CDC

Monitoring the
Nation's Health

Vital and Health Statistics

November 2011

Series 1, Number 54

Design and Operation of the 2010 National Survey of Residential Care Facilities

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Vital and Health Statistics

Series 1, Number 54

Design and Operation of the 2010 National Survey of Residential Care Facilities

Program and Collection Procedures

National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*

Jennifer H. Madans, Ph.D., *Associate Director for Science*

Division of Health Care Statistics

Clarice Brown, M.S., *Acting Director*

Contents

Figures

Text Tables

Acknowledgments

Abstract

Objectives

This methods report provides an overview of the National Survey of Residential Care Facilities (NSRCF) conducted in 2010. NSRCF is a first-ever national probability sample survey that collects data on U.S. residential care providers, their staffs and services, and their residents. Included are residential care facilities consisting of assisted living residences; board and care homes; congregate care; enriched housing programs; homes for the aged; personal care homes; and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state. A survey-specific definition was used to select residential care facilities into the study. This report discusses the need for and objectives of the survey, design process, survey methods, and data availability.

Methods

In 2008, a small pilot study and a pretest were conducted to test and refine the survey protocol, data collection procedures, and questionnaires. NSRCF was conducted between March and November 2010. The survey used a two-stage probability sampling design in which residential care facilities were sampled. Then, depending on facility size, three to six current residents were sampled. In-person interviews were conducted with facility directors and designated staffs; no interviews were conducted with residents. The survey instrument contained a facility screening module, facility- and resident-level modules, a resident sampling module, and a pre-interview worksheet.

Results

National data were collected on 2,302 facilities, and 8,094 current residents. The first-stage facility weighted response rate (for differential probabilities of selection) was 81%. The second-stage resident weighted response rate was 99%. Two public-use files will be released. The facility and resident files include sampling weights to generate national estimates, and design variables to calculate accurate standard errors.

Keywords: assisted living • residential care • long-term care

Design and Operation of the 2010 National Survey of Residential Care Facilities

by Abigail J. Moss, Lauren D. Harris-Kojetin, Ph.D., Manisha Sengupta, Ph.D., Eunice Park-Lee, Ph.D., and Christine Caffrey, Ph.D., National Center for Health Statistics; Emily Rosenoff, M.P.A., Office of the Assistant Secretary for Planning and Evaluation; and Joshua M. Wiener, Ph.D., and Angela M. Greene, M.S., RTI International

Introduction

The National Survey of Residential Care Facilities (NSRCF) is a first-ever national data collection effort to gather information about the characteristics of residential care facilities, including assisted living residences, board and care homes, congregate care, enriched housing programs, homes for the aged, personal care homes, and shared housing establishments. To be eligible for this study, residential care facilities are places that are: licensed, registered, listed, certified, or otherwise regulated by the state; have four or more licensed, certified, or registered beds; provide room and board with at least two meals a day and 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 a predominantly adult population. Facilities licensed to serve the severely mentally ill or the developmentally disabled populations exclusively, and facilities that do not have any current residents, are excluded. Nursing homes are also excluded unless they have a unit or wing meeting the above definition and residents can be separately enumerated. Appendix I lists the acronyms used in this report.

NSRCF was conducted between March and November 2010 by the National Center for Health Statistics (NCHS). Partners in this NSRCF initiative include: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services (HHS); Agency for Healthcare Research and Quality (AHRQ), HHS; National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), HHS; National Center for Immunization and Respiratory Diseases, CDC, HHS; and U.S. Department of Veterans Affairs. RTI International (RTI) collected the data for the survey under a contract with NCHS. ASPE also contracted with RTI to assist with survey design and sampling frame development. NSRCF is legislated under the National Health Survey Act (P.L. 84–652) of 1956. Section 306 (42 U.S.C. 242k) of the Public Health Service Act authorizes NCHS to collect statistics on health resources and the utilization of health care, which includes ''extended care facilities and other health institutions'' (1).

This report describes both the rationale and design of NSRCF and the planning activities and methods used to collect and compile information on residential care facilities and their residents.

Background and Purpose

The well-documented aging of the U.S. population, particularly among those aged 85 years and over, is resulting in a significant increase in the number of people needing long-term care (LTC) services. By 2050, the number of people in the United States who will need LTC services is expected to reach 27 million (2).

Although most people who need LTC services receive them in their own homes, personal care received outside both the home and traditional nursing facilities is an important and growing service option. This is especially the case for people who can no longer live alone but do not require the skilled level of care provided by a nursing home. This type of care—broadly referred to here as residential care—includes congregate settings that provide both housing and supportive services. Supportive services typically include protective oversight and help with instrumental activities of daily living, such as transportation, meal preparation, and taking medications; and more basic activities of daily living, such as eating, dressing, and bathing.

Current national data collection efforts are limited in their ability to estimate the size and characteristics of these residential care settings as well as the number and characteristics of residents they serve. The Medicare Current Beneficiary Survey, the National Long-Term Care Survey, and the Health and Retirement Survey cover the residential care population to varying degrees, but their small sample sizes of persons in residential care facilities limit the conduct of in-depth analyses by type of residential care setting or specific subpopulations of residents (3).

The American Community Survey conducted by the U.S. Census Bureau now includes some residential care facilities, but because it is a population-based survey, it cannot produce national estimates of the number of residential care facilities in the United States.

According to data from the 2004 National Nursing Home Survey (NNHS), there were an estimated 16,100 nursing homes with 1,492,200 residents. However, no national data collection effort similar to NNHS exists for residential care settings and their residents. NSRCF complements other federal surveys and fills a significant data gap about a major portion of the long-term care population.

The primary purpose of NSRCF is to produce a general database on residential care facilities that researchers and policymakers can use to address a wide variety of LTC issues. Among the most important specific objectives for NSRCF are to provide national estimates of: (1) the number of residential care facilities operating in the United States; (2) the number of residents receiving care; and (3) the characteristics of both the facilities and their residents.

Design Process

There has been a longstanding recognition of the need for data on the number of residential care places and their residents. In 2006, ASPE convened a Technical Advisory Panel (TAP) to discuss the government's intent to implement NSRCF. The group of experts provided input on the definition of residential care used for the study; the sampling design, sample size, and statistical power for both facilities and resident surveys; the survey domains that should be included in the questionnaires; and the best source of information for the data elements (4). A subset of TAP also commented on the questionnaires and the appropriateness of the questions for this population and helped refine questions and question objectives. TAP members are listed in Appendix II.

TAP drew heavily from a number of other federal efforts conducted to address data needs about residential care facilities and residents. These efforts provided important building blocks for NSRCF and were used to inform and guide the design of this survey:

- The first national survey of residential care sponsored by ASPE and conducted in 1998, the *National Study of Assisted Living for the Frail Elderly*, focused exclusively on one component of residential care—assisted living (5). A major finding of that study concluded that there was significant variability in the assisted living industry.

- In 2003, NCHS, AHRQ, and ASPE funded the *Inventory of Long-Term Care Residential Places* (6). This project developed an inventory of residential places that provided personal assistance. This inventory was used to make some estimates of the number of residential care facilities and beds, do simulations for the required sample sizes, define the size strata, and help inform the overall sampling design for NSRCF.

- In 2003, NCHS used state licensing criteria and state regulations obtained in the *Inventory of Long-Term Care Residential Places* project, a review of relevant literature, expert opinions, and work by Mollica and Jenkens (7) describing state residential care and assisted living policy to develop a provider-based typology of LTC places. The typology was further refined during the course of a 2-day meeting of experts convened by NCHS in January 2004.

- In 2005, ASPE contracted with the Urban Institute to understand how different definitions and variations in methodology used in national surveys and the Decennial Census contributed to a range of estimates of the LTC population in residential care (8). The definitional and methodological issues discussed in the report, *The Size of the Long-Term Care Population in Residential Care: A Review of Estimates and Methodology, 2005,* provided valuable information in developing the survey design, sampling frame, and questionnaires for NSRCF (3).

- In 2005, AHRQ funded three relevant projects related to assisted living/residential care. The first project reviewed LTC tools and instruments developed to determine the availability and types of services provided in assisted living, assess the quality of care and services

delivered, and develop quality of life measures that could be used or adapted for assisted living. The second project used a series of focus groups of assisted living stakeholders to determine the needs and priorities for developing improved consumer information and tools. The third project reviewed how states monitored assisted living and disseminated information to consumers (9).

In addition to convening TAP, in 2007 ASPE provided funding to RTI to update a 2004 compendium on assisted living. The compendium, *Residential Care and Assisted Living Compendium, 2007,* described regulatory provisions and Medicaid policy for residential care settings in all 50 states and the District of Columbia (10). The methodology for creating the compendium was used as a starting point for constructing a list of LTC residential places as the sampling frame for NSRCF.

Questionnaire Development

The survey instruments from the NCHS-conducted NNHS and National Home and Hospice Care Survey (NHHCS), as well as ASPE's National Study of Assisted Living for the Frail Elderly, were used to inform the development of the survey domains, data elements, and questions for NSRCF. The NNHS questionnaire is available from the survey's website: http://www.cdc.gov/nchs/nnhs/nnhs_questionnaires.htm, and the NHHCS questionnaire also is available from that survey's website: http://www.cdc.gov/nchs/nhhcs/nhhcs_questionnaires.htm. Proposed survey domains and a list of suggested facility-level and resident-level data elements for each domain were first compiled from a review of these instruments (Appendix III). The TAP then reviewed these documents and identified what survey domains to include. After this review, specific questions for each domain and data element were crafted. A subset of TAP

then reviewed and provided written comments on the draft survey instruments. NCHS, ASPE, and AHRQ also provided input and guidance throughout the questionnaire development process.

After finalizing the content of the facility and resident questionnaires, they were converted into computer-assisted personal interview (CAPI) instruments for testing. In April and May 2007, on-site cognitive interviews were conducted with eight residential care facilities across six states: two extra-large (over 100 beds), three large (26–100 beds), one medium (11–25 beds), and two small facilities (4–10 beds). The facilities, identified through the use of local contacts, recommendations from professional associations, and word-of-mouth contacts were chosen to achieve diversity in size, geographic region, and degree of urbanization. The interviewers used pre-established probes and spontaneous concurrent probing techniques to assess the effectiveness of the proposed questions. Cognitive interviews for the facility questionnaire (including probes) averaged 90 minutes and for the resident questionnaire averaged 45 minutes to complete. Each facility was provided with a $100 cash incentive for participation. In all cases, directors responded to the facility questions. A combination of facility directors, direct care workers, activities staff, and medical staff were respondents for the resident questionnaires. Facilities also were sent an Advance Data Collection Form (ADCF) to complete prior to the interview. The ADCF was a self-administered questionnaire that contained questions about the facility—also asked during the in-person interview—that might require consulting records or other staff to answer accurately, and thus enabled faster interview completion when on-site. Overall, facility administrators believed completing the ADCF prior to the visit was beneficial.

Findings from this cognitive testing activity provided an informed question-by-question assessment of the facility and resident questionnaires that then guided question item changes for the pilot test.

Pilot Test

In spring 2008, a small pilot test was conducted in which interviews were completed with five facilities in the greater District of Columbia metropolitan area. The specified goals of the pilot test were:

● To assess the usability of the CAPI instruments in real-life situations.
● To assess the feasibility of the questionnaire items across all facility sizes.

Testing of recruiting procedures and obtaining a high response rate were not goals of the pilot test.

Twenty-four facilities were selected from the frame and included a mix among four size strata, urban and nonurban areas, and chain- and nonchain-affiliated facilities. Three experienced interviewers were trained over 2 days from a scripted training guide, interviewer's manual, and other prepared materials. Each interviewer completed one interview within a few days of training and, shortly thereafter, two interviewers completed one additional interview.

Recruitment began with an initial mailing to the facility that contained a personalized letter signed by the NCHS director, an NCHS confidentiality brochure, and an NSRCF questions-and-answers brochure. Several days later, phone call attempts were made to verify receipt of the package and to gain cooperation. Recruitment proved difficult, with many call attempts required to reach the facility director and set appointments. When contact was made with the director, a screening instrument was used to determine facility eligibility. If the facility was eligible, respondents for the in-person interview were identified and a date and time for the interview was scheduled. An ADCF was then mailed to the facility. A confirmation reminder call also was made to the director 1 to 2 days before the visit. During the in-person interview, the interviewer first completed the facility questionnaire. The interviewer then randomly selected a sample of three to nine residents from the facility's list of current residents—

three residents were sampled in the small and medium facilities, five in large facilities, and nine in very large facilities. Resident questionnaires were then completed with the respondent who was most knowledgeable about the sampled resident.

Of the 24 sampled, a total of 13 facilities completed the entire process. Five of the 24 were ineligible—three because they exclusively served adults with mental disabilities and two because they were no longer in business—for an ineligibility rate of 21%. An additional six facilities firmly refused participation.

Recommendations for changes to the questionnaires were made after the completion of the pilot test. These recommendations addressed redundancies in the resident questionnaire, respondent confusion with terms and definitions, errors in question wording and skip patterns, and concerns about respondent burden. Other improvements included: increasing length of interviewer training; finding better, more efficient approach to recruitment of facilities; reducing individual respondent burden by involving other staff in sampled facility; and streamlining questionnaires by rewording, reordering, and reducing the number of questions to improve efficiency.

