

Form Approved  
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## ASSISTED LIVING PROVIDER INFORMATION TOOL FOR CONSUMER EDUCATION

Developed by the Assisted Living Collaborative

**This tool is intended for communities that meet the following definition of “assisted living”:**

“Assisted living” refers to residential long-term care options that are licensed, certified, or registered by states as assisted living or other residential care names, such as board and care. They combine housing and supportive services, which include at a minimum, assistance with activities of daily living and/or health care (such as help with medication administration). Assisted living settings have on-site staff available to meet both scheduled and unscheduled needs for assistance 24 hours per day, seven days per week. They also offer dining (two or more meals per day) and a variety of supportive services related to social and wellness activities. They care for individuals with a range of functional needs including dementia, and may provide a dedicated wing/area with additional security and cueing devices among other special services for those individuals. Assisted living rooms/apartments may be offered in freestanding communities or in a separate wing or building in a long-term care campus that provides other types of care.

For purposes of this tool, assisted living does not include residential long-term care options that are licensed, certified, or registered by states as nursing homes, or to exclusively serve persons with intellectual and developmental disabilities, mental illness (which is different than dementia), or substance use disorders.

**If your community does not meet this definition of assisted living, please do not complete this tool. Instead, check this box and return the blank tool in the enclosed envelope:**

**PRIVACY ACT STATEMENT:** The information requested on this tool is being collected to assist the Agency for Healthcare Research and Quality (AHRQ) and the Center for Excellence in Assisted Living in developing uniform information to help inform consumer decision making about assisted living residences. The information you supply will be kept confidential to the extent permitted by law including AHRQ’s confidentiality statute, 42 USC 299c-3(c). The law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied unless you consent to the use of information for another purpose.

**PAPERWORK REDUCTION ACT INFORMATION:** Public reporting burden for this collection of information is estimated to average 25 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

While completing this tool, please consider the following information:

- This information tool should take approximately 25 minutes to complete.
- This tool should be completed by the individual who is the most knowledgeable about the community's operations, most typically, the Administrator or Executive Director. If the individual completing the tool is not the most knowledgeable, it is advisable if other staff review the responses to ensure they are correct.
- The items on this tool relate only to your assisted living community and the assisted living rooms/apartments, even though some assisted living communities include nursing home or independent living rooms/apartments.
- Answer the questions in reference to your entire assisted living community unless otherwise instructed. Some assisted living communities offer specialized care, such as dementia care. If your assisted living community offers more than one type of assisted living care (e.g., a portion of the community that is set aside for dementia care), answer the questions in reference to the entire community, unless otherwise instructed.
- All questions should be completed in reference to current operations, as of the date the tool is completed.
- Complete these questions only in reference to the community located at the address to which this tool was mailed. If you or your organization owns or operates more than one assisted living community, complete the information tool in reference to the community identified in the mailing address. If the address to which this tool was mailed is not the correct address for one of your organization's assisted living communities, please call 1-XXX-XXX-XXXX to clarify this matter.
- Your responses to this tool are provided voluntarily and all of your answers will be kept confidential. If you have any questions about this tool, please call \_\_\_\_\_ at 1-XXX-XXX-XXXX.

**Please place an "X" over the circle to indicate your answer, like this:** 



**If you are unsure about how to answer a question, please give the best answer you can.**

- Please answer each question unless you are asked to skip to another question.
- Select only one answer for each question unless you are asked to "Indicate all that apply".
- It is best to use a soft lead pencil in case you want to change an answer.
- When you are finished, please place the tool in the enclosed postage-paid envelope and put it in the mail.

**A. Description of Assisted Living Community**

A1. Please answer these descriptive questions about your assisted living community:

- a. Community Name:
- b. Address:
- c. City:  State:  Zip:
- d. County:
- e. Telephone Number:

A2. a. Does your community have a website?

Yes → What is the website address?

No

b. Does your community have an e-mail address to which prospective residents and families can send comments and questions?

Yes → What is the e-mail address?

No

A3. Is your community licensed/registered/certified by the state to provide residential and supportive services?

