

Attachment C-1 NSLTCP 2014 to 2016 RCC changes

2016 Change	2014 Questionnaire Number and Wording
DROP	RCC 11. What is the total number of years this residential care community has been operating as a residential care community at this location?
DROP	RCC 12. As a part of the admission process, does this residential care community... a. screen residents for depression with a standardized tool or scale? b. accept results from depression screenings performed by other health care providers?
DROP	RCC 13b. How many licensed beds are in the dementia or Alzheimer's Special Care Unit? If this residential care community is licensed, registered, or certified by apartments or units, 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.
DROP	RCC 14. Disease-specific programs may include one or more of the following services—education, physical activity, diet/nutrition, medication management, or weight management. Does this residential care community offer any disease-specific programs for residents with the following conditions? a. Alzheimer's disease and other dementias b. Cardiovascular disease (e.g., heart disease, stroke, high blood pressure) c. Depression d. Diabetes
DROP-services- a. Routine and emergency dental services by a licensed dentist, g. Podiatry services, j. Transportation services for social and recreational activities, or shopping	RCC 15. For each row, mark if this residential care community provides the service by...Paid residential care community employees, Arranging for and paying outside vendors, Arranging for outside vendors paid by others, Referral, NONE OF THESE APPLY / NOT PROVIDED
DROP	RCC 16a. What is the maximum number of hours per week that part-time staff can work at this residential care community?
DROP	RCC 16b. What is the minimum number of hours per week that full-time staff can work at this residential care community?
DROP	RCC 26. For about how many of the current residents does this residential care community provide medication-related services, such as storing medications; administering medications; or providing assistance to residents with self administration of medications?
DROP	RCC 27. Of residents who moved out in the last 12 months, did any leave because the cost of care, including housing, meals, and services required to meet their needs, exceeded their ability to pay?
REVISE- response categories to better distinguish between paid employees, arranging, referring, and no provision	RCC 15. For each row, mark if this residential care community provides the service by...Paid residential care community employees, Arranging for and paying outside vendors, Arranging for outside vendors paid by others, Referral, NONE OF THESE APPLY / NOT PROVIDED
REVISE- create separate questions for employees and contract workers, and add a gate question asking if the place has contract workers.	RCC 17. For each category of staff listed below, please indicate the number of staff that currently work at this residential care community full-time and part-time. Please include: both full-time and part-time residential care community employees (an individual is considered a community employee if the community is required to issue a Form W-2 on their behalf), and other individuals or organization staff under contract with and working at this residential care community fulltime and part-time.
REVISE- to add more detailed definition of falls	RCC 25. Of the residents currently living in this residential care community, about how many had any falls in the last 90 days? Include on-site and off-site falls.
ADD-Dietary or nutritional guidance services	RCC 15. For each row, mark if this residential care community provides the service by...Paid residential care community employees, Arranging for and paying outside vendors, Arranging for outside vendors paid by others, Referral, NONE OF THESE APPLY / NOT PROVIDED
ADD-conditions--b. Arthritis, c. Asthma, d. Cancer, e. Chronic kidney disease, f. COPD (chronic bronchitis or emphysema), j. High blood pressure or hypertension k. Human immunodeficiency virus (HIV), m. Multiple sclerosis, n. Obesity, o. Osteoporosis, p. Parkinson's disease, r. Traumatic brain injury	RCC 21. Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions?

Attachment C-1 NSLTCP 2014 to 2016 RCC changes

2016 Change	2014 Questionnaire Number and Wording
ADD question on fall screening. (2016 RCC Q14)	NA
ADD question on fall reduction interventions. (2016 RCC Q15)	NA
ADD question on number of residents in hospice (2016 RCC Q25)	NA
ADD question on readmissions (2016 RCC Q28)	NA
ADD question on falls and resulting injuries (2016 RCC Q30)	NA
ADD question on trips to emergency department resulting from a fall (2016 RCC Q31)	NA
ADD question on provision of advance directive information (2016 RCC Q34)	NA
ADD question on state requirements for advance directives (2016 RCC Q35)	NA
ADD question on advance directive documentation (2016 RCC Q36)	NA
ADD question on number of residents with advance directives in records (2016 RCC Q37)	NA
ADD question on ability and willingness to provide resident personal information in the future (2016 RCC Q38)	NA
ADD question on knowledge of HIPAA coverage (2016 RCC Q39)	NA
ADD question on access to internet at work (2016 RCC Q40)	NA
ADD item soliciting any comments or feedback (2016 RCC comment sheet)	NA