Pretest

In fall 2008, pretest interviews were conducted with 72 residential care facilities in 6 states. In addition to further testing the questionnaire instruments, the purpose of the pretest was to assess the efficacy of study protocols for the national survey. Aspects of the protocol evaluated included:

- Recruitment procedures
- Survey administration
- Mode of administration (telephone compared with in-person)

The pretest sampling frame was constructed by accessing the licensure lists for six states—from the Northeast, Midwest, and South—and contained 7,256 facilities. To achieve the pretest goal to complete interviews with 75 facilities, 150 sampled cases were selected. Sampled facilities were selected in order to provide a mix among four size strata—small (4–10 beds), medium (11–25 beds), large (26–100 beds), and extra large (more than 100 beds)—representing both urban and nonurban areas; provide experience with chain-affiliated and independently operated facilities; include both multilevel and only assisted-living facilities; and include for-profit and nonprofit facilities.

Sample cases in the smallest stratum also were used to test the feasibility of administering the facility questionnaire by phone instead of an in-person visit. This was done because the government was considering a range of data collection protocols for the national survey, including telephone interviews for small facilities. One-half of small facilities were randomly assigned to a telephone data collection mode and one-half to an in-person data collection mode. Resident-level data were not collected in the telephone interviews.

After the sample was selected, a limited Internet search for the facilities was performed to determine the following: whether Internet information about facilities would be useful for recruiters; if facilities were affiliated with a chain (i.e., only facilities affiliated with the large national chains were previously identified on the sampling frame); and the name, address, and title of the chain corporate office director. The following conclusions were reached:

- Some facilities' websites offered plentiful information; however, smaller facilities rarely had websites. When the facility did not have a website, it was difficult to determine if the facility was affiliated with a small or regional chain.
- Information found included maps of location, facility name, name of director, address, phone number, and status of chain affiliation.
- Some facilities were affiliated with hospital systems, rather than with chains of other residential care facilities.
- While learning about the facility prior to field work was valuable in some cases, some information was difficult to find, inconsistent, or dated and could not be used to replace the sampling frame information, only supplement it.

National and state residential care provider associations in states where the pretest was planned were also contacted in advance of the pretest. Overall, they were very receptive to the study and helpful in promoting the study in their newsletters, websites, and other communications within the industry.

The challenges of recruiting facilities for the pilot test suggested that more efficient and effective staffing was necessary to recruit facilities. Therefore, the recruitment activity was made the responsibility of a small number of carefully selected field staff with previous successful recruitment experience. Facilities were recruited by three experienced interviewers who attended a 2-day recruiter training session. Recruitment phone calls began approximately 3 weeks prior to the start of actual data collection. Recruiters' responsibilities included:

- Contact facilities to obtain or verify contact information for the director.
- Send an advance mail package.
- Explain the study and gain cooperation.
- Administer a brief CAPI screening instrument to determine facility eligibility.
- Schedule an in-person visit or phone call for a field interviewer to complete the facility interview.

The advance mail package mailed to directors was sent via Federal Express and included the following materials placed inside an attractive NSRCF folder:

- A personalized letter from the director of NCHS with Responses to Frequently Asked Questions (FAQs) printed on the back.
- NCHS Ethics Review Board (ERB) approval letter.
- Brochure specifically about NSRCF.
- NCHS' Confidentiality Brochure— *How the National Health Care Survey Keeps Your Information Strictly Confidential.*

- Letter of Support from four national residential care provider organizations.
- Publication from another NCHS LTC provider survey.

Similar materials were also sent to the corporate office of every chain that had one or more facilities in the pretest sample. However, the NCHS letter provided additional information about the survey and explained that one or more of their chain facilities would be asked to participate. Forty-two corporate packages were sent for the pretest.

Eleven interviewers with CAPI experience received 4 days of training. Their pretest responsibilities included:

- An in-person visit or phone call to complete the facility questionnaire.
- Resident sampling.
- Complete resident questionnaires for a sample of residents.

The following instruments were used to collect data for the pretest:

- ADCF.
- Facility questionnaire.
- Resident selection questionnaire.
- Resident questionnaire.
- Debriefing questionnaire—filled out by interviewers after the interview to qualitatively describe their experience.

As with cognitive interviewing and the pilot study, an ADCF was mailed to the sampled facility after the recruiter set an appointment. Directors were encouraged to complete the ADCF at their convenience before the interview to minimize time and burden for them during the interview. Fifty of the 72 facility respondents (69%) completed the ADCF in advance. When they did, interviewers reported that the time spent to complete the facility questionnaire was reduced substantially, regardless of facility size.

The pretest facility questionnaire took an average of 74 minutes to complete. The facility director or their designee completed the facility questionnaire.

A short resident selection questionnaire was used to determine the total number of residents at the facility as of midnight the day before the in-person interview and to select residents for the resident interviews. The number of residents sampled depended on facility size: small and medium facilities—three residents; large facilities—four residents; and extra-large facilities—six residents.

Each resident questionnaire averaged 18 minutes to complete. Resident questionnaires were completed with facility staff that referred to resident records, usually the director or caregiver knowledgeable about the selected resident. No residents were interviewed. In many cases, the same respondent completed interviews for multiple residents and when this occurred, the time taken to complete each questionnaire decreased. Respondents received small token gifts of a pen, ruler, and a thank-you note as appreciation for their participation.

Interviewers who conducted facility questionnaires by telephone reported no difficulties in administering the questionnaire. They used the same CAPI facility questionnaire and Show Cards as for the in-person interview. Show Cards contained response categories for questions with lengthy response options and for question series with repetitive response categories. However, those respondents interviewed by phone rarely used the Show Cards mailed to them. Resident-level information was not obtained for phone cases. Thank-you notes were also mailed to facilities that completed the questionnaire by phone.

Observers from RTI, NCHS, and ASPE accompanied interviewers on approximately 15 site visits during the pretest. Overall, the CAPI instruments worked very well and field staff encountered few problems. Recruiters and interviewers encountered some resistance from facilities to participate, primarily because of lack of time. This was especially true for the small and medium facilities where the director had few supporting staff. Appointment cancellations were also an obstacle. The most common explanation for facility nonresponse was the inability to ever reach the director (25% of all nonresponding sampled facilities).

The pretest provided an opportunity to fully implement and assess all of the procedures, recruitment materials, and revised data collection questionnaires on a small scale before they were implemented in the national survey. Based on results from the pretest, it was determined that the study needed to:

- Improve the procedures for identifying facilities affiliated with chains and collecting chain contact information.
- Develop a more robust appointment system for field staff scalable to the national level.
- Encourage facility directors to complete the ADCF before the interview to lower the questionnaire administration time.
- Find ways to reduce the burden on facility directors by encouraging them to delegate components of the interview, such as the resident questionnaires, to other knowledgeable staff.
- Design contacting protocols that allow field staff more flexibility when recruiting, instead of following a highly scripted text.
- Incorporate lessons learned from the pretest training into the national survey supervisor, recruiter, and interviewer trainings.
- Enhance recruitment materials and outreach to improve the recruitment rate.

The pretest results also provided a general understanding of eligibility rates by facility size, which helped to inform sampling allocations for the national survey. In addition, three sampled facilities were out of business. The overall pretest eligibility rate was 77%. The eligibility rate was 95% for extra-large facilities, 90% for large facilities, and 79% for medium facilities. The eligibility rate was lowest (64%) among the small-sized facilities. Facilities that exclusively served the mentally retarded (MR) or developmentally disabled (DD) populations, or exclusively served the severely mentally ill, accounted for the majority (68%) of the ineligibility cases.

Activities Between Pretest and National Survey

Questionnaire

Changes made to the questionnaire instruments included:

- Adding and removing some questions.
- Changing question wording to clarify the question for respondents.
- Changing question order to improve questionnaire efficiency and minimize redundancy.
- Adding or modifying response categories.
- Adding or altering CAPI on-screen instructions for interviewers to improve interviewer usability.
- Implementing additional soft and hard range checks and inter-item consistency checks.
- Adding more Show Cards to improve the pace of the interview.

Scheduling

The pretest also revealed need for a centralized computer system to easily access information about facilities, appointments, and interviewer availability and to better manage facility recruitment and appointment scheduling activities. As a result, RTI developed the Facesheet (Appendix IV)—a Web-based locator or appointment application—and the Event Calendar.

The Facesheet provided:

- A way for recruiters and interviewers to update findings from the field, such as facility contact information, chain contact information, and notes about appointments.
- A place to enter information about mailings to facilities and chains.
- A place to easily view information about a facility in a central database.

The Event Calendar allowed:

- Recruiters to schedule facility appointments on behalf of interviewers by seeing their availability in real time.
- Recruiters and interviewers to manage appointment schedules efficiently.

The interoperability between the Facesheet and the screener questionnaire also ensured accurate and up-to-date information, which was readily available to different staff—recruiters, interviewers, and supervisors—assigned to the same facility.

Contact Scripts

Modifications were made to the recruiter and interviewer contacting scripts to make them more conversational and instructive for the field staff and to structure them for use with the Facesheet. The recruiter scripts (renamed) included:

- Advance Package Call.
- Set an Appointment Call.

The interviewer scripts included:

- Reminder Call.
- Reschedule Appointment Call.

Respondent Contact Materials

Modifications were made to the materials sent to the facility director before the in-person interview.

- A Pre-Interview Worksheet (PIW) replaced the ADCF. It was renamed to make its intended purpose more transparent, better designed to facilitate completion, and included needed definitions and instructions.
- The PIW cover sheet also included key information about the upcoming appointment and specific instructions for preparing the list of current residents before the interview.

Information for Survey Participants

NCHS developed an NSRCF website with a section specifically dedicated to prospective survey participants (available from: http://www.cdc.gov/nchs/nsrcf/participant.htm). This online information included an overview of NSRCF and its importance in providing data about residential care providers. The website also provided brief answers to these frequently asked questions:

- What is the National Survey of Residential Care Facilities?
- Why is this survey being conducted?
- Why should my residential care facility participate?
- How was my residential care community selected?
- How do I know this is a legitimate survey?
- Is information on my facility kept confidential?
- Does the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allow my residential care facility to participate in this survey?
- Who will be collecting this information and how long will it take?
- What type of information is collected?
- Who can I contact if I have additional questions?

The link to this website appeared on the promotional materials sent to facility directors as well as on other related materials used to promote the study.

Sampling Frame and Design

Sampling Frame

The NSRCF sampling frame was constructed from lists of licensed residential care facilities (i.e., facilities that are licensed, registered, listed, certified, or otherwise regulated by the state) acquired from the licensing agencies in each of the 50 states and the District of Columbia. State data on the number of licensed beds for each facility and the licensure categories were used to determine the list of eligible facilities. The individual lists of residential care facilities from state licensing agencies were checked for duplicate facilities and concatenated to form a list of all residential care

facilities in each state. The individual state lists were then concatenated to form the sampling frame. The sampling frame for NSRCF contained all of the state-licensed residential care facilities that were licensed for four or more beds and, based on information obtained during frame construction, appeared to meet the survey definition at the time of frame development. The rest of this section summarizes the sampling frame development and sampling design activities. More information on sampling frame construction can be found in "NSRCF Sample Frame Construction and Benchmarking Report" (11), which is available from: http://aspe.hhs.gov/daltcp/reports/2010/sfconst.pdf.

Frame Development

Building the actual sampling frame of individual facilities involved several steps:

- Obtain state licensure lists.
- Convert the state files into a usable, standardized format.
- Assess the completeness of the data.
- Clean and merge the state-level files.

Because definitions and nomenclature regarding residential care facilities vary widely across states, the first sampling frame task was to identify the licensure categories of residential care facilities within each state that met the study definition. To make this determination, the following resources were reviewed: *Residential Care and Assisted Living Compendium:* 2007 (7); *Assisted Living State Regulatory Review, 2009* (12); *Inventory of Long-Term Care Residential Places* (5); and the websites of each state and their associated regulations for the different types of residential care. Fifty different terminologies for these state licensure categories were identified. Screening for facility eligibility was also performed during data collection because determining whether the facility met the study definition was not always straightforward.

State lists, which varied in format and degree of completeness, were obtained from the state regulatory agencies or, in a few cases, downloaded from the Web. All states provided facility licensure type and the counts necessary to determine number of beds per facility. Data were available on more than 99% of facilities for street address, city, state, ZIP code, and telephone number. Ownership data were missing for 57% of facilities, and a facility contact name was missing for 28% of facilities.

Issues concerning combining facilities, converting units into beds, and identifying chains were also addressed. Facilities were combined that had multiple licenses or where close-by buildings with separate licenses appeared to be under the same management, according to the study's predetermined criteria. Namely, when facilities had addresses within two digits of one another and the same phone number and administrator, they were considered combined facilities and, as such, constituted a single case on the sampling frame. Overall, 446 facilities (1% of all facilities on the frame) were flagged as combined facilities. Four states licensed their residential care facilities by units (i.e., rooms and apartments) instead of beds. For these states, the number of licensed beds was imputed. Moreover, 16,379 facilities (41%) were identified as being affiliated with a chain, defined as an individual or corporation owning two or more facilities. Of chain-affiliated facilities, 1,381 were associated with 84 chains identified as the largest and most recognizable chains in the United States; the remaining 14,998 chain-affiliated were associated with regional or smaller chains.