Yes

No

A4. Which of these categories describes your community's ownership? **SELECT ONE ANSWER**

For profit

Not for profit

City/county/state government

Other → Specify: \_\_\_\_\_

A5. *This question asks about resident rooms/apartments. A room/apartment is the area dedicated to the use of one or more residents, set off from common spaces by a door. So, if an apartment is set off from the common space by a door, it counts as one room/apartment, even if the apartment itself has more than one room. How many assisted living rooms/apartments are in your community?*

Number of rooms/apartments:

A6. Do all of your assisted living rooms/apartments have these features? <b>SELECT ONE ANSWER FOR EACH ROW</b>	Yes	No
a. A private toilet	<input type="radio"/>	<input type="radio"/>
b. A private shower or bathtub	<input type="radio"/>	<input type="radio"/>
c. An entry door that locks	<input type="radio"/>	<input type="radio"/>

A7. Does your assisted living community have a dementia neighborhood or unit (whether or not it is locked), meaning all or a section of the building that is dedicated to serving persons with Alzheimer’s Disease and other dementias?  
 Yes       No

A8. Are the following types of services provided at the same location (same address or campus), regardless of whether or not it is in the same building? <b>SELECT ONE ANSWER FOR EACH ROW</b>	Yes	No
a. Independent living/independent apartments	<input type="radio"/>	<input type="radio"/>
b. Nursing home beds	<input type="radio"/>	<input type="radio"/>
c. Hospital	<input type="radio"/>	<input type="radio"/>
d. Other → Specify: _____	<input type="radio"/>	<input type="radio"/>

A9. Is your assisted living community part of a continuing care retirement community (CCRC)?  
 Yes       No

**B. Move In and Move Out Processes**

*These questions ask about the move in and move out processes used by your community.*

*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.*

B1. Does your community require these for move-in? <b>SELECT ONE ANSWER FOR EACH ROW</b>	Yes	No	Sometimes
a. A reservation fee to be on a waiting list or to reserve a room/apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A one-time, partially refundable or non-refundable entrance or community fee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A security deposit to cover damages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other deposits (e.g., pets, smoking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Last month’s “rent”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2. Does your community require a resident to have a recent medical evaluation (by a nurse or physician) as part of the move-in process?  
 Yes       No

B3. The following questions ask about whom you accept to move in, and 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 (such as one-on-one monitoring or physical assistance) in that area**; and

(2) If your community generally retains a resident who **routinely needs staff assistance (such as one-on-one monitoring or physical assistance) in that area**.

**SELECT ONE ANSWER FOR QUESTION (1) AND ONE ANSWER FOR QUESTION (2) FOR EACH ROW**

	(1) Will your community generally allow a person to move in who <u>routinely needs staff to assist with...</u>	(2) Will your community generally retain a resident who <u>routinely needs your staff to assist with...</u>
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 or 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 or 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

	<b>(1) Will your community generally allow a person to move in who routinely needs staff to assist with...</b>	<b>(2) Will your community generally retain a resident who routinely needs your staff to assist with...</b>
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 Stage 1 or 2 pressure sores	<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
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. An indwelling 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

**B4. These next items ask:**

- (1) If your community generally allows people with the following needs to move in; and  
 (2) If your community generally retains a resident with the following needs.

**SELECT ONE ANSWER FOR QUESTION (1) AND ONE ANSWER FOR QUESTION (2) FOR EACH ROW**

	(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 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. Exhibits 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
f. Has a primary diagnosis of an intellectual or developmental disability (e.g., Down's Syndrome)	<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. 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
h. Uses a Hoyer or other mechanical lift for transferring	<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. Service Provision

### C1. Please indicate how your community's recurring monthly fees are set. INDICATE ALL THAT APPLY.

- Number of different services that are grouped together in tiers
- Fees for specific services (a la carte pricing)
- 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
- Other
- None of the above, community has an all-inclusive flat rate with no additional charges

