MONTHS**

A30. Over the last 12 months, how many residents moved out of this facility? Do not include deaths. _____

A30. Over the last 12 months, of those residents who moved elsewhere, how many left because the cost of care (including housing, meals, and services required to meet their needs) exceeded their ability to pay? _____

IF THIS FACILITY DID NOT HAVE ANY RESIDENTS MOVE OUT IN THE PAST 12 MONTHS SKIP QUESTION A31.

A31. Where did the residents go after they moved out? Please provide the total number in each category?

_____ Hospital
_____ Nursing home

- _____ Another residential care facility
- _____ Private residence
- _____ Other

A32. In the last 12 months, how many residents died? _____

Staffing (e.g., RNs, LPNs)

The next questions are about facility staff.

<p>A33. During the last 7 days, how many total hours were worked by <u>paid</u> employees for the <u>residential care</u> portion of this facility}?</p> <ul style="list-style-type: none"> - Please only include employees that provide direct care to residents. - Please include full-time and part-time staff - Please count hours for each staff person only ONCE based on their primary responsibilities 	<p>HOURS WORKED</p>
a. Registered Nurses (R.N.)	_____
b. Licensed Practical Nurses (L.P.N.) or Licensed Vocational Nurses (L.V.N.)	_____
c. Personal care aides /nursing assistants	_____
d. Activities director/ activities staff	_____
e. Administrator/assistant administrator - direct care time only	_____

<p>A38. As of today, how many of the following full time and part time staff are currently employed at this facility?</p> <ul style="list-style-type: none"> • Please count each staff person only ONCE based on their primary responsibilities • Please only count staff for the <u>residential care component</u> of this facility. 	<p>Current Staff</p>
a. Administrators/Director	_____
b. Registered Nurses (R.N.)	_____
c. Licensed Practical Nurses (L.P.N.) / Licensed Vocational Nurses (L.V.N.)	_____
d. Personal Care Aide	_____

<p>A39. During the past 12 months, how many of the following full time and part time staff have resigned or been terminated?</p> <ul style="list-style-type: none"> • Please count each staff person only ONCE based on their primary responsibilities • Please only count staff for the <u>residential care component</u> of this facility. 	<p>Resigned/ Terminated</p>
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a. Administrators/Director	_____
b. Registered Nurses (R.N.)	_____
c. Licensed Practical Nurses (L.P.N.) / Licensed Vocational Nurses (L.V.N.)	_____
d. Personal Care Aide	_____

Demographics of residents

The next questions involve resident demographics.

A52_male. What is the total number of male residents living at this facility? _____

A52_female. What is the total number of female residents living at this facility? _____

A52. What percentage of residents are in the following age categories?

- a. 17 and under _____%
- b. 18-54 _____%
- c. 55-64 _____%
- d. 65-74 _____%
- e. 75-84 _____%
- f. Age 85 and over _____%

A53. How many residents are of Hispanic, Latino, or Spanish origin or descent? _____

A54. What percentage of residents are...

- _____ % White/Caucasian
- _____ % Black or African American
- _____ % Asian
- _____ % Native Hawaiian or other Pacific Islander
- _____ % American Indian or Alaskan Native
- _____ % Other

Dementia/Alzheimer’s Unit

A58. Does this residential care facility have a distinct unit/wing/floor that is designated as a Dementia/Alzheimer’s Special Care Unit?

- YES
- NO – DO NOT ANSWER QUESTIONS A59-A60

The next set of questions is about the Dementia or Alzheimer’s unit / floor / wing. When answering these questions, please answer only for that unit.

A59. In the Dementia/Alzheimer’s Special Care unit, please tell me the number of licensed beds

A60. What is the current number of residents living in the Dementia/ Alzheimer’s unit? _____

THANK YOU