Since the sampling frame lists were obtained from states beginning in June 2009, no list was older than 6 months at the time the NSRCF sample was drawn in January 2010 from the sampling frame of 39,635 facilities.

Benchmarking the Sampling Frame

Because there is no "gold standard" list of residential care facilities, alternative estimates of the number of residential care facilities and beds were identified and compared with the number of facilities and beds on the NSRCF sampling frame.

Four data sources were used to make these comparisons.

- Using the 2002 Health and Retirement Study, the 2002 Medicare Current Beneficiary Survey, and the 1999 National Long-Term Care Survey, Spillman and Black (8) estimated the number of older people living in residential care facilities. These numbers were converted to an estimated number of residential care beds by using the median nursing home occupancy rates reported by the American Health Care Association and the proportion of nursing home residents who are aged 65 and over from the 2004 NNHS.
- The *Inventory of Long-Term Care Residential Care Places* (5), while almost 7 years old, contained a comprehensive listing of residential care facilities against which to check the NSRCF sampling frame.
- The *Residential Care and Assisted Living Compendium 2007* (7) was used to benchmark NSRCF.
- The NSRCF frame was compared with Stevenson and Grabowski's (13) data that utilized information in the *State Residential Care and Assisted Living Policy: 2004* (14).

The 2009 NSRCF sampling frame contained information for 39,635 facilities representing a total of 1,073,043 beds, which benchmarked quite well against these other estimates.

Facility Eligibility Criteria

There is no standard federal definition of residential care facilities. Sampled facilities were eligible to participate in NSRCF if they met the following criteria:

- Licensed, registered, certified, listed, or otherwise regulated by their state within their specific licensure category.
- Have four or more licensed, certified, or registered residential care beds.
- Have at least one resident currently living in the facility.

- Provide room and board with at least two meals a day.
- Provide around-the-clock onsite supervision.
- Provide help with activities of daily living (e.g., bathing, eating, dressing) or health-related services (e.g., medication management).
- Serve primarily an adult population.
- Do not exclusively serve the severely mentally ill, the MR/DD, or both.

Sampling Design

Sampling for NSRCF used a stratified two-stage probability design. The first stage was the selection of facilities, where the primary strata of facilities were defined by facility bed size (i.e., 4–10 beds, 11–25 beds, 26–100 beds, and more than 100 beds) and geographic region (Northeast, Midwest, South, and West). Within primary strata, facilities were sorted by the following characteristics: MSA status, where MSA denotes a metropolitan statistical area, and state. MSA status could be "metropolitan" (a county or group of contiguous counties that contain at least one urbanized area of 50,000 or more population; an MSA may contain other counties that are economically and socially integrated with the central county, as measured by commuting), "micropolitan" (a nonmetropolitan county or group of contiguous nonmetropolitan counties that contains an urban cluster of 10,000–49,999 persons; surrounding counties with strong economic ties, measured by commuting patterns, may also be included), or "other," according to information available on the sampling frame. For more information, visit: http://www.whitehouse.gov/omb/inforeg_statpolicy/.

Facilities were then selected by using systematic random sampling. This stage yielded the final NSRCF sample of 3,605 facilities and included 1,184 facilities with 4–10 beds, 1,038 facilities with 11–25 beds, 1,051 facilities with 26–100 beds, and 332 facilities with more than 100 beds. Reserve samples in excess of the base sample of 1,184

facilities in the small stratum were also created in case projected ineligibility rates among small facilities were underestimated. These cases were never fielded, however, because targeted numbers were reached using the base sample alone.

The second stage was the selection of current residents. This stage was carried out by the interviewers during the facility interview, with the aid of an algorithm programmed into CAPI. The interviewer first collected the census list, usually from the facility director or designee. The census list of residents was the total number of residents on the facility rolls as of midnight on the day before the facility interview. The interviewer reviewed and cleaned the list to ensure there were no duplicates or missing residents that should have been on the list. The interviewer then numbered the list and entered the total number of residents into the CAPI system. The CAPI program, through systematic randomization procedures, generated three to six numbers, depending on facility bed size. The interviewer then identified which residents matched up with these numbers. Three residents were selected for facilities with less than 26 beds, four residents for facilities with 26–100 beds; and six residents for facilities with more than 100 beds.

National Survey Methods

Overview

The national survey followed an approach similar to that for the pretest, in which separate personnel were used in contacting facilities: recruiters to call facilities, determine eligibility, and set appointments; and interviewers to conduct the on-site interviews. Facility recruitment began on March 16, 2010, and continued throughout most of the data collection period; on-site interviewing began on April 26, 2010, and officially ended on November 24, 2010.

Outreach to Provider Organizations

Prior to and during NSRCF data collection, a comprehensive outreach strategy was carried out to effectively spread the word about NSRCF among prospective respondents. A joint letter of support for NSRCF was obtained from these provider organizations that represent the residential care and assisted living industries (Appendix V):

- LeadingAge, formerly American Association of Homes and Services for the Aging.
- American Seniors Housing Association (ASHA).
- Assisted Living Federation of America (ALFA).
- National Center for Assisted Living (NCAL).
- Board and Care Quality Forum.

NCHS staff met several times with the Center for Excellence in Assisted Living (CEAL) president and board members representing LeadingAge, ASHA, ALFA, and NCAL (Appendix VI). CEAL is a nonprofit collaborative of 11 national organizations whose aim is to promote high-quality assisted living. The goals of the meetings were:

- Solicit information on best practices for recruiting facilities to participate in NSRCF.
- Identify ways to inform their respective provider memberships about the importance of participating in NSRCF.

These board members agreed to raise awareness of NSRCF using selected communication channels with their provider members through their associations' annual meetings, newsletters, and websites. The Board and Care Quality Forum, which caters largely to small-sized facilities, also agreed to promote the survey and encourage their facilities to participate.

Before and during data collection, short write-ups about NSRCF appeared in the national newsletters of the provider organizations and in the Board and Quality Care Forum newsletter. Survey descriptions and calls for participation were also published in the

newsletters of state affiliates of those provider organizations (Appendix VII). NSRCF brochures were distributed at their annual meetings and the survey was mentioned in presentations given by key office holders in these organizations. NCHS created an NSRCF conference exhibit display that was used at AHCA/NCAL's and AAHSA's 2009 annual meeting. NCHS staff was also present at these exhibit booths to answer questions about the survey and explain the need for participation. During data collection, follow-up requests were also made to individual state affiliates of the national provider organizations in states with lower-than-expected response rates to encourage their members to participate.

To gauge the success of these outreach activities, respondents at the close of the screener questionnaire were asked: ''Before you received the package about this study, had you heard about this study through newsletters or other information provided by national organizations that support it, such as American Association of Homes and Services for the Aging (AAHSA), American Seniors Housing Association (ASHA), Assisted Living Federation of America (ALFA), National Center for Assisted Living (NCAL), or Board and Care Quality Forum?'' Overall, 12% of respondents reported hearing about the study. The percentage was highest among the very large facilities (22%) and was lowest among the small facilities (8%). Respondents representing the large and medium-size facilities were somewhat in between, with 22% and 15%, respectively.

Chain Outreach

In February 2010 before data collection began, an NSRCF information package (Appendix VIII) was sent via Federal Express to known chains that had two or more affiliated facilities included in the sample. These packages were mailed to 122 chains with 246 sampled facilities. The purpose of this chain outreach activity was to preempt facility refusals or delayed participation because chain headquarters were unaware of the study. It enabled recruiters to tell respondents that their chain was previously notified about the

study whenever these facilities told recruiters that they could not participate without chain approval.

The chain outreach package included the following:

- Letter signed by NCHS' Director that provided information about the survey and explained that one or more facilities in their organization would be contacted.
- NCHS ERB approval letter.
- Brochure specifically about NSRCF.
- NCHS' Confidentiality Brochure— *How the National Health Care Survey Keeps Your Information Strictly Confidential.*
- Letter of support from five national residential care provider associations.

The Project Director's name and contact information was also provided in case chain leadership had additional questions about the study. Only one national chain contacted NCHS and refused participation on behalf of all their facilities.

Recruiter Training

In March 2010, 16 experienced interviewers attended and completed 3½ days of recruiter training that entailed a start-to-finish understanding of the survey and recruitment process. Topics included: an overview of the study; computer applications

demonstration; recruitment scenarios; confidentiality procedures; Facesheet and Event Calendar system; conducting calls to facilities; gaining cooperation; administering the screener questionnaire; and appointment setting. In addition, before training began, recruiters received a computer manual, recruiter manual, and a home study exercise that gave them an overview of the national survey and their responsibilities.

Another 2-day recruiter training session was conducted midway through data collection after two recruiters left the project and several others had competing commitments. Six NSRCF interviewers with strong refusal conversion skills, high productivity, and proven success of working well with facilities were retrained as recruiters. One recruiter was also trained to perform interviewer duties due to the limited number of interviewers in one urban area.

Facility Recruitment

Facility recruitment began approximately 5 weeks before interviewer training to allow time for recruiters to set initial appointments. Each recruiter was responsible for contacting a total of about 225 facilities; assigned cases were released in several batches, as recruiter workloads diminished. Figure 1 provides an overview of the recruiter responsibilities.

SOURCE: CDC/NCHS, National Survey of Residential Care Facilities.
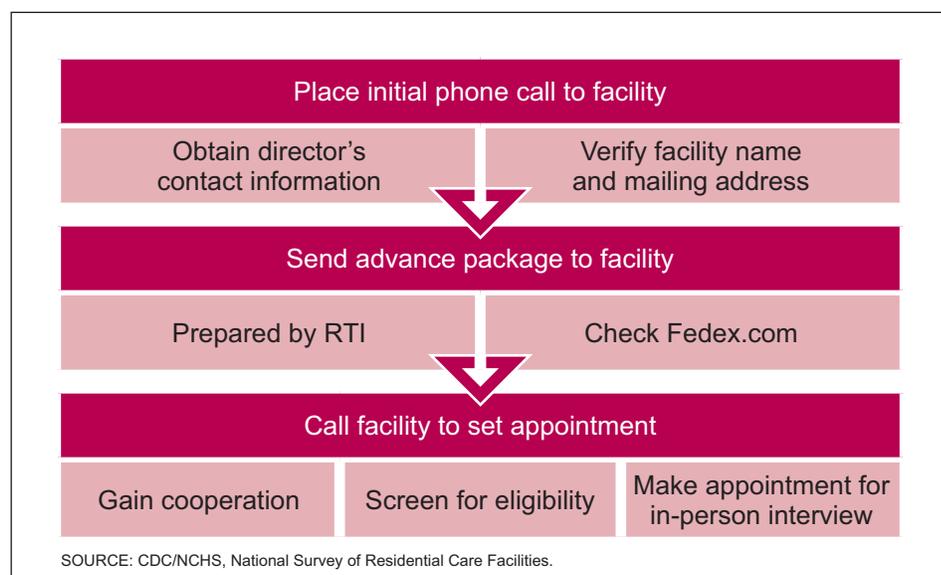
Figure 1. Recruiter responsibilities

First Contact With Sampled Facility

As shown in Figure 1, the first step recruiters performed was a telephone call to the sampled facility. The primary purpose of this call was to confirm the facility director's contact information (name, title, phone number, and e-mail address) and the facility mailing address in order to mail the advance package. During this call, recruiters did not need to speak to the director because whoever answered the phone could usually provide this information. In about 82% of the sampled facilities, recruiters needed only 1 day to complete this call. In about 6% of the cases, this process took longer than 1 week. The primary reasons cases took longer to complete were:

- Employee did not answer the call at their main number, requiring multiple callbacks.
- Recruiter was unsure whether they had reached the sampled facility and needed further confirmation.
- Telephone number was disconnected; the correct number needed to be identified or determined if the facility was out of business.

Recruiters used the Advance Package Call Script (Appendix IX) to guide them through the process of making these initial calls. This document also contained answers to FAQs and other instructions relating to this call. After confirming or updating the contact information, recruiters entered this information into the Facesheet.

During this recruitment activity, recruiters suspected 186 facilities as out of business, 149 of which were later confirmed out of business.

Advance Package Mail-out

Soon after recruiters completed the initial call to the sampled facility, support staff accessed the Facesheet information and mailed out the Advance Package (Appendix X) via Federal Express (FedEx).

The Advance Package consisted of an NSRCF folder that contained:

- A letter signed by NCHS' Director that provided information about the survey, explained its importance, and described how the survey is conducted. The letter contained a list of FAQs and instructions on who to contact for more information.
- An NCHS ERB approval letter.
- A brochure specifically about NSRCF.
- An NCHS Confidentiality Brochure—*How the National Health Care Survey Keeps Your Information Strictly Confidential.*
- A letter of support from five national residential care provider associations.

Set Appointment Call

Five business days after the Advance Package was mailed out, recruiters began making callbacks to the sampled facilities. The recruiter's goals during this call were to:

- Speak to the director.
- Confirm that the director received the Advance Package.
- Answer any questions the director had about the survey.
- Complete the screener questionnaire to determine facility eligibility.
- Set the appointment for eligible facilities and provide the director with additional information about the in-person interview.

