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## National Post-Acute and Long-Term Care Study 2020 Residential Care Community

Questionnaire

Dear Administrator or Executive Director,

The Centers for Disease Control and Prevention conducts the National Post-Acute and Long-Term Care Study (formerly known as the National Study of Long-Term Care Providers or NSLTCP). Please complete this questionnaire about the residential care community at the location listed below.

- Due to the COVID-19 pandemic, we understand services at this residential care community may be temporarily suspended, reduced, or offered through alternative methods. Although some questions may be difficult to answer at this time, please complete the survey to the best of your ability.
- If this residential care community is associated with another residential care community or is part of a facility or campus that offers multiple levels of care, please answer only for the residential care community portion operating at the location on the label below.
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to <u>https://www.cdc.gov/nchs/npals/index.htm</u> or call 1-877-256-8171.

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.

Notice – CDC estimates the average public reporting burden for this collection of information as 30 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, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXX).

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

National Center for Health Statistics Division of Health Care Statistics



## **Background Information**

1. Is this residential care community located in the same building as, on the grounds of, or immediately adjacent to each of the following settings?

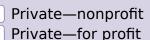
MARK YES OR NO IN EACH ROW

	Ye	
	S	No
5		

- a.Independent living residences
- b.Hospital
- c. Nursing home or skilled nursing facility
- d.Home health agency
- e.Hospice agency
- f. Adult day services center g.A specific unit where subacute
- or rehabilitation care is provided

If you answered "Yes" to any item in question 1, please answer all questions only for the residential care community portion operating at the location on the cover page of this questionnaire.

2. What is the type of ownership of this residential care community? MARK ONLY ONE ANSWER



 Publicly traded company or limited liability company (LLC)
 Government—federal, state, county, or local

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

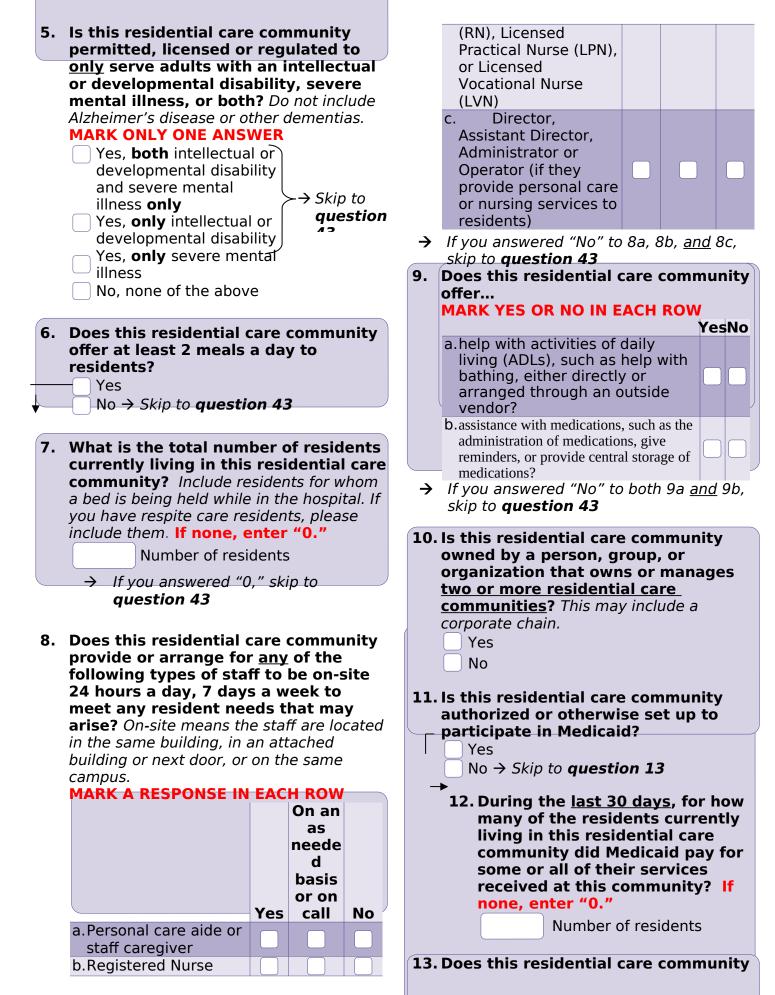
Yes

- No  $\rightarrow$  Skip to **question 43**
- 4. At this residential care community, what is the number of licensed, registered, or certified residential care <u>beds</u>? Include both occupied and unoccupied beds. If this residential care community is licensed, registered, or certified by <u>apartment or unit</u>, 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."