C2. For each of these services, please indicate whether it is: <ul style="list-style-type: none"> <li>• <b>offered</b>; part of the <b>basic package</b> (base rate) of services; or</li> <li>• <b>offered</b>; may be an additional fee; or</li> <li>• <b>not offered</b>      <b>SELECT ONE ANSWER FOR EACH ROW</b></li> </ul>	Offered, basic package	Offered, may be an additional fee	Not offered
<b>a. Personal care and assistance</b>			
(1) For dressing and grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) For mobility (walking and wheelchair use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) For transferring (bed to chair or wheelchair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) For eating, such as cutting food or providing special set-up or devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) For dining (hands-on assistance with eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6i) For bathing twice a week or less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6ii) For bathing more than twice a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b. Toileting and incontinence care</b>			
(1) Reminders, assistance, and supervision with toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Managing supplies, assisting in use of supplies, doing related cleaning and laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Assistance with catheter care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Assistance with ostomy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c. Housekeeping at least weekly</b> , including vacuuming, emptying trashcans, cleaning the bathroom, and changing the bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d. Linen service (bed linen and towels) at least weekly</b> ,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e. Personal laundry (clothing) at least weekly</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f. Meals available at non-scheduled times</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g. Prescribed and special diets, such as diabetic or mechanical soft</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h. Health care services</b>			
(1) Regularly scheduled assessment of resident health, function, and cognition by a licensed nurse (RN, LPN, LVN) after move-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Assessment of skin integrity by a licensed nurse as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Vital sign/wellness monitoring, such as blood pressure, weight, pulse, temperature, respiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>C2. For each of these services, please indicate whether it is:</b> <ul style="list-style-type: none"> <li>• <b>offered; part of the <u>basic package</u> (base rate) of services; or</b></li> <li>• <b>offered; may be an additional fee; or</b></li> <li>• <b>not offered</b>      <b><i>SELECT ONE ANSWER FOR EACH ROW</i></b></li> </ul>	Offered, basic package	Offered, may be an additional fee	Not offered
(i) at least monthly			
(ii) more often than monthly	○	○	○
(4) Finger stick glucose testing as needed	○	○	○
(5) Oxygen use/equipment management	○	○	○
<b>i. Medications</b>	○	○	○
(1) Staff set-up medications in pill organizers	○	○	○
(2) Staff prepare medications such as mixing, crushing, or dissolving medications	○	○	○
(3) Staff pass medications	○	○	○
(4) Staff give injections	○	○	○
<b>j. Transportation for medical appointments</b>	○	○	○
(1) During designated times only	○	○	○
(2) As requested	○	○	○
(3) With an escort	○	○	○
(4) Within a set distance	○	○	○
(5) Beyond a set distance	○	○	○
<b>k. Transportation for non-medical reasons, such as to social/cultural/religious activities</b>	○	○	○
(1) During designated times only	○	○	○
(2) As requested	○	○	○
(3) With an escort	○	○	○

<b>C3. Does your community have contracts or established arrangements with the following professionals to visit and provide services to residents on-site?</b> <b><i>SELECT ONE ANSWER FOR EACH ROW</i></b>	Yes	No
a. Physician, nurse practitioner, or physician's assistant	○	○
b. Podiatrist	○	○
c. Dental hygienist	○	○
d. Dentist	○	○
e. Optometrist	○	○
f. Audiologist	○	○
g. Physical, occupational, or speech therapist	○	○
h. Licensed clinical mental health provider	○	○

C4. <i>The next questions relate to recreational services, support/education, and social setting:</i> <b>SELECT ONE ANSWER FOR EACH ROW</b>	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?	<input type="radio"/>	<input type="radio"/>
h. Does your community have any community pets (such as dogs, cats, rabbits, fish, or birds) meaning pets whose care is not the responsibility of an individual resident?	<input type="radio"/>	<input type="radio"/>

C5. <b>Which of these activities does your community offer, either to the community at large and/or designed for residents with dementia?</b> <b>INDICATE ALL THAT APPLY FOR EACH ROW</b>	Yes, offered to community at large	Yes, designed for residents with dementia	Not offered at all
a. Spiritual/religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical activity, such as weight-lifting, swimming, yoga, or Wii Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Music activity/therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tactile and sensory-related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reminiscence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D. Policies**

D1. <i>These questions relate to medications:</i> <b>SELECT ONE ANSWER FOR EACH ROW</b>	Yes	No
a. 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"/>
b. Does your community or state prohibit <b>all</b> residents from keeping <i>prescribed medications</i> in their rooms?	<input type="radio"/>	<input type="radio"/>
c. Does your community or state prohibit <b>all</b> residents from keeping <i>over-the-counter medications</i> in their rooms?	<input type="radio"/>	<input type="radio"/>
d. Does your community or state prohibit <b>all</b> residents from self-administering their	<input type="radio"/>	<input type="radio"/>

<i>prescribed medications independent of staff assistance?</i>		
e. Does your community or state prohibit <b>all</b> 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"/>
<b>IF YES:</b> (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"/>

<b>D2. Does your community or state prohibit all residents from:</b> <b><i>SELECT ONE ANSWER FOR EACH ROW</i></b>	<b>Yes</b>	<b>No</b>
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. Keeping/consuming alcoholic beverages in their rooms?	<input type="radio"/>	<input type="radio"/>
c. Consuming alcoholic beverages in common areas, such as the dining room?	<input type="radio"/>	<input type="radio"/>
d. Keeping a cat, dog, or other pet in their room/apartment?	<input type="radio"/>	<input type="radio"/>