Before placing these calls, recruiters accessed the FedEx website for the package tracking number, delivery date, and person's name who signed for it. Then they referred to the Set an Appointment Call Script (Appendix XI) to guide them through these calls. Once the director was reached, recruiters confirmed receipt of the Advance Package and answered any questions about the study referring to the call script and FAQs document (Appendix XII). Next they administered the CAPI screener questionnaire (Appendix XIII) to determine whether the facility met the survey eligibility criteria. This questionnaire took, on average, 10

minutes to complete. The screener questionnaire is also viewable at: ftp://ftp.cdc.gov/pub/Health_Statistics/ NCHS/Dataset_Questionnaires/nsrcf/2010/.

The most challenging part of this activity for recruiters was reaching the director. This challenge was more acute in smaller facilities where directors often provided resident care in addition to their administrative duties, thus ignoring phone calls and voice mails. In other facilities, recruiters frequently reached receptionists who acted as gatekeepers and resisted putting their calls through to the director. E-mail and voicemail messages were also used to reach the director during this process.

Appointment Setting

The CAPI screener instrument automatically determined the facility's eligibility status and directed recruiters to either end the call if the facility was not eligible or proceed to the last recruiter activity—setting the appointment for the in-person interview. Again, the Set an Appointment Call Script and the online Event Calendar provided recruiters with details for scheduling an exact date and time for the site visit that aligned with a specific interviewer's availability.

A higher-than-anticipated number of eligible facilities delayed or hesitated in setting their appointment, or refused to do so after completing the screener questionnaire. Of the facilities that agreed to set an appointment during the field period, only 68% were appointed on the same day as they were screened. These delays resulted in recruiters making many callbacks as well as employing other strategies to successfully appoint these cases (for more details, see ''Refusal Aversion and Conversion Strategies'').

Recruiters also encountered many directors who needed approval from a supervisor or upper-level management within their facility, organization, or chain to participate in the study. The process for obtaining these approvals required some or all of these steps:

- Send an Advance Package to the person who was qualified to say whether approval was needed.

- Identify the appropriate person to provide approval.
- Send the Advance Package to the person authorized to approve participation.
- Obtain the approval.
- Convey the approval to the director or key contact at the facility.

These recruitment activities continued throughout data collection. Table A shows the level of effort expended, as measured in elapsed days, from recruiters' first initiating the Set an Appointment Call to successfully scheduling the initial appointment.

Of the 2,422 initial appointments made during the field period, 401 facilities (17%) rescheduled their appointments. About 5% of appointed cases never completed an in-person facility interview.

Facility Case Transition

For the majority of cases, the shift in responsibility from recruiter to interviewer occurred after recruiters scheduled an appointment for the facility. Some facilities that delayed setting appointments, however, were transferred to the target interviewer, who then assumed responsibility for scheduling the appointment.

Interviewer Training

A 5-day interviewer training session was held in April 2010 with 96 interviewers. Training consisted of plenary sessions for all attendees and smaller concurrent training sessions, each with about 14 interviewers, divided mostly according to assigned region. The major topics covered in training were: overview of the study; computer applications demonstration; confidentiality procedures; Facesheet and Event Calendar system; reminder call; appointment rescheduling; maintaining cooperation; administering the facility, resident selection, resident, and debriefing instruments; procedures for handling "don't know" responses; and data retrieval. In all, 86 interviewers successfully completed training, nine received a conditional pass, and one

failed. Those who received a conditional pass were given specific remedial tasks and retested, and all of these interviewers eventually passed. The one interviewer who failed was dismissed, leaving a total of 95 interviewers to conduct the facility in-person interviews.

After data collection began, some interviewers also were trained via a telephone training session to perform recruiter activities during drive-by visits to hard-to-reach facilities. Drive-bys were used primarily to determine if the facility was still in business, attempt to gain cooperation, screen facilities for eligibility, and schedule an in-person interview, although some also included in-person interviews.

Table A. Elapsed time from first appointment call to set appointment

Elapsed time	Appointed facilities		
	Number	Percent	Cumulative percent
Less than 1 day	432	18	18
1–7 days.	450	19	36
8–14 days	252	10	47
15–28 days	333	14	61
29–77 days	479	20	80
78 days or more	478	20	100
Total appointed facilities	2,422	100	. . .

. . . Category not applicable.

NOTE: Percentages may not add to 100 due to rounding.

Data Collection Procedures and Survey Instruments

Figure 2 provides an overview of the interviewer responsibilities.

Before the in-person interview, directors were mailed and asked to complete the PIW (Appendix XIV). This mailing provided:

- Interview date, time, name of interviewer, and contact number to call in case the appointment needed to be rescheduled.
- Reminder to prepare a resident census list before the interview.
- Questions asked during the in-person interview that likely would

SOURCE: CDC/NCHS, National Survey of Residential Care Facilities.
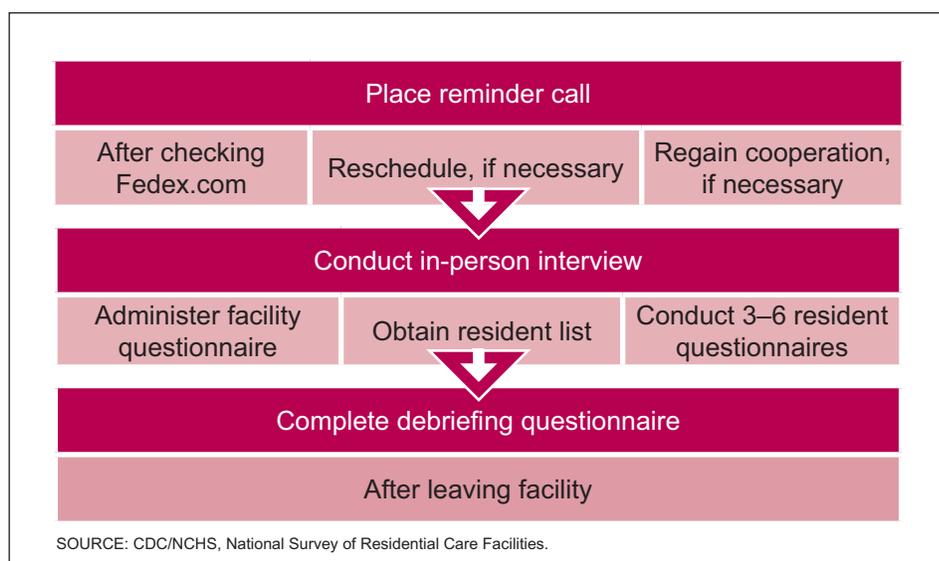
Figure 2. Interviewer responsibilities

require referring to records or consulting other staff, and instructions for completing the worksheet.

About three-fourths of facilities had a PIW filled out at the time of the in-person interview.

Reminder Call

An interviewer's initial task was to contact the facility about 4 days before the in-person interview to remind the director of the appointment using the Reminder Call Script (Appendix XV). Before placing the call, interviewers reviewed information entered in the Facesheet by recruiters to better understand nuances and specifics about the facility. In most cases, the reminder call was done by phone, but if the facility director requested it, an e-mail was sent. The goal of this call was to reconfirm the appointment to reduce no-shows and cancelled and break-off interviews, and to remind the director to complete the PIW and prepare a resident census list before the interview.

Reschedule Call

During data collection, 40 previously set appointments with directors required rescheduling because of interviewer unavailability or for efficiency reasons, in order to include the case in a travel cluster assignment. When this occurred, interviewers used the Appointment Reschedule Call Script (Appendix XVI) to reschedule the visit. Thirty-six of these broken appointments were rescheduled, three could not be rescheduled, and one case was ineligible.

Facility In-person Interview

For most facilities (73%), the entire in-person interview was conducted with one respondent who was usually the facility director, administrator, owner, or operator of the facility or its residential care component. The interview consisted of asking questions about the facility, conducting sampling for a preselected number of current residents depending on the size of the facility (three, four, or six), and then asking questions about those sampled residents. The in-person interview took, on average, 2 hours and 7 minutes to complete for small and medium facilities, 2 hours and 26 minutes to complete for large facilities, and 3 hours and 3 minutes to complete for very large facilities. After every interview, interviewers gave respondents a ruler, pen, and a thank you letter (Appendix XVII) as tokens of appreciation for participating in the survey.

CAPI Questionnaire Instruments

Data were collected using CAPI software on laptop computers. The CAPI system allowed interviewers to move correctly and efficiently through the questionnaire and use modified question wordings based on responses to prior questions. Only questions specific to the individual facility or resident were asked, skipping unnecessary questions. CAPI included hard and soft range checks, and hard and soft consistency checks among question items. Hard edits required the interviewer to fix the discrepant data before the interview could continue. Soft edits resulted in a prompt for the interviewer to either correct the data or suppress the edit. Use of the CAPI system also eliminated the need to enter data from a hard-copy questionnaire, thereby reducing this type of data entry error. The CAPI instrument was also programmed to enable the interviewer to complete the facility questionnaire or the resident selection questionnaire in any order, to accommodate the schedules of the facility director and staff. In all but 43 cases, interviewers began with the facility questionnaire.

The NSRCF CAPI instrument was composed of four different modules (viewable at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Questionnaires/nsrcf/2010/).

- The facility instrument included questions on facility characteristics such as ownership, size, types of living arrangements and amenities, policies, staffing, services, and general resident characteristics. The question wordings, response options, and accompanying skip patterns for this questionnaire are provided in Appendix XVIII. The facility questionnaire took an average of 65 minutes to complete.

- For the resident selection instrument, interviewers entered the number of residents currently residing at the facility and based on the number of beds the facility had, three, four, or six different numbers were randomly generated by CAPI. Interviewers then used these numbers to identify which residents on the census lists to select for the resident questionnaires. The question wordings, response options, and accompanying skip patterns for this questionnaire are provided in Appendix XIX. The resident selection instrument took about 6 minutes to complete.

- The resident questionnaire included questions on the sampled residents' demographics, living arrangements, activities, health conditions, cognitive and physical functioning, and services received. The question wordings, response options, and accompanying skip patterns for this questionnaire are provided in Appendix XX. Respondents to the resident questionnaire were those who were most knowledgeable about the sampled residents and had access to their records; in addition to directors, they were RNs, LPNs, and personal care aides who provided direct care services. The resident questionnaire took an average of 19 minutes each to complete.

- After leaving the facility, interviewers also filled out a debriefing questionnaire that contained questions about the interviewers' experience, including a personal assessment of the accuracy of answers obtained and difficulties encountered in conducting the interview. These questions are provided in Appendix XXI. The debriefing questionnaire took on average about 7 minutes to complete.

Follow-up Activities

When a respondent needed to end the in-person interview before all of the required questionnaires were completed, an attempt was usually made to complete the interview either by phone or in person. If only one resident questionnaire remained, the interviewer attempted to complete this interview by telephone. If several components of the survey were not completed, field management staff decided whether the interview was to be continued on a revisit, by phone, or not continued at all. Of the 119 facilities that broke off the interview before its completion, 64 later completed them by telephone, 34 later completed them in person on a revisit, and 21 were never completed.

Refusal Aversion and Conversion Strategies

Initial refusals or resistance to participate in NSRCF occurred at several points during the recruiting and interviewing phases: 1) when explaining the study and completing the screener questionnaire, 2) when setting the appointment, and 3) when rescheduling with facility respondents who cancelled an appointment, no-showed for an appointment, or broke off the interview midway through the questionnaire. Altogether, 941 facilities refused at least once over the course of the field period. The most prevalent reason given by facility respondents at all phases was that they did not have the time to complete the interview. Other common reasons included: not interested, confidentiality concerns, chain or supervisor approvals, and study concerns.

Different strategies were employed to convert these cases, depending on the reason given. The study protocol included the following approaches:

- Using the FAQs and knowledge of the survey to explain the study, address directors' concerns, and explain how the survey protocols were flexible enough to handle scheduling needs.
- Allowing a cooling-off period between the refusal and attempts to convert the refusal.
- Performing a drive-by visit to make personal connection with the respondent.
- Sending targeted letters (e.g., Having Trouble Reaching You, No Time, Not Interested/Not if Voluntary, Cancelled Appointment) (Appendix XXII).
- Facilitating supervisor and chain approval.

Additional strategies were also developed during data collection to enhance these refusal conversion efforts. They included:

- Perform drive-by visits on a more widespread basis by expanding these visits not only to gain cooperation but also to screen for eligibility, appoint, and complete some interviews on the spot.
- Reduce the overall length of the interview for very large facilities, by changing the number of required resident interviews from six to four residents.
- Offer facilities the option to complete the last resident interview by phone.
- For facilities that screened as eligible, develop and mail a Schedule Appointment Reminder Letter to those that delayed or hesitated setting their appointment; and a Reminder Postcard, sent 3 weeks before the end of data collection to facilities still being actively pursued (Appendix XXIII).

Of the 269 facilities where a drive-by visit was made, 154 (57%) were favorably resolved; that is, 21 facilities completed the facility interview that same day, 95 facilities completed the interview later on, and 38 were found to be either ineligible or out of business. About 375 facilities received some type of conversion letter, and of these, 156 (42%) eventually completed the facility interview. The Reminder Postcard was mailed late in the data collection period and yielded only two additional completed facility interviews.

Follow-up With Chains

When a facility told the recruiter or interviewer that they could not proceed with the survey without receiving approval from their chain office, further efforts were made to gain the cooperation of the chain. These steps included:

- Recruiter or interviewer asked the facility for a chain contact name.
- Chain Outreach package (Appendix VIII) was mailed to the chain contact.
- RTI scientific and senior staff contacted the chain official by telephone.