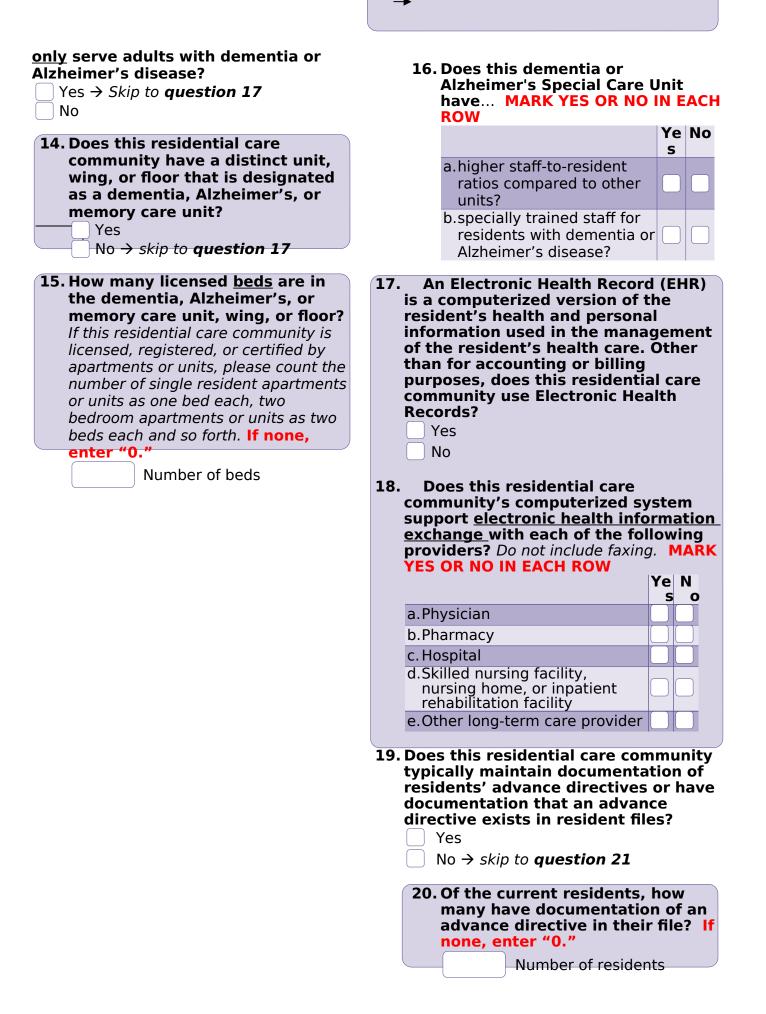
Number of beds

→ If you answered fewer than 4 beds, skip to question 43



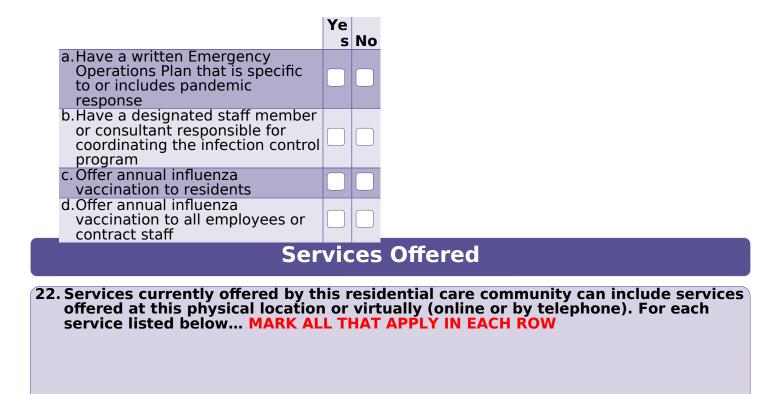
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# 21. Does this residential care community have the following infection control

policies and practices? MARK YES OR NO IN EACH ROW



This residential care community	paid residentia l care	for the service to be provided by outside	<b>Refers</b> residents or family to outside service providers	Tempora rily does not provide, arrange, or refer for this service	arrange,
a.Hospice services					
b. <u>Social work services</u> —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, support groups, and referral services					
c. <u>Mental or behavioral health</u> <u>services</u> —target residents' mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions					
d. <u>Therapy services</u> —physical, occupational, or speech therapies					
e. <u>Pharmacy services</u> —including filling of or delivery of prescriptions					
f. Dietary and nutritional services					
g. <u>Skilled nursing services</u> —must be performed by an RN, LPN or LVN and are medical in nature					
h.Transportation services for <u>medical</u> or dental appointments					