<b>D3. Does your community have a written policy in these areas?</b> <b><i>SELECT ONE ANSWER FOR EACH ROW</i></b>	<b>Yes</b>	<b>No</b>
a. Resident rights (as per state law)	<input type="radio"/>	<input type="radio"/>
b. Fire evacuation plan	<input type="radio"/>	<input type="radio"/>
c. Emergency plan	<input type="radio"/>	<input type="radio"/>
d. Missing person or elopement policy	<input type="radio"/>	<input type="radio"/>
e. Involuntary discharge procedures including appeals	<input type="radio"/>	<input type="radio"/>
f. Community's rules	<input type="radio"/>	<input type="radio"/>
g. Grievance procedures	<input type="radio"/>	<input type="radio"/>
h. Advance directives	<input type="radio"/>	<input type="radio"/>
j. Restraints and restraint alternatives	<input type="radio"/>	<input type="radio"/>
k. Visitation, such as who can visit or related to visiting hours or overnight guests	<input type="radio"/>	<input type="radio"/>
l. Conjugal visits	<input type="radio"/>	<input type="radio"/>

## E. Charges and Payments

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

**E1. For each type of room/apartment that your community has, whether in a dementia neighborhood or not, what is the (1) size, and (2) monthly rental fee if occupied by one person? If you do not have that type of room/apartment, indicate N/A (not applicable).**

	(1) Square footage (range)	(2) Monthly rental fee (range)
a. 2 Bedroom apartment (includes private bath and kitchenette)  <input type="radio"/> N/A	____ sq. ft. to ____ sq. ft.	\$_____ to \$_____
B. 1 Bedroom apartment (includes private bath and kitchenette)  <input type="radio"/> N/A	____ sq. ft. to ____ sq. ft.	\$_____ to \$_____
c. Studio/Efficiency room/apartment (includes private bath and kitchenette)  <input type="radio"/> N/A	____ sq. ft. to ____ sq. ft.	\$_____ to \$_____
d. Private room (excludes kitchenette, includes private bath)  <input type="radio"/> N/A	____ sq. ft. to ____ sq. ft.	\$_____ to \$_____
e. Private room (excludes kitchenette and bath)  <input type="radio"/> N/A	____ sq. ft. to ____ sq. ft.	\$_____ to \$_____

Note: Monthly rental fee may include some supportive and/or health-related services. This information is asked earlier in Section C.

**E2. For a semi-private room (a room shared by two strangers and with no kitchenette), what is the (1) room size and (2) the per person monthly rent?**

	(1) Square footage (range)	(2) Monthly rental fee (range)
a. Semi private room (excludes kitchenette) <input type="radio"/> N/A	_____ sq. ft. to _____ sq. ft.	\$_____ to \$_____

***The next questions are about public payment.***

<b>E3. <i>Regarding public payment:</i></b> <b>SELECT ONE ANSWER FOR EACH ROW</b>	<b>Yes</b>	<b>No</b>
a. Does your community accept Medicaid for prospective (i.e., newly moved in) residents? <i>Medicaid may have another name in some states, such as Medi-Cal, MassHealth, Oregon Health Plan, or TennCare.</i>	<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 generally a wait list for residents with Medicaid?	<input type="radio"/>	<input type="radio"/>
d. Does your community accept other public assistance, such as Veterans Aid and Attendance or state-funded subsidies?	<input type="radio"/>	<input type="radio"/>

## F. Staffing

The next questions ask about nurse staffing (RNs, LPNs, LVNs) in your community. Indicate all that apply.

	On-site 24/7	On-site at least 35 hrs/wk	On-site less than 35 hrs/wk	On call	Do not use
F1. How often does your community use registered nurse(s) (RNs)? <b>INDICATE ALL THAT APPLY</b> a. <b>IF ON-SITE:</b> 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"/>
F2. How often does your community use licensed practical nurse(s) (LPNs) or licensed vocational nurse(s) (LVNs)? <b>INDICATE ALL THAT APPLY</b> a. <b>IF ON-SITE:</b> 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"/>

The next questions are about the nurses and other care staff in your community.

### SELECT ONE ANSWER FOR EACH ROW

	Yes	No
F3. Is at least one staff member (personal care assistant, or CNA, or RN, or LPN, or LVN): a. On-site 24 hours a day, 7 days a week? b. Required to be awake at all times?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
F4. Does your community have a Medical Director?	<input type="radio"/>	<input type="radio"/>
F5. Does your community require criminal background checks for all new employees?	<input type="radio"/>	<input type="radio"/>
F6. 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"/>

F7. These questions relate to staff training. Please indicate which staff receives training in the following areas: <b>INDICATE ALL THAT APPLY FOR EACH ROW</b>	RN/LPN/LVN	Personal care assistants, CNAs	Other staff	No staff
a. <b>Resident care and services</b> (such as ADL care, rights and responsibilities, abuse and neglect, confidentiality, transitions of care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <b>Safety</b> (such as food handling and safety, infection control, first aid/CPR, fire emergency and preparedness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <b>Age-related changes</b> (such as incontinence, falls, malnutrition, hearing/vision, thinning bones, sleep problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <b>Dementia</b> (such as person-centered caring, communication training, behavior management, psycho-social needs of population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. <b>Service delivery practices</b> (such as communication training, team building, person-centered care, cultural competency, customer service, family support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <b>Medication management</b> (such as types of administration, storage, documentation, re-ordering)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <b>Palliative and end-of-life care</b> (such as advance directives, pain control, and grief and loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## G. Environment

The next questions ask about different components of your community's environment.