These calls began in May and continued until November 9, 2010, during which time the chain gave approval, denied approval, or more commonly, stopped communicating with NSRCF project staff. The facilities that requested help in obtaining chain approval resulted in 51 chains requiring follow-up. This number corresponds to about 5% of all chains in the sample. About one-third ($n = 16$) of the 51 chains that were called granted approval for the facility to participate, which resulted in 49 facilities ultimately receiving chain approval via this approach.

Additional Strategies to Increase Participation

Several other strategies were initiated toward the end of the data collection period to boost the number of final completed cases. These included:

- Extending the field period by 6 weeks.
- Reassigning cases to different supervisors and recruiters.
- Changing supervisor responsibilities to allow more time for case review and strategizing.
- Using high-performing interviewers as recruiters.
- Setting weekly production targets per stratum.
- Offering financial payments to interviewers and recruiters for setting facility appointments that resulted in a completed interview.

- Assigning NSRCF project senior staff to contact a few facilities that were identified as being potentially receptive to participating.
- Reducing the number of resident interviews from six to four in very large facilities.
- Targeting efforts on remaining cases located in specific size strata and geographic regions where nonresponse was more prevalent in order to reach survey completion goals for these areas.

Lengthening the field period in combination with other strategies employed resulted in about 240 additional completed facility interviews during the extended 6 weeks of data collection, or about 10% of all interviews completed in NSRCF. The incentive program itself produced 188 of these completed interviews.

Cases that were still in the process of recruitment for participation after data collection ended were sent a letter (Appendix XXIV) to thank them and to let them know the study had ended.

Data Quality Assurance

Data quality assurance during the field period was accomplished in a variety of ways. The quality assurance measures included field observations, verification calls, production reports, management meetings, and field memos and calls. These measures were implemented to ensure that data were collected consistently and reliably across the sampled facilities.

Field Observation

Between May 10 and November 3, 2010, NSRCF project staff observed a total of 57 facility interviews conducted by 32 interviewers. These observations served multiple purposes. They provided an opportunity for feedback to interviewers on their performance, determined whether interviewers were administering the questionnaires correctly so that mistakes could be addressed, and identified those who needed further training. In addition, observations provided a mechanism to evaluate the effectiveness of the survey questions, survey protocol, responses to questions, and respondent concerns. When observers detected issues that warranted clarification to field staff, field memos were prepared. These issues were also discussed during weekly team meetings between supervisors and field staff.

Verification

Verification calls served to detect interviewer falsification and to receive feedback from respondents regarding interviewer performance and survey protocol. Each interviewer's first or second completed interview was selected for verification. After that, cases were chosen using an algorithm to achieve 10% verification of each interviewer's completed cases. Field supervisors followed a script (Appendix XXV) to conduct the telephone verification. Almost all (95%) of the verification calls were done with the person who completed the facility interview. The most common concern raised by respondents during these calls was that the interview was too long. However, many respondents commented that the interviewers were very professional and pleasant and made the interview experience enjoyable. Verification calls were stopped in November 2010 (the last month of data collection), because they were not revealing any new concerns and no falsifications were found. Altogether, about 15% of all completed interviews were verified.

Production Reports

Weekly production reports were reviewed to track various aspects of the survey and its progress, including detailed information on the following:

- Screener questionnaire case status by supervisor region and strata (e.g., number and percentage of facilities out of business, ineligible, refused, eligible and complete, still pending, and other final not complete cases).
- Ineligible facilities by state and reason for ineligibility.
- Facility questionnaire completion status by supervisor region and strata.
- Screener and facility questionnaire status for chain-affiliated and independent facilities by strata and use of gaining cooperation letters.
- Final case status by strata and geographic region (i.e., ineligible; noncompletes refusal; noncompletes other; completed facility questionnaire only; completed facility questionnaire and some resident questionnaires; and completed facility questionnaire and all resident questionnaires).
- Total appointed cases and completed facility questionnaires by strata.
- Facility-specific information for upcoming scheduled appointments.
- Screener Outreach report results by strata.

In addition to monitoring production levels and response rates across strata and region throughout the field period, these reports proved useful in determining whether the hold sample of small facilities was needed. The reports also provided information about cases requiring extra effort to complete, such as very large facilities, initial refusals, facilities requiring drive-by visits, and cancelled appointments. Biweekly updates on the status of efforts to gain chain approval were also provided in the Chain Approval Report (Appendix XXVI). These reports provided a progressive snapshot of the current status of these contacts.

Management Meetings

The NSRCF project management team held biweekly phone conference calls throughout the field period to review field status and developments and to discuss and resolve issues that arose in the field. Detailed minutes from each meeting were used in subsequent meetings to track progress on action items and further guide discussion on project activities.

Field Memos and Calls

At three points during the field period, field memos were sent to field supervisors, recruiters, and interviewers. The memos consisted of production updates, tips for using project materials, clarifications for specific items in the survey instruments, and protocol changes. In addition, field supervisors held weekly team meetings and one-on-one calls with recruiters and interviewers in their region.

Data Processing

Data processing included edits incorporated into the CAPI programming, which were applied during data collection; data review and editing post-data collection; and data file construction. For some questions, hard and soft edit checks were programmed into CAPI based on the expected range of responses for given questions and logical consistency between questions. Hard edits required interviewers to correct an entry before proceeding, whereas soft edits prompted interviewers to verify or correct unlikely, but possible, responses.

Data review and editing after data collection included a wide range of activities. Responses were reviewed for accuracy, logic, consistency, and completeness. Twenty-six cases identified as having inconsistencies in the number of rooms and apartments and bathrooms were contacted again for further clarification of those responses. Data frequencies were examined to identify missing items and outliers. When missing items, outliers, or extremely implausible responses were identified, an explanation provided by the interviewer in the comments attached to specific questions or in the debriefing questionnaire was sought. For example, interviewers attached a comment to a question if the actual response was greater than the highest value CAPI would accept. Interviewer verbatim entries in the debriefing questionnaire were also reviewed to identify other needed corrections. Corrections were also made to the data when an interviewer error was discovered, for example, if the interviewer accidentally opened the wrong case and recorded the answers under the wrong identification number. Problems relating to CAPI skip patterns and recoded variables were addressed. For example, when an interviewer went back into CAPI to change a response, in a few cases, this caused a discrepancy with subsequent questions. Labels for ''select all that apply'' variables needed reformatting to yes or no instead of category 1 selected or category 2 not selected. Out-of-range data values were identified and corrected. In addition, ''other–specify'' responses were back-coded to existing code categories, where appropriate. Item nonresponse analyses that looked at items with the highest ''don't know'' and ''refused'' responses were conducted. Partially completed cases were identified and assessed as to whether or not to include them in the data files. For the facility file, there was only one partially completed case and it was included in the final file. This case had three-fourths of the first section of the facility questionnaire completed. For the resident file, none of the 36 partially completed cases were included in the final file.

Specifications were developed for derived variables, other recoded variables, and creation of the final facility and resident in-house and public-use data files. In addition, in order to provide a complete picture of each sampled facility and its disposition, a paradata file was constructed that contained selected variables from the event history, preload sample file and facility, resident selection, and resident questionnaires. This file was used for unit nonresponse analysis and provided a mechanism to evaluate the fieldwork and effectiveness of strategies taken during the survey field period.

Disclosure Risk Review

NSRCF data files intended for public-use release underwent extensive disclosure risk review to prevent the identity of any facilities, residents, or persons who participated in the survey from being made known to the public. For unusual characteristics and extreme and potentially recognizable outliers, NCHS used a number of methods such as collapsing categories and top or bottom coding to minimize disclosure risk associated with these data items. Furthermore, NCHS checked to see how prevalent certain respondent attributes were in the universe file, and whether they were clustered by geography or selected major facility characteristics. If a given facility or resident characteristic was relatively uncommon in the universe file or was clustered in a specific geographic location, NCHS deemed there was disclosure risk. NCHS used various methods to perturb the data and then ensured that the perturbation did not affect the estimates.

Response Rates

Of the 3,605 sampled facilities selected for NSRCF, eligibility could not be determined for 325. Among those for which eligibility could be determined, 636 (19%) were ineligible because they did not meet the survey criteria, were out of business, or were combined with another facility (Table B). The ineligibility rate was highest among small facilities (36%). The most common reason for ineligibility, occurring mostly among small facilities, was that the facility exclusively served MR/DD populations or populations with severe mental illness. A total of 602 facilities (17%) refused to participate in the survey (not shown).

Table B. Number of residential care facilities, by eligibility, response status, and selected facility characteristics: National Survey of Residential Care Facilities, 2010

Facility characteristics	Number of sampled facilities	Number of in-scope facilities[1]	Number of interviewed facilities	Number of non-interviewed facilities	Number of out-of-scope facilities[2]	Estimated percent of eligible facilities[3]	Number of facilities of unknown eligibility[4]	Estimated number of in-scope facilities with unknown eligibility[5]	Estimated total number of in-scope facilities[6]
All facilities	3,605	2,644	2,302	342	636	80.6	325	262	2,906
Bed size									
Small	1,184	719	627	92	411	63.6	54	34	753
Medium	1,038	775	673	102	161	82.8	102	84	859
Large	1,051	871	769	102	52	94.4	128	121	992
Extra large	332	279	233	46	12	95.9	41	39	318
Geographic region									
Northeast	645	451	404	47	145	75.7	49	37	488
Midwest	1,023	716	603	113	204	77.8	103	80	796
South	992	748	637	111	129	85.3	115	98	846
West	945	729	658	71	158	82.2	58	48	777
Location of agency									
Metropolitan statistical area	2,736	2,005	1,730	275	481	80.7	250	202	2,207
Nonmetropolitan statistical area . . .	869	639	572	67	155	80.5	75	60	699

[1]Facilities licensed, registered, listed, certified, or otherwise regulated by a state, and having at least four beds, providing room and board with at least two meals, providing around-the-clock on-site supervision, serving an adult population, and offering help with personal care (e.g., bathing, dressing, or eating) or medication management. Personal care and health-related services may be directly provided by the facility or coordinated with outside parties. In-scope status was determined via the screener questionnaire.

[2]Facilities determined to be ineligible based on the survey definition of residential care.

[3]Numerator is the number of known in-scope facilities; denominator is the number of facilities with known eligibility status [col b/(col b + col e)].

[4]Facilities for which eligibility could not be assessed.

[5]Facilities of unknown eligibility that were estimated to be eligible using the percentage of eligible facilities (col f × col g).

[6]Sum of known in-scope facilities and estimated in-scope facilities (col b + col h).

With NSRCF's two-stage sampling design, the first-stage response rate is the percentage of eligible facilities that completed the facility questionnaire. Interviews were completed with 2,302 facilities, for a first-stage facility weighted (for differential probabilities of selection) response rate of 81% (Table C). The second-stage response rate indicates the percentage of sampled residents for which facility staff completed the resident questionnaire. The second-stage resident unweighted response rate was 98% and the resident weighted response rate was 99% (not shown). The overall weighted survey response rate for NSRCF was 79% (facility weighted response rate × resident weighted response rate). Weights used in the last column of Table C are the same weights as provided on the NSRCF facility data file.

Reasons for Nonresponse

At the close of data collection, 660 remaining viable noninterview cases were reviewed in order to determine the predominant reason for nonresponse. Table D shows the number and percent distribution of these cases by primary reason for nonresponse.

The most prevalent reason directors gave for not participating was because they either did not have time for the interview or for other scheduling reasons (30%). Another 28% of the facilities refused as a result of not obtaining chain or supervisor approval to participate. Other specific reasons given included: directors stating that they either were not interested or would not participate if the survey was voluntary (16%); and recruiters and interviewers being unable to contact the director successfully during the field period (9%).

Nonresponse Bias Analysis

As previously noted, the NSRCF facility response rate weighted by the inverse of the probability of selection was 81%. Table C presents the percent distribution of selected facility characteristics among responding and nonresponding facilities. Using sampling frame variables, nonresponse bias was assessed by examining how much the respondents and nonrespondents differed on the survey variables of interest. Responding and nonresponding facilities were significantly different by size (small, medium, large, and very large) and geographic region (Northeast, Midwest, South, and West), but not by MSA status (metropolitan or nonmetropolitan).

Table C also presents the weighted and unweighted response rates among facilities with different characteristics.

