### Attachment 1b: Residential Care Community (RCC) Questionnaire to be Evaluated

CDC estimates the average public reporting burden for this collection of information as 60 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0222).

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).



# National Study of Long- Term Care Providers

2016 Residential Care Community Questionnaire

Dear Administrator or Executive Director,

The Centers for Disease Control and Prevention conducts the National Study of Long-Term Care Providers. Please complete this questionnaire about the residential care community at the location listed below.

- If this residential care community is part of a multi-facility campus or has more than one residential care license, answer only for the place listed below.
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to http://www.cdc.gov/nchs/nsltcp.htm or call 1-866-245-8078.



### Label here

Residential care places are known by different names in different states. We refer to all of these places and others like them as residential care communities.

Just a few terms used to refer to these places are assisted living, personal care, and adult care homes, facilities, and communities; adult family and board and care homes; adult foster care; homes for the aged; and housing with services establishments.

Thank you for taking the time to complete this questionnaire.





### **Background Information**

**1.** Is this residential care community currently licensed, registered, certified, or otherwise regulated by the State?

Yes
No

# If you answered "No," skip to question 35 on page 8.

2. At this residential care community, what is the number of licensed, registered, or certified residential care **beds**? Include both occupied and unoccupied beds.

If this residential care community is licensed, registered, or certified by **apartment or unit**, please count the number of single-resident apartments or units as one bed each, two-bedroom apartments or units as two beds each, and so forth. *If none, enter "0."* 

### Number of beds

If you answered fewer than 4 beds, skip to question 35 on page 8.

**3.** Does this residential care community **only** serve adults with...

MARK YES OR NO IN EACH ROW

Yes

No

- a. an intellectual or developmental disability?
- b. severe mental illness, such as schizophrenia and psychosis?

# Do not include Alzheimer's disease or other dementias.

If you answered "Yes" to <u>either</u> 3a or 3b, skip to question 35 on page 8.

**4.** Does this residential care community offer at least two meals a day to residents?



If you answered "No," skip to question 35 on page 8.

5. What is the total number of residents currently living at this residential care community? Please include residents for whom a bed is being held while in the hospital. If you have respite care residents, please include them. *If none, enter "0."* 

### Number of residents

If you answered "0," skip to question 35 on page 8.

**6.** Does this residential care community provide or arrange for **any** of the following types of staff to be on site 24 hours a day, 7 days a week to meet any resident needs that may arise?

On site means the staff are located in the same building, in an attached building or next door, or on the same campus.

### MARK A RESPONSE IN EACH ROW

	Yes	On an as-needed basis	No
a. Personal care aide or staff caregiver			
<ul> <li>b. Registered nurse (RN), licensed practical nurse (LPN), or licensed vocational nurse (LVN)</li> </ul>			
c. Director, assistant director, administrator or operator (if they provide personal care or nursing services to residents)			

If you answered "No" to 6a, 6b, <u>and</u> 6c, skip to question 35 on page 8.

7. Does this residential care community offer...

# MARK YES OR NO IN EACH ROW Yes No a. help with activities of daily living (ADLs), such as help with bathing, either directly or arranged through an outside vendor? Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">No a. help with activities of daily living (ADLs), such as help with bathing, either directly or arranged through an outside vendor? Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2" b. assistance with medications, such as the administration of medications, give reminders, or provide central storage of medications? Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"

If you answered "No" to 7a <u>and</u> 7b, skip to question 35 on page 8.