**SELECT ONE ANSWER FOR EACH ROW**

	Yes	No	Not applicable
G1. Do residents live on three or more floors (also known as stories) in your building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2. Is the front door secured by a keypad or other safety locking device that prevents persons at risk of elopement from leaving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G3. Does your community have these common spaces available for use by residents and families?			<input type="radio"/>
a. A private dining room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A secure outdoor space for activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A designated smoking area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G4. 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"/>	<input type="radio"/>
F5. <b>EXCLUDING A DEMENTIA CARE NEIGHBORHOOD</b> , does your community have some physical design features for persons with dementia, such as short corridors, contrasting colors, or environmental cues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G6. For each of these, does your community:	Offered, basic package	Offered, additional fee	Not offered
<ul style="list-style-type: none"> <li>• <b>offer it as part of the <u>basic package</u> (base rate) of services; or</b></li> <li>• <b>offer it for an <u>additional fee</u> (not part of the basic package); or</b></li> <li>• <b>not offer it</b></li> </ul> <p><b>SELECT ONE ANSWER FOR EACH ROW</b></p>			
a. <b>Complete room furnishings</b> , including furniture and window covering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <b>Local telephone service</b>			
(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. <b>Cable or satellite TV</b>			
(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. <b>Internet access</b>			
(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.

G7. Does your community have ... <b>SELECT ONE ANSWER FOR EACH ROW</b>	No	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. A smoke detector in resident rooms and apartments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A smoke detector in common areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A carbon monoxide detector in targeted areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. An emergency call or personal response system available in resident rooms and apartments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G8. Does your community have a fire alarm system that is ... <b>SELECT ONE ANSWER FOR EACH ROW</b>	No	Yes, in some areas	Yes, in all areas
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"/>

G9. Who provides the furniture for the resident's apartment? **SELECT ONE ANSWER**

- Residents must bring all of their own furniture (all rooms/apartments are unfurnished)
- Residents may either bring their own furniture or use furniture provided by the community
- Residents must use the community furniture but may bring small pieces of furniture such as a chair or dresser
- Residents must use the community furniture and may not bring any furniture

G10. Are these areas accessible (meaning able to be entered and used) for residents who use (1) manual walkers or wheelchairs, (2) power wheelchairs or scooters? <b>SELECT ONE ANSWER FOR QUESTION (1) AND ONE ANSWER FOR QUESTION (2) FOR EACH ROW</b>	(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"/>

**G11. This question applies only to communities that operate a dementia neighborhood -- meaning all or a section of the building is dedicated to serving persons with Alzheimer's Disease and other dementias.**

**IF YOUR COMMUNITY DOES NOT HAVE A DEMENTIA NEIGHBORHOOD, CHECK THIS BOX AND GO TO SECTION H:**

**Regarding your dementia neighborhood,**

**SELECT ONE ANSWER FOR EACH ROW**

	Yes	No
a. Is the dementia neighborhood secured by a keypad or other safety locking device that prevents persons at risk of elopement from leaving?	<input type="radio"/>	<input type="radio"/>
b. Does the dementia 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"/>
c. Do residents in the dementia neighborhood have:		
(1) access to a common space dedicated to dining?	<input type="radio"/>	<input type="radio"/>
(2) access to one or more common spaces dedicated to activities?	<input type="radio"/>	<input type="radio"/>
(3) access to a secure outdoor space for activities?	<input type="radio"/>	<input type="radio"/>
(4) access to a designated smoking area?	<input type="radio"/>	<input type="radio"/>

**H. Closing Questions**

**H1. If there is something distinctive about your community or services that would be helpful for consumers to know, please indicate it here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H2. What is/are the position(s) of the person(s) completing this form (such as Administrator, Executive Director, Regional Director)?**

\_\_\_\_\_

\_\_\_\_\_

**H3 What is the date this form was completed?**  |  /  |  /  |

***Thank you for providing this information!***

***Please return this completed form in the enclosed postage-paid envelope to:***

***Abt SRBI Inc.***

***55 Wheeler Street Cambridge, MA 02138***