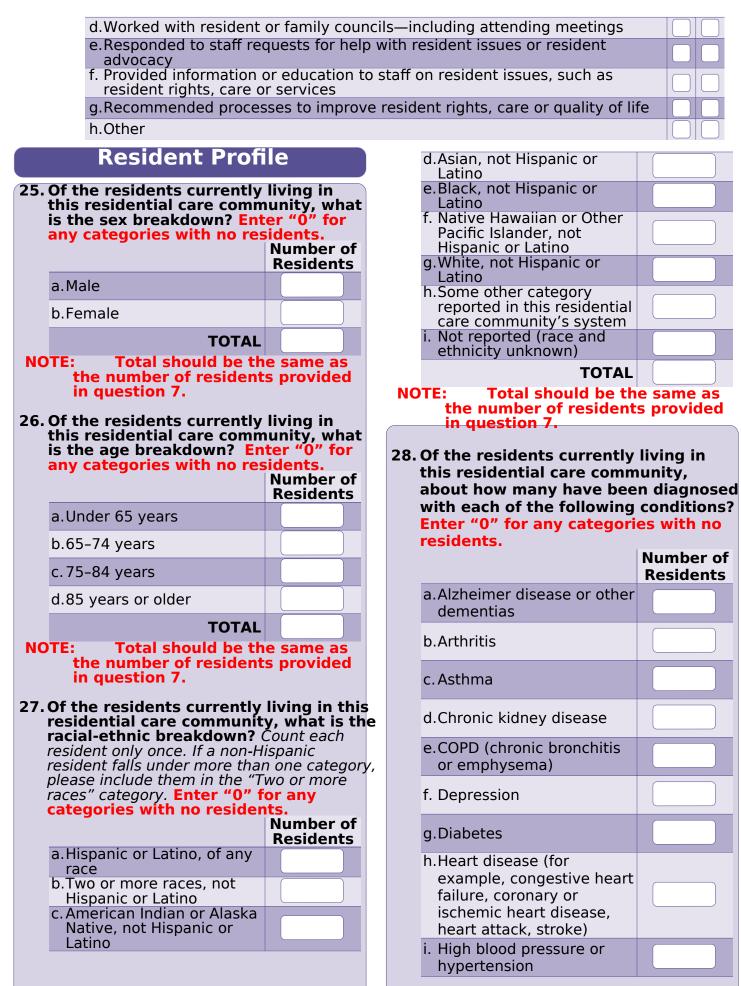
- 23. The Long-Term Care Ombudsman Program is an advocacy program that serves people living in long-term care facilities. The program works to resolve resident problems, and provides information to residents, their families and facility staff about resident rights, care and quality of life. During the <u>last 12 months</u>, how often did a Long-Term Care Ombudsman Program representative assist or visit this residential care community? MARK ONLY ONE ANSWER
  - At least once every three months
  - Less than once every three months
  - A representative assisted or visited, but unsure how often
  - A representative did not assist or visit in the last 12

→ Skip to question

<u>months</u> Don't know if a representative assisted or visited <u>in the</u> <u>last 12 months</u>

### 24. During the last 12 months, what did the representative do for this residential care community? MARK YES OR NO IN EACH ROW

	Ye s	No
a.Visited residents in-person		
b.Contacted or interacted with residents remotely		
c.Responded to resident complaints		



j. Intellectual or developmental disability

k.Osteoporosis

#### 29. For about how many of your current residents do you help store or manage their opioid pain

**medications?** Include reminders to take the opioid pain medication or handing the opioid pain medication to the residents to take. Examples include morphine, hydrocodone, oxycodone, codeine, fentanyl, and methadone, and combination opioid pain medications like hydrocodone, oxycodone, and codeine with acetaminophen. **If none, enter "0."** 

Number of residents

30. Assistance refers to <u>needing any help</u> or <u>supervision from another person</u>, or <u>use of assistive devices</u>. Of the residents currently living in this residential care community, about how many now need <u>any assistance</u> in each of the following activities? Enter "0" for any categories with no residents.

Number of a. With transferring in and out of a bed or chair b.With eating, like cutting up food c. With dressing d. With bathing or showering e.With using the bathroom (toileting) f. With locomotion or walking—this includes using a cane, walker, or wheelchair and/or help from another person

31. As best you know, of the residents currently living in this residential care community, about how many were treated in a hospital emergency department in the <u>last 90 days</u>? If none, enter "0."