8.	What is the type of ownership of this residential
	care community?

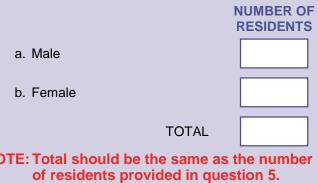
	MARK ONLY ONE ANSWER		
	Private—nonprofit	<b>14.</b> Of the residents currently living in this re	
		care community, what is the racial-ethni	
	Private—for profit	breakdown? Count each resident only o "0" for any categories with no reside	
	Publicly traded company or limited liability company (LLC)		
	Government—federal, state, county, or local		RESIDENTS
9.	Is this residential care community authorized or otherwise set up to participate in Medicaid?	a. Hispanic or Latino, of any race	
	Yes	<ul> <li>b. American Indian or Alaska Native, not Hispanic or Latino</li> </ul>	
	No	c. Asian, not Hispanic or Latino	
	If you answered "No," skip to question 11.	c. Asian, not hispanic of Latino	
10.	During the last 30 days, for how many of the	d. Black, not Hispanic or Latino	
	residents currently living at this residential care community did Medicaid pay for some or all of their services received at this community? <i>If none</i> ,	e. Native Hawaiian or other Pacific Islander, not Hispanic or Latino	
	enter "0."	f. White, not Hispanic or Latino	
	Number of residents	g. Two or more races, not Hispanic or Latino	
11.	An electronic health record (EHR) is a computerized version of the resident's health and	h. Some other category reported in this residential care community's	
	personal information used in the management of the resident's health care. Other than for	system	
	accounting or billing purposes, does this residential care community use electronic health records?	<ul> <li>Not reported (race and ethnicity unknown)</li> </ul>	
	Yes	TOTAL	
	No	NOTE: Total should be the same as the of residents provided in question	
12.	Does this residential care community's		
	computerized system support <b>electronic health</b> <b>information exchange</b> with each of the following providers? Do not include faxing.	<b>15.</b> Of the residents currently living in this recare community, what is the sex breakd	
	MARK YES OR NO IN EACH ROW	"0" for any categories with no reside	
	Yes No		JMBER OF
	a. Physician	Г	ESIDENTS
	b. Pharmacy	a. Male	
	c. Hospital	b. Female	
13.	Is this residential care community owned by a person, group, or organization that owns or	TOTAL	
	manages two or more residential care	NOTE: Total should be the same as the	e number
	<b>communities</b> ? This may include a corporate chain.	of residents provided in questi	
	Yes		
	No		

### **NUMBER OF RESIDENTS**

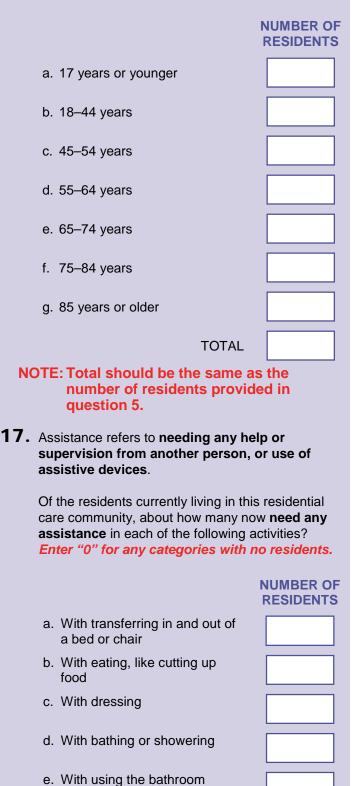
- no, of any race
- or Alaska anic or Latino

**Resident Profile** 

- nic or Latino
- nic or Latino
- or other Pacific panic or Latino
- nic or Latino
- es, not Hispanic
- gory reported in are community's
- ce and ethnicity



16. Of the residents currently living in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents.

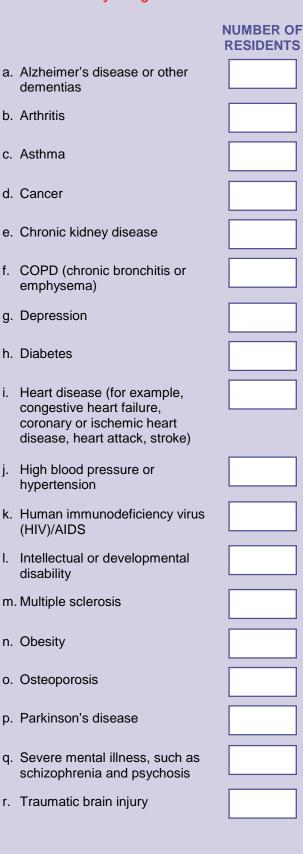


(toileting)

f. With locomotion or walking this includes using a cane, walker, or wheelchair, or help

from another person

18. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents.



4

19.	Of the residents currently living in this residential care community, about how many were treated in a hospital emergency department in the <b>last 90 days</b> ? <i>If none, enter "0."</i>	23.	Advance directives are written documentation and may include health care proxies, durable power of attorney, living wills, do not resuscitate (DNR) orders, or physician or medical orders for life- sustaining treatments (POLST or MOLST). Does this residential care community provide any information about advance directives to residents or
20.	Of the residents currently living in this residential care community, about how many were discharged from an overnight hospital stay in the <b>last 90 days</b> ? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. <i>If none, enter "0."</i>	24	their families?  Yes No
21.	Number of residents         If you answered "0," skip to question 22.         Of the residents who were discharged from an	24.	Does your state require your residential care community to provide information about advance directives to residents or their families?
	overnight hospital stay in the last 90 days, about how many of those residents were <b>re-admitted</b> to the hospital for an overnight stay <b>within 30 days</b> of their hospital discharge? <i>If none, enter "0."</i>	25.	Do not know Does this residential care community typically maintain documentation of residents' advance directives or have documentation that an advance directive exists in resident files?
22.	Of the residents currently living in this residential care community, about how many have elected and are now receiving hospice care? <i>If none, enter "0."</i>		Yes No If you answered "No," skip to question 27.
	Number of residents	26.	Of the current residents, how many have documentation of an advance directive in their file? <i>If none, enter "0."</i> Number of residents