Table C. Percent distribution of in-scope sampled residential care facilities, by facility response status, response rates, and selected facility characteristics: National Survey of Residential Care Facilities, 2010

Facility characteristics	Weighted distribution of in-scope sampled facilities[1,2]			Response rates			Nonresponse-adjusted estimates for in-scope facilities[6]
	Total	Responding	Nonresponding	Unweighted I[3]	Unweighted II[4]	Weighted[5]	
All facilities	100.0	100.0	100.0	77.5	79.2	80.6	100.0
Bed size[7,8]							
Small[9]	49.9	51.4	44.3	81.1	83.2	83.1	49.1
Medium[10]	15.9	15.5	17.5	76.7	78.3	78.1	15.9
Large.	27.2	26.6	29.5	77.0	77.5	77.5	27.2
Extra large[10]	7.0	6.5	8.7	72.8	73.2	73.7	7.0
Geographic region[7]							
Northeast	8.4	8.5	8.3	80.8	82.8	80.5	8.4
Midwest[9]	22.3	21.0	26.9	73.6	75.7	76.9	22.3
South[9]	26.9	25.4	32.4	73.8	75.3	76.1	26.9
West[9]	42.4	45.1	32.4	83.6	84.7	85.2	42.4
Location of agency							
Metropolitan statistical area	81.4	81.0	83.0	76.7	78.4	80.2	81.4
Nonmetropolitan statistical area	18.6	19.1	17.1	80.1	81.8	82.1	18.6

[1]Facilities licensed, registered, listed, certified, or otherwise regulated by a state, and having at least four beds, providing room and board with at least two meals, providing around-the-clock on-site supervision, serving an adult population, and offering help with personal care (e.g., bathing, dressing, or eating) or medication management. Personal care and health-related services may be directly provided by the facility or coordinated with outside parties. In-scope status was determined via the screener questionnaire.

[2]Weights are the inverse of facility selection probabilities.

[3]Numerator is the number of in-scope facilities that participated in the National Survey of Residential Care Facilities (NSRCF); denominator is all screened in-scope sampled facilities and facilities of unknown eligibility using AAPOR Response Rate I calculation.

[4]Numerator is the number of in-scope facilities that participated in NSRCF; denominator is all screened in-scope sampled facilities and facilities estimated to be in-scope based on an overall and variable-specific eligibility rate using AAPOR Response Rate III calculation.

[5]Numerator is the number of in-scope facilities that participated in NSRCF; denominator is all screened in-scope sampled facilities and facilities estimated to be in-scope based on an overall and variable-specific eligibility rate using AAPOR Response Rate III calculation. This rate is weighted by the probability of selection.

[6]Includes adjustment for probability of selection and adjustment for nonresponse.

[7]Chi-square test of association is significant ($p \geq 0.01$) between distribution in responding compared with nonresponding facilities in the indicated facility characteristic.

[8]All distributions are based on the bed size strata on the frame file.

[9]Post-hoc testing indicated that differences between responding and nonresponding facilities were significant at $p \geq 0.01$.

[10]Post-hoc testing indicated that differences between responding and nonresponding facilities were significant at $p \geq 0.05$.

NOTE: Percentages may not add to 100 due to rounding.

Table D. Nonresponding facilities, by primary reason for nonresponse

Nonresponse reason	Number	Percent distribution
All cases	660	100
Scheduling or time reasons	196	30
Chain or supervisor refusal	186	28
Not interested/Not if voluntary	107	16
Director always unavailable	57	9
Unable to appoint/reappoint case—other or no reason given	78	12
Other.	36	5

Higher cooperation was gained among small facilities and facilities in the Northeast and West. The effect of this differential response is minimized by using a nonresponse adjustment factor that takes into account size, region, and MSA status. These variables were chosen because they were deemed important for analysis and were also used as estimation strata. To evaluate the effect of nonresponse adjustments on selected survey estimates, the last column of Table C shows estimates weighted by the inverse of the probability of selection and adjusted for nonresponse. The adjustments reflected in the last column of Table C were applied to reduce bias in survey estimates.

Estimation Procedures

Because the statistics from NSRCF are based on a sample, they differ from the data that would have been obtained if a complete census had been taken using the same definitions, instructions, and procedures. However, the probability design of the NSRCF sample permits the calculation of estimates and sampling errors. The standard error of a statistic is primarily a measure of sampling variability that occurs by chance because only a sample, rather than the entire population, is surveyed. The standard error also reflects part of the variation that arises in the measurement process but does not include any systematic bias that may be in the data, or any other nonsampling error. The chances are about 95 in 100 that an estimate from the sample differs

by less than twice the standard error from the value that would be obtained from a complete census.

Standard errors can be calculated for facility and resident estimates by using any statistical software package, as long as clustering within facilities and other aspects of the complex sampling design are taken into account. Software products such as SAS (15), Stata (16), and SPSS (17) have these capabilities. Statistics presented in NCHS publications are computed using the linearized Taylor series method of approximation as applied in SUDAAN software (18), which produces standard error estimates for statistics from complex sample surveys. Both of the NSRCF public-use files (facility and resident) include design variables that designate each record's stratum marker and the first-stage unit (or cluster) to which the record belongs.

In the facility public-use file, the variable STRATUM indicates the sampling stratum for bed size group and region, and the facility indicated by the variable FACILID is the primary sampling unit. POPFAC represents the total number of facilities for calculating the finite population correction in a stratum. The survey weight is indicated by FACFNWT. The data dictionary for the facility public-use file has a "Technical Notes" section that provides an example of the syntax for using these design variables to describe the sampling design in SUDAAN. The NSRCF data dictionary for the facility public-use file is available from the NSRCF website: http://www.cdc.gov/nchs/nsrcf/nsrcf_questionnaires.htm.

The resident public-use file has two stages. The stratum in the first stage is indicated by the variable RSTRATUM, in which the primary sampling unit is the facility indicated by the variable FACID. The variable for total facilities needed to calculate the finite population correction at the first stage is RPOPFAC. In the second stage, the sampling unit is the resident indicated by the variable RESNUM. In the resident public-use file, the second stage is treated as if sampling was done with replacement. In SUDAAN, to treat the second stage as if sampling was with replacement, the variable POPRES is

used and has a value of –1. Many other statistical packages assume sampling with replacement if no variable for the total population at the second stage is provided. The variable for the survey weight is RESFNWT. The data dictionary for the resident public-use file has a "Technical Notes" section that provides an example of the syntax for using these design variables to describe the sampling design in SUDAAN. The NSRCF data dictionary for the resident public-use file is available from the NSRCF website: http://www.cdc.gov/nchs/nsrcf/nsrcf_questionnaires.htm. The resident sample represents residents living in residential care communities on any given day between March and November 2010.

Because NSRCF is a sample survey, data analyses must include survey weights to inflate the sample numbers to national estimates. The weight associated with each sampled facility and each sampled resident is constructed to account for the multistage sampling design. An estimator $\hat{X}$ for any given population total X can be expressed as a weighted sum over all sampled units, defined as

$$\hat{X} = \Sigma_u x(u)W(u)$$

where u represents a sampled unit, $x(u)$ is the characteristic or response of interest for unit u, and $W(u)$ is the final survey weight for sampled unit u. The final weight $W(u)$ for each sampled unit is the product of two components:

1. Inverse of the probability of selection.
2. Nonresponse adjustment.

The first component of the weight for each sampled unit (facility or resident) is the inverse of the unit's selection probability. For the current resident, the selection probability is the product of two selection probabilities: the probability of selecting the facility to the NSRCF sample and the probability of selecting the current resident within the sampled NSRCF facility. The inverse of the product of these probabilities is used for weighting.

The first component was corrected to account for duplicate listings of sampled facilities in the sampling frame

when duplicates were identified after the start of field work. To the extent that all duplicates of sampled facilities were identified, the corrected weights produce unbiased estimates (i.e., estimates that would be obtained if no facilities were duplicated in the sampling frame).

The second component for calculating the weight is adjustment for nonresponse. This adjustment is made for three types of nonresponse. The first two types are at the facility level, and the third is at the resident level. The first type occurs when in-scope facilities do not respond to NSRCF. In NSRCF, the second type occurs when an in-scope facility does not provide the number of current residents within the respective facility. The third type occurs when the facility does not provide information requested in the survey about the sampled resident.

Finally, the weights described above were smoothed within groups defined by census region, size, and MSA status if there were outlier sampling units whose survey weights were somewhat larger than those for the remaining sample in the same group. In smoothing, total estimates for each group were preserved.

Reliability of Survey Estimates

Estimates published by NCHS must meet reliability criteria based on the relative standard error (RSE or coefficient of variation) of the estimate and on the number of sampled records on which the estimate is based. RSE is a measure of variability and is calculated by dividing the standard error of an estimate by the estimate itself. The result is then converted to a percentage by multiplying by 100. Guidelines used by NCHS authors to determine whether estimates should be presented in tables of NCHS published data reports include:

- If the estimate is based on fewer than 30 sampled cases, the value of the estimate is not reported. This is usually indicated with an asterisk (*).
- If the estimate is based on 60 or more sampled cases and the RSE

is less than 30%, the estimate is reported and is considered reliable.

● All other reported estimates should not be assumed to be reliable. These include estimates with an RSE of 30% or more and estimates based on 30–59 cases, regardless of RSE.

Confidentiality

Participation in NCHS surveys is strictly voluntary and information collected on facilities and individuals is confidential. HIPAA allows health establishments to disclose protected health information without patient authorization for public health purposes and for research that has been approved by an institutional review board with a waiver of patient authorization. NCHS enforces strict procedures to prevent the disclosure of confidential data in survey operations and data dissemination. In accordance with NCHS' confidentiality mandate [Section 308(d) of the Public Health Service Act (42 U.S.C. 242m)], no information collected in NSRCF may be used for any purpose other than the purpose for which it was collected. Such information may not be published or released in any form if the individual or establishment is identifiable unless consent to do so has been obtained in writing from the sampled individual or establishment. The survey data were also collected in accordance with the requirements specified by the Confidential Information Protection and Statistical Efficiency Act of 2002. Because NSRCF does not involve collecting protected health information (e.g., personal identifiers such as name, Social Security number, birth date, or Medicare/Medicaid numbers), the survey is not subject to the Privacy Rule mandated by HIPAA. The NSRCF protocol was approved by the NCHS Research ERB. The information provided by the facilities sampled in NSRCF is used for statistical research and reporting purposes only.

Data Dissemination

The 2010 NSRCF data are available in public-use files from the NSRCF website: http://www.cdc.gov/nchs/nsrcf/ nsrcf_questionnaires.htm. Two NSRCF data files are being released: facility and resident (December 2011). A limited number of facility-level variables are provided on the resident file (i.e., facility size, chain status, type of ownership, and MSA, except for extra large facilities). Researchers who wish to link other facility-level data to the resident file will need to work through the NCHS Research Data Center (RDC). Some data items collected during the interview do not appear on the public-use file because they are restricted. Restricted variables include indirect identifiers, such as state, geographic region, specific numeric variables (e.g., total number of rooms or apartments, number of beds, number of residents with certain health conditions), detailed race/ethnicity, and other sensitive variables. These indirect identifiers could compromise the confidentiality of survey respondents. For other variables, response categories were collapsed, top coded, and bottom coded. A complete list of restricted NSRCF variables is available from: http://www.cdc.gov/rdc/B1dataType/ dt122.htm. RDC allows researchers under RDC supervision to access confidential statistical microdata files, including restricted variables or restricted data linkage products. Researchers must submit a proposal for review and approval prior to using the RDC. Additional information on the NCHS RDC, fees, and procedures for access to linked data files is available from: http://www.cdc.gov/rdc/. Questions about these data may be directed to the NCHS Office of Information Services, Information Dissemination Staff, at 1–800–232–4363 or NCHSquery@cdc.gov, or to the Long-term Care Statistics Branch at 301–458–4747.

Also available from http:// www.cdc.gov/nchs/nsrcf/nsrcf_ questionnaires.htm are NSRCF

questionnaires, data dictionaries, and survey methodology and documentation. The survey methodology and documentation overview—which is based on this methods report—briefly describes the survey, sampling design, sampling frame, scope of survey, data collection procedures, estimation procedures, and reliability of estimates.

References

1. National Center for Health Statistics. Current legislative authorities of the National Center for Health Statistics: Enacted as of November 1999. Hyattsville, MD. 2000. Available from: http://www.cdc.gov/nchs/data/misc/ legis99.pdf.

2. U.S. Department of Health and Human Services and U.S. Department of Labor. The future supply of long-term care workers in relation to the aging baby boom generation: Report to Congress. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation. 2003. Available from: http://aspe.hhs.gov/daltcp/reports/ ltcwork.htm.

3. Spillman BC, Black KJ. The size of the long-term care population in residential care: A review of estimates and methodology. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. 2005.

4. Weiner JM, Loft JD, Byron MZ, Greene AM, Flanigan T. Designing a National Survey of Residential Care Facilities: Final design options memo. Washington, DC: RTI International. 2006.

5. Hawes C, Phillips CD, Rose M. A national study of assisted living for the frail elderly: Final summary report. Prepared for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy. 2000.

6. Social and Statistical Systems, Inc. Task 9 assess results and produce summary report on list-building: Inventory of long-term care residential places. Prepared for the National Center for Health Statistics and the Agency for Health Care Research and Quality. Silver Spring, MD: Social and Statistical Systems. 2003.

7. Mollica RL, Jenkens R. State assisted living practices and options: A guide for state policy makers. Princeton, NJ: Robert Wood Johnson Foundation. 2002. Available from http://rwjf.org.

8. Spillman BC, Black KJ. The size and characteristics of the residential care population: Evidence from three national surveys. Prepared for U.S. Department of Health and Human Services. Washington, DC. The Urban Institute. 2006.

9. Mollica RL. Residential care and assisted living: State oversight practices and state information available to consumers. AHRQ Publication No. 06–M051–EF. Rockville, MD: Agency for Healthcare Research and Quality. 2006.

10. Mollica R, Sims-Kastelein K, O'Keeffe J. Residential care and assisted living compendium: 2007. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. 2007. Available from: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm.

11. Wiener JM, Lux L, Johnson R, Greene AM. National Survey of Residential Care Facilities sample frame construction and benchmarking report. Washington, DC: RTI International. 2010.

12. Polzer K. Assisted living state regulatory review 2009. Washington, DC: National Center for Assisted Living. 2009. Available from: http://www.ahcancal.org/ncal/resources/Documents/2009_reg_review.pdf.

13. Stevenson DG, Grabowski DC. Sizing up the market for assisted living. Health Aff 29(1):35–43. 2010.

14. Mollica R, Johnson-Lamarche H, O'Keeffe J. State Residential Care and Assisted Living Policy: 2004. Prepared for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy. Research Triangle Park, NC: RTI International. 2005.

15. SAS/STAT, release 9.1.3 [computer software]. Cary, NC: SAS Institute. 2003.

16. Stata, release 9 [computer software]. College Station, TX: StataCorp. 2005.

17. SPSS for Windows, release 15.0 [computer software]. Chicago, IL: SPSS. 2006.

18. SUDAAN, release 10.1 [computer software]. Research Triangle Park, NC: RTI International. 2008.

Appendix I. Acronyms Used in This Report

AAHSA	American Association of Homes and Services for the Aging
ADCF	Advance Data Collection Form
AHRQ	Agency for Healthcare Research and Quality
ALFA	Assisted Living Federation of America
ASHA	American Seniors Housing Association
ASPE	Office of the Assistant Secretary for Planning and Evaluation
CAPI	Computer Assisted Personal Interviewing
CDC	Centers for Disease Control and Prevention
CEAL	Center for Excellence in Assisted Living
ERB	Ethics Review Board
FAQ	Frequently Asked Questions
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
LTC	Long-term Care
MSA	Metropolitan Statistical Area
NCAL	National Center for Assisted Living
NCHS	National Center for Health Statistics
NHHCS	National Home and Hospice Care Survey
NNHS	National Nursing Home Survey
NSRCF	National Survey of Residential Care Facilities
PIW	Pre-Interview Worksheet
RDC	Research Data Center
RSE	Relative Standard Error
TAP	Technical Advisory Panel

Appendix II. NSRCF Technical Advisory Panel Members and Instrument Reviewers

Technical Advisory Panel Members

Dr. Joan Buchanan, Harvard Medical School

Dr. Brenda Cox, Battelle Memorial Institute

Dr. Joan Hyde, CEO, Ivy Hall Senior Living

Dr. Rosalie Kane, University of Minnesota School of Public Health

Mr. David Kyllo, National Center for Assisted Living, American Health Care Association

Dr. James Lepkowski, Institute for Social Research

Dr. Nancy Mathiowetz, University of Wisconsin

Dr. Robert Mollica, National Academy for State Health Policy

Dr. Sheryl Zimmerman, Program on Aging, Disability and Long-Term Care, University of North Carolina

Instrument Reviewers

In addition to government staff at ASPE, AHRQ, and NCHS, the following experts reviewed the survey data collection instruments.

Dr. Catherine Hawes, Department of Health Policy and Management, School of Rural Public Health, Texas A&M University

Dr. Rosalie Kane, University of Minnesota School of Public Health

Mr. David Kyllo, National Center for Assisted Living, American Health Care Association

Dr. Robert Mollica, National Academy for State Health Policy

Dr. Robert Newcomer, University of California, San Francisco

Dr. Janet O'Keeffe, RTI International

Dr. Sheryl Zimmerman, Program on Aging, Disability and Long-Term Care, University of North Carolina

Appendix III. Survey Domains for the National Survey of Residential Care Facilities

Survey Domains: Facility Level Data

Domain	Source of data	Proposed survey domains	Final survey domains
Background and Demographics of Administrator			
Position held	Facility Staff	✓	✓
Length of time on job	Facility Staff	✓	✓
Experience and training	Facility Staff	✓	✓
Race of administrator	Facility Staff	✓	✓
Gender of administrator	Facility Staff	✓	✓
Age of administrator	Facility Staff	✓	✓
Education of administrator	Facility Staff	✓	✓
Facility Characteristics			
How facility licensed	Facility Staff	✓	✓
Ownership (for profit/not for profit)	Facility Staff	✓	✓
Affiliation (chain or independent)	Facility Staff	✓	✓
Multi-level campus	Facility Staff	✓	✓
Length of time in operation	Facility Staff	✓	✓
Number of beds/residents	Facility Staff	✓	✓
Alzheimer's Special Care Unit	Facility Staff	✓	✓
Type of accommodations (e.g., private rooms, bathrooms)	Facility Staff	✓	✓
Charges and reimbursement rates (amount and what it covers)	Facility Staff	✓	✓
Participation in Medicaid	Facility Staff	✓	✓
Waiting lists	Facility Staff	✓	✓
Occupancy rates	Facility Staff	✓	✓
Resident turnover: admissions/discharges	Facility Staff	✓	✓
Type of staff (e.g., RNs, LPNs)	Facility Staff	✓	✓
Staffing levels	Facility Staff	✓	✓
Level of staff training	Facility Staff	✓	✓
Staff turnover	Facility Staff	✓	✓
Record keeping (types of data maintained)	Facility Staff	✓	✓

Survey Domains: Facility Level Data—Con.

Domain	Source of data	Proposed survey domains	Final survey domains
Age of residents served	Facility Staff	√	√
Facility Staff estimates of cognitive, functional and health status of residents	Facility Staff	√	√
Facility Policies/Services			
Types of services provided on site	Facility Staff	√	√
Types of services provided by outside staff	Facility Staff	√	√
Medication administration	Facility Staff	√	√
Use of restraints	Facility Staff	√	√
Admission policy (who admitted/excluded)	Facility Staff	√	√
Discharge policy (reasons for discharge)	Facility Staff	√	√
Linkage to health care system	Facility Staff	√	
Greatest problem	Facility Staff	√	

Survey Domains: Resident Level Data

Domain	Source of data			Proposed survey domains	Final survey domains
	Resident	Family	Staff[1]		
Demographics					
Age or date of birth	●	●	●	✓	✓
Race/ethnicity	●	●	●	✓	✓
Gender	●	●	●	✓	✓
Education	●	●		✓	✓
Marital Status	●	●	●	✓	✓
Income	●	●		✓	
Family/Social ties	●	●		✓	
Previous occupation	●	●		✓	
Resident Characteristics					
Prior Living Arrangements	●	●		✓	✓
Length of time in facility/date of admission	●	●	●	✓	✓
Reason for moving to a facility	●	●		✓	
Reason for choosing a residential care facility	●	●		✓	
Rate paid	●	●	●	✓	✓
Payment source(s) (private sources/Medicaid)	●	●	●	✓	✓
Insurance Status	●	●		✓	
Health Status and Physical Functioning					
Physical health/health conditions	●	●	●	✓	✓
Cognitive status	●	●	●	✓	✓
Health status	●	●	●	✓	✓
Hospital stays	●	●	●	✓	✓
Number of ER visits	●	●	●	✓	✓
Vaccinations (flu/pneumonia)	●			✓	✓
Physical functioning (ADL/IADL status)	●	●	●	✓	✓
Psycho-social well-being	●	●	●	✓	✓
Mental health status		●	●	✓	✓
Behavioral problems		●	●	✓	✓
Types of services used (on-site staff)	●		●	✓	✓

Survey Domains: Resident Level Data—Con.

Domain	Source of data			Proposed survey domains	Final survey domains
	Resident	Family	Staff[1]		
Types of services used (off-site staff)	●		●	√	
Autonomy and Choice					
Living arrangement (lives in private room; has a roommate; shared or private bath)	●	●	●	√	√
Activity involvement	●		●	√	√
Satisfaction					
Satisfaction with accommodations	●	●		√	
Satisfaction with staff	●	●		√	
Satisfaction with services received	●	●		√	

[1]Staff may need to consult facility records for some of the information in this list.

Appendix IV. Facesheet

CASE ID: [▾]   Or

Facility Name: [   ] [▾] Or

Facility City: [   ] [▾]

◉ Original Preloads ○ Facility & Director ○ Chain ○ Completed Mailouts ○ Appointment   [Proceed to form]

NSRCF FACESHEET
Original Preloads

CASEID:

FACILITY NAME	[ ]
FACILITY STREET ADDRESS	[ ]
FACILITY CITY	[ ]
FACILITY STATE	[ ]
FACILITY ZIPCODE	[ ]
FACILITY PHONE	[ ]
FACILITY STRATA	[ ]
FACILITY NUMBER OF BEDS	[ ]
FACILITY CONTACT NAME	[ ]
ADDITIONAL PHONE NUMBERS, IF ANY	[ ]
ADDITIONAL NOTES, IF ANY	[ ]

CASE ID: [▼]   Or

Facility Name: [   ] [▼] Or

Facility City: [   ] [▼]

○ Original Preloads ● Facility & Director ○ Chain ○ Completed Mailouts ○ Appointment   [Proceed to form]

FACILITY & DIRECTOR
CASEID:

RECRUITER: CONFIRM/COLLECT GREEN INFORMATION DURING THE ADVANCE PACKAGE CALL. RTI WILL SEND THE ADVANCE PACKAGE TO THE ADDRESSEE ON THIS SCREEN.

RECRUITER AND INTERVIEWER: REVIEW THE INFORMATION ON THIS SCREEN BEFORE CALLING, SCREENING, APPOINTING OR INTERVIEWING FACILITY. ANY UPDATES MADE IN THE SCREENER WILL BE REFLECTED ON THIS SCREEN IN 24 HOURS.

FACILITY NAME:	[ ]
FACILITY STRATA (PER PRELOAD):	[ ]
FACILITY NUMBER OF BEDS (PER PRELOAD):	[ ]
FACILITY STREET ADDRESS LINE 1*	[ ]
FACILITY CITY*	[ ]
FACILITY STATE*	[▼]
FACILITY ZIPCODE*	[ ]-[ ]
FACILITY PHONE	([ ])[ ]-[ ]

* IF FIELD IS UPDATED, CASE MUST RECEIVE PROJECT APPROVAL BEFORE PROCEEDING
FACILITY MAILING ADDRESS IF DIFFERENT FROM THE ABOVE

MAILING ADDRESS LINE 1	[ ]
MAILING ADDRESS LINE 2	[ ]
FACILITY CITY*	[ ]
FACILITY STATE*	[▼]
FACILITY ZIPCODE*	[ ]
MAILING ADDRESS (PER SCREENER)	[ ]

NAME OF DIRECTOR	[ ]
TITLE OF DIRECTOR	[ ]
EMAIL OF DIRECTOR (ENTER REFUSED OR NONE IF APPLICABLE)	[ ]
PHONE OF DIRECTOR	([ ])[ ]-[ ]
PHONE2 OF DIRECTOR	([ ])[ ]-[ ]

	NOTE THAT ACCORDING TO THE COMPLETED SCREENER, THIS RESIDENTIAL CARE FACILITY...
[ ]	INDEPENDENT LIVING, NURSING HOME, REHABILITATION OR HOSPITAL AT SAME LOCATION

[Save]

CASE ID: [▼]   Or

Facility Name: [   ] ▼ Or

Facility City: [   ] ▼

○ Original Preloads ○ Facility & Director ● Chain ○ Completed Mailouts ○ Appointment   [Proceed to form]

NSRCF FACESHEET	
CHAIN	
CASE ID: A0324	

IS THIS FACILITY IN A CHAIN	[ ]
CHAIN ID	[ ]
ORGANIZATION	[ ]
CONTACT NAME	[ ]
ADDRESS LINE 1	[ ]
ADDRESS LINE 2	[ ]
CITY	[ ]
STATE	[ ]
ZIP	[ ]
CONTACT PHONE	[ ]

CHAIN OUTREACH PACKAGE SENT PRIOR TO FIELD PERIOD

SENT ON	[ ]	[📅 ▼]

IF YOU WOULD LIKE THE CHAIN OUTREACH PACKAGE MAILED TO THE CHAIN, ENTER INFORMATION HERE:

ORGANIZATION	[ ]
CONTACT NAME	[ ]
CONTACT TITLE	[ ]
ADDRESS LINE 1	[ ]
ADDRESS LINE 2	[ ]
CITY	[ ]
STATE	[▼]
ZIP	[ ] - [ ]
CONTACT PHONE	([ ]) [ ] - [ ]
NOTES FROM SCIENTIFIC STAFF	[ ]

[Save]

CASE ID: [▾]   Or

Facility Name: [   ] [▾] Or

Facility City: [   ] [▾]

○ Original Preloads ○ Facility & Director ○ Chain ● Completed Mailouts ○ Appointment   [Proceed to form]

NSRCF FACESHEET
COMPLETED MAILOUTS
CASE ID:

DATE RTI SENT **ADVANCE PACKAGE**	[ ]	[▾]
ADVANCE PACKAGE TRACKING NUMBER	[ ]	
ADVANCE PACKAGE DELIVERED ON DATE	[ ]	[▾]
ADVANCE PACKAGE SIGNED FOR BY:	[ ]	

DATE RTI SENT **PREFIELD CHAIN OUTREACH PACKAGE**	[ ]	[▾]
CHAIN PACKAGE TRACKING NUMBER	[ ]	
PREFIELD CHAIN OUTREACH PACKAGE DELIVERED ON DATE	[ ]	[▾]
PREFIELD CHAIN OUTREACH PACKAGE SIGNED FOR BY:	[ ]	

DATE RTI SENT **CHAIN OUTREACH PACKAGE AT FI REQUEST:**	[ ]	[▾]
CHAIN OUTREACH PACKAGE AT FI REQUEST TRACKING NUMBER:	[ ]	
CHAIN OUTREACH PACKAGE FI REQUEST DELIVERED ON DATE:	[ ]	[▾]
CHAIN OUTREACH PACKAGE FI REQUEST SIGNED FOR BY:	[ ]	

DATE RTI SENT **PIW**	[ ]	[▾]
PIW TRACKING NUMBER	[ ]	
PIW DELIVERED ON DATE:	[ ]	[▾]
PIW SIGNED FOR BY:	[ ]	

DATE RTI SENT **"TROUBLE REACHING YOU"** LETTER:	[ ]	[▾]
DATE RTI SENT **"NO TIME LETTER"** LETTER:	[ ]	[▾]
DATE RTI SENT **"NOT INTERESTED/NOT IF VOLUNTARY"** LETTER:	[ ]	[▾]
DATE RTI SENT **"CANCELLED APPOINTMENT"** LETTER:	[ ]	[▾]

[Save]

CASE ID: [▼]   Or

Facility Name: [   ] ▼ Or

Facility City: [   ] ▼

○ Original Preloads ○ Facility & Director ○ Chain ○ Completed Mailouts ◉ Appointment   [Proceed to form]

NSRCF FACESHEET	
APPOINTMENT	
Event Calendar CASE ID:	

DAY OF WEEK	[▼]
DATE	[ ] [📅▼]
TIME	[ ] [ ]
PRESUMED FI	[▼]
CONFIRMED FI (TO BE ENTERED BY FS)	[ ]
WHO TO ASK FOR WHEN ARRIVE	[ ]
PARKING	[ ]
APPOINTMENT NOTES	[ ]
OTHER NOTES	[ ]
OBSERVER	[ ]
OBSERVER ORGANIZATION	[ ]
OBSERVER CELL PHONE	[ ]
NAME OF RESPONDENT TO FACILITY QUEX (PER SCREENER)	[ ]
NAME OF RESPONDENT TO FACILITY QUEX (IF NECESSARY TO UPDATE OUTSIDE OF SCREENER)	[ ]
NAME OF RESPONDENT TO SELECTION QUEX (PER SCREENER)	[ ]
NAME OF RESPONDENT TO SELECTION QUEX (IF NECESSARY TO UPDATE POST-SCREENER)	[ ]
NAME OF PERSON TO REMIND	[ ]
EMAIL OF PERSON TO REMIND	[ ]
PHONE OF PERSON TO REMIND	[ ]
PHONE2 OF PERSON TO REMIND	[ ]
NOTES ABOUT REMINDER CALL	[ ]

[Save]

[Delete Appointment]

Appendix V. NSRCF Letter of Support

aahsa
creating the future of aging services

American
Seniors
Housing
Association

ALFA
Assisted Living
Federation of America

ncal®
National Center for Assisted Living

Board & Care Quality
F O R U M
A Publication of Reisacher Petro & Associates

The National Survey of Residential Care Facilities (NSRCF) is the first ever federal study of residential care/assisted living communities designed to provide national information about these communities and their residents. In-person interviews will be conducted with directors and caregivers to provide information about services, staffing, and practices, and resident health, functional status, and payment sources. This information will help policy makers, health care planners, and residential care/assisted living providers better understand, plan for, and serve the future long-term care needs of the aging population. While data from this survey will be publicly available, all data will be confidential and aggregated, so that the names of the communities, respondents, and residents are not identifiable.

The study is being conducted by the National Center for Health Statistics (NCHS), an agency of the Centers for Disease Control and Prevention (CDC), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health and Human Services (DHHS).

National data collection will be conducted in early 2010 following a pretest in September and October of 2008. About 2,250 communities will be selected for the national survey and 75 communities for the pretest.

The following organizations encourage your participation in this national research initiative:

- American Association of Homes and Services for the Aging (AAHSA)
- American Seniors Housing Association (ASHA)
- Assisted Living Federation of America (ALFA)
- National Center for Assisted Living/American Health Care Association (NCAL/AHCA)
- Board and Care Quality Forum (BCQF)

Appendix VI. Provider Organizations That Supported NSRCF

CEAL Board of Directors and their organizations

- Karen Love, President
- David Kyllo, National Center for Assisted Living (NCAL)
- Stephen Maag, American Association for Homes and Services for the Aging (AAHSA)
- Rachelle Bernstecker, American Seniors Housing Association (ASHA)
- Maribeth Bersani, Assisted Living Federation of America (ALFA)

Board and Care Quality Forum

- Sally Reisacher-Petro

National Center for Assisted Living

- Karl Polzer

Appendix VII. Provider Organization Newsletter Articles on NSRCF

Data Collection For Federal Health Center Assisted Living Study Begins In April

The National Survey of Residential Care Facilities, a national study of assisted living and residential care communities, is scheduled to start the data collection phase in April 2010.

The National Center for Health Statistics (NCHS), within the Centers for Disease Control and Prevention, is conducting this new study to provide national estimates of these places and their residents, according to NCHS.

NCHS has contracted RTI International to collect information through in-person interviews about the characteristics of assisted living and residential care communities and the people who live there. NCHS reports that about 2,250 assisted living communities—representative of all U.S. regulated residential care and assisted living providers with four or more beds—will be interviewed for the study. Within each residence, a random sample of three to six residents will be selected depending on the number of beds. In-person interviews will be conducted with directors and caregivers, not with residents.

The information assisted living directors and caregivers provide will be held in the strictest of confidence, and only summary data will be made publicly available. All published information will be presented in such a way that no individual community, staff member, or resident can be identified. Results from this study will be presented separately by bed size (four–10 beds, 11–25 beds, 26–100 beds, and more than 100 beds). The information collected through this study will be invaluable for planning and organizing assisted living and residential care services in the future, and NCHS seeks your support in making this possible. By participating in this study, you can ensure that you and other similar assisted living and residential care places are well-represented in the study.

To learn more about this study, please visit the Web site at www.cdc.gov/nchs/nsrcf.htm.

Source: National Center for Assisted Living (NCAL)   Focus March 2010 Vol. 16 No. 3

First-Ever AL Study Launches Soon

The National Survey of Residential Care Facilities (NSRCF), the first-ever national study of assisted living and residential care communities is scheduled to start collecting data in April 2010. The National Center for Health Statistics (NCHS) is conducting this new study to provide national estimates of these places and their residents.

''ALFA has been at the table over the past several years helping to craft this survey,'' says Maribeth Bersani, ALFA's senior vice president, public policy. ''We encourage everyone to complete it. The results will help us provide elected officials with an accurate snapshot of assisted living and the residents served.''

In-person interviews will collect the information about the characteristics of assisted living and residential care communities and the people who live there. Approximately 2,250 communities—representative of all regulated residential care and assisted living providers with four or more units in the United States—will be interviewed for the study. Within each residence, a random sample of three to six residents will be selected depending on the number of units. In-person interviews will be conducted with directors and caregivers, not with residents.

The information provided will remain confidential; only summary data will be publicly available and all published information will be presented in such a way that no individual community, staff, or residents can be identified. Study results will be presented separately by number of units (4–10 units, 11–25 units, 26–100 units, and 100 units or more).

The data collected for this study will be invaluable for planning and organizing assisted living and residential care services in the future, and NCHS seeks your support in making this possible. By participating in this study, you can ensure that you and other similar assisted living communities and residential care places are well-represented in the study.

To learn more about this study, visit NSRCF online www.cdc.gov/nchs/nsrcf.htm.

Source: Assisted Living Federation of America (ALFA)   News: March 2010

Help With Data on Assisted Living and Residential Care

The National Center for Health Statistics has just launched the critical phase of the National Survey of Residential Care Facilities, the first-ever national study of assisted living/residential care. Approximately 3,600 communities throughout the United States have been randomly selected to participate in the study. By law, all data collected and released will be kept in strict confidence and used only for statistical purposes and no individual provider, staff or resident can be identified. The interviewing process will continue through October of this year. We strongly encourage your participation in this national survey, if you are contacted. Results from this study should be released in the first quarter of 2012. Contact: Steve Maag, (202) 508–9498.

Source: LeadingAge, formerly American Association of Homes and Services for the Aging (AAHSA)
         This Week | May 10, 2010

Appendix VIII. NSRCF Chain Package

- Exhibit A. NSRCF Pocket Folder
- Exhibit B. NCHS Letter to Chains
- Exhibit C. NCHS ERB Letter
- Exhibit D. NSRCF Brochure (available from: http://www.cdc.gov/nchs/data/nsrcf/nsrcf_brochure.pdf)
- Exhibit E. NCHS Confidentiality Brochure (update available from: http://www.cdc.gov/nchs/data/nhcs/strictly_confidential_2010.pdf)
- NSRCF Letter of Support (Appendix V)

Exhibit A. NSRCF Pocket Folder (front)
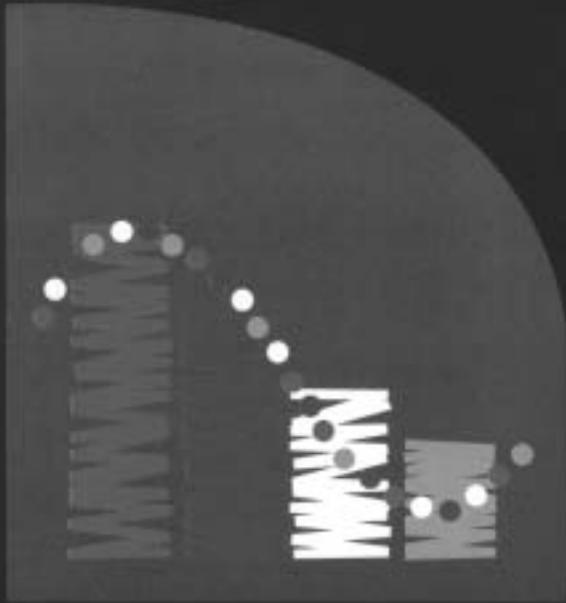
Exhibit A. NSRCF Pocket Folder (back)

National Survey of Residential Care Facilities

The National Survey of Residential Care Facilities is a new data collection effort by NCHS. To obtain additional information about this survey and other new surveys, visit the website:

www.cdc.gov/nchs/nhcs.htm

NCHS data are released in printed reports, CD-ROMs, diskettes, and through the NCHS home page.

For further information and to access NCHS products, visit the NCHS home page at www.cdc.gov/nchs/.

CS119182
T31422 (05-2008)

Exhibit B. NCHS Letter to Chains

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear_____:

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is conducting the National Survey of Residential Care Facilities (NSRCF). This first ever national study of assisted living communities will collect information about the characteristics of these residences and their residents. The NSRCF data will inform researchers, long-term care providers, planners, and policymakers about residential care, which is increasingly becoming an important part of the long-term care continuum in this country. The information that will be requested includes facility characteristics (size, ownership, staffing, services provided, and certification status) and resident characteristics (demographics, diagnoses, functional status, and services used).

This letter is to inform you that some of the communities in your organization may be invited to participate in the NSRCF. This study includes a randomly selected nationwide sample of assisted living facilities, each of which represents a number of similar facilities. Information will be collected primarily by personal interview with directors and staff members. A small sample of residents will be selected, for whom one or more staff members may be designated to answer questions. No resident will be contacted at any time.

Participation is voluntary; however, I want to emphasize that it is important that we obtain data from all sampled communities in order to achieve accurate and complete statistics that will represent all facilities. All information collected will be held in the strictest confidence according to Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). No resident names or social security numbers will be collected. The information that the staff of your communities provide will be used solely for statistical research and reporting purposes. The collected information will not be published or released in any form if the individual establishment is identifiable unless the individual or establishment has consented to such release.

I invite your communities to participate in this study. We need their help to make this national study a success. If you have any questions, please call an NSRCF representative at 1–800-334–8571 extension 2–6675. I greatly appreciate your cooperation.

Sincerely,

/Edward J. Sondik, Ph.D./
Director, National Center for Health Statistics

Exhibit C. NCHS ERB Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

January 5, 2010

From: Stephen Blumberg, Ph.D.
        Chair, NCHS Research ERB

        Anjani Chandra, Ph.D.
        Vice Chair, NCHS

Research ERB Continuation of Protocol #2008–03 National Survey of Residential Care Facilities

To: Manisha Sengupta, Ph.D.

The NCHS Research ERB reviewed the request for approval of Continuation of Protocol #2008–03 National Survey of Residential Care Facilities on 12/16/09. Continuation of Protocol #2008–03 is approved for the maximum allowable period of one year.

Of Note: The advance letter sent out under Dr. Sondik's name is considered a part of the approval and should be included in future continuation submissions.

IRB approval of protocol #2008–03 will expire on 01/16/11.

If it is necessary to continue the study beyond the expiration date, a request for continuation approval should be submitted about 6 weeks prior to 01/16/11.

There is no grace period beyond one year from the last approval date. In order to avoid lapses in approval of your research and the possible suspension of subject enrollment, please submit your continuation request at least six (6) weeks before the protocol's expiration date of 01/16/11. It is your responsibility to submit your research protocol for continuing review.