Number of residents

32. As best you know, of the residents currently living in this residential care community, about how many were discharged from an overnight hospital stay in the <u>last 90 days</u>? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. **If none, enter "0."**  Number of residents

33. As best you know, about how many of your current residents had a fall in the last 90 days? Include falls that occurred in your residential care community or off-site, whether or not the resident was injured, and whether or not anyone saw the resident fall or caught them. Please just count one fall per resident who fell, even if the resident fell more than one time. If one of your residents fell during the last 90 days, but is currently in the hospital or rehabilitation facility, please include that person in your count. If no residents had a fall, enter "0."

Number of residents

## Staff Profile

34. An individual is considered an <u>employee</u> if the residential care community is required to issue a <u>Form W-2</u> federal tax form on their behalf. For <u>each</u> staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this community <u>currently</u> has. Include employees who work at this physical location or virtually (on-line or by telephone). 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)		
<ul> <li>Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides</li> </ul>		
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		

25. Contract or proper staff refer to individuals or erroris	ation staff up	day contract
35. <u>Contract or agency staff</u> refer to individuals or organiz with and working at this residential care community b by the community. Does this community have any nurs activities contract or agency staff? Include contract staff location or virtually (on-line or by telephone). Yes No→ Skip to question 37	ut are not dire sing, aide, soc	ctly employed ial work, or
→		
36. For <u>each</u> staff type below, indicate how many <u>full-</u> staff and part-time contract or agency staff this re <u>currently</u> has. Do not include individuals directly employ community. Enter "0" for any categories with no co	esidential care	<b>community</b> idential care
	Number of Full-Time Contract or	
	Agency Staff	Agency Staff
a.Registered nurses (RNs)		
b.Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)		
<ul> <li>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides</li> </ul>		
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		
Information on COVID-	19	
37. Since January 2020, how many coronavirus disease (Coresidential care community have among residents and contract staff? Include only presumptive positive and confir or select don't know if you do not know the number.	among emplo	yees or
COVID-19 of that resulte		ID-19 cases resulted in

	COVID-19 cases	that resu hospital	lted in a	that resu dea	ulted in
a.Residents	$\square  \text{If 1 or more} \\ \rightarrow \\ \square$				
b.Employees or contract staff	$\square  If 1 \text{ or more} \\ \rightarrow \\$				

38. Since January 2020, how many residents with presumptive positive or confirmed COVID-19 infection did this residential care community need to transfer to another residential care community? If none, enter "0".

Number of residents

39. Since January 2020, did this residential care community experience any of the following in your prevention, response, or management of COVID-19 infections? MARK YES, NO, OR DON'T KNOW IN EACH ROW

Yes No Don'

		t Kno w
a. Screening of residents daily for fever or respiratory symptoms		
<ul> <li>b. Notifying all residents or families of a case in the residential care community within 24 hours</li> </ul>		
c. Use of telephonics or audio-only calls to assess, diagnose, monitor, or treat residents with presumptive positive or confirmed COVID-19 infection		
d. Use of telemedicine or telehealth (i.e., audio with video, web videoconference) to assess, diagnose, monitor, or treat residents with presumptive positive or confirmed COVID-19 infection		
e. Limiting of communal dining and recreational activities in common areas		
). Since January 2020 to now, did this residential care community expe shortage of the following personal protective equipment? MARK YE		

DON'T KNOW FOR EACH II	January 2020 to March 2020		20 April 2020 to June 2020			July 2020 to September 2020			October 2020 to now			
	Yes		Don' t kno w	Yes	No	Don' t kno W	Yes		Don' t kno W	Yes	No	Don' t kno w
a.Eye protection, gloves, face masks, or isolation gowns												
b.N95 respirators												

41. Since January 2020, how many residents with presumptive positive COVID-19 infection was this residential care community <u>not</u> able to test due to shortages of test kits? If none, enter "0".

Number of residents

42. Since January 2020, did this residential care community impose restrictions on the following individuals from entering the building? MARK NEVER, SOMETIMES, OFTEN, ALWAYS, OR DON'T KNOW IN EACH ROW

· · ·	Never	Someti mes	Often	Always	Don't know
a.Family and relatives					
b.Visitors					
c. Volunteers					
d.Non-essential consultant personnel (e.g., barbers, delivery personnel)					

## **Contact Information**

address, and job ti and future Nationa	tle for I Post- 1 will b	Acute and Long-Term Care be kept confidential and wi	lated e Stuc	to participation in current ly (NPALS) waves. Your
Your name	First Name		Last Nam	
	Nume		е	

Your work telephone number, with extension	
Your work e-mail address	
Your job title	

#### Please return your questionnaire in the enclosed return envelope or mail it to:

NPALS RTI International ATTN: Data Capture 5265 Capital Boulevard Raleigh, NC 27690

Thank you for participating in the 2020 National Post-Acute and Long-Term Care Study.