27. Does this residential care community only serve adults with dementia or Alzheimer's disease?

Yes

No No

If you answered "Yes," skip to question 29.

- **28.** Does this residential care community have a distinct unit, wing, or floor that is designated as a dementia or Alzheimer's care unit?
  - Yes

29. For each service listed below ... MARK ALL THAT APPLY

	This residential care community			
Type of Service	Provides the service by paid residential care community employees	Arranges for the service to be provided by outside service providers	Refers residents or family to outside service providers	Does not provide, arrange, or refer for this service
a. Hospice services				
b. <b>Social work services</b> —provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services				
c. <b>Mental health services</b> —target residents' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions				
d. <b>Any therapeutic services</b> —physical, occupational, or speech				
e. <b>Pharmacy services</b> —including filling of or delivery of prescriptions				
f. Dietary and nutritional services				
g. <b>Skilled nursing services</b> —must be performed by an RN or LPN and are medical in nature				
h. <b>Transportation services</b> for medical or dental appointments				

**30.** An individual is considered an **employee** if the residential care community is required to issue a **W-2** federal tax form on their behalf. For **each** staff type below, indicate how many **full-time employees and part-time employees** this residential care community **currently** has. *Enter "0" for any categories with no employees.* 

	Number of Full-Time Employees	Number of Part-Time Employees
a. Registered nurses (RNs)		
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		
d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work		
e. Activities directors or activities staff		

- **31.** Contract or agency staff refers to individuals or organization staff under contract with and working at this residential care community, but are not directly employed by the residential care community. Does this residential care community have any nursing, aide, social work, or activities contract or agency staff?
  - Yes

No

If you answered "No," skip to question 33.

**32.** For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. *Enter "0" for any categories with no contract or agency staff.* 

		Number of Full-Time Contract or Agency Staff	Number of Part-Time Contract or Agency Staff
a.	Registered nurses (RNs)		
b.	Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
C.	Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides		
d.	Social workers—licensed social workers or persons with a bachelor's or master's degree in social work		
e.	Activities directors or activities staff		

The following questions ask for information to help inform planning for future waves of NSLTCP.

**33.** The National Center for Health Statistics (NCHS) links person-level survey data with health records from other data sources, such as Medicare or Medicaid data. Linking allows NCHS to better understand the services residents of residential care communities use. In order to link data in future surveys, we would need the information below about your current residents. We would use this information for research purposes only. Federal laws authorize NCHS to ask for this information and require us to keep it strictly private.

To help NCHS plan for future surveys, please answer the following questions: For **each item** below, in **Column 1**, indicate whether or not this residential care community has this information about its current residents. For **each "yes" in Column 1**, in **Column 2**, indicate whether or not this residential care community is willing to provide this information about residents.

	Column 1 This community has	Column 2 I would be willing to provide
a. Full names	Yes No	Yes
b. Dates of birth	Ves No	Yes
c. Last four digits of Social Security numbers	Yes No	Yes
d. Full Social Security numbers		Yes

**34.** Is this residential care community a Health Insurance Portability and Accountability Act (HIPAA)–covered entity?

know

Yes
No
Do no

## 5 Contact Information

**35.** In which of the following ways do you have Internet access at work?

### MARK ALL THAT APPLY

- Desktop or laptop
- \_\_\_\_\_ Tablet/iPad
- Other
- No Internet access at work
- **36.** We would like to keep your name, telephone number, work e-mail address, and job title for possible future contact related to participation in current and future NSLTCP waves. Your contact information will be kept confidential and will not be shared with anyone outside this project team.

### PLEASE PRINT

Your full name:

)

Your work telephone number, with extension:

(

Your work e-mail address:

Your job title:

### Thank you for participating.

# Please return this questionnaire in the enclosed return envelope.

NSLTCP RTI International Attn: Data Capture 5265 Capital Boulevard Raleigh, NC 27690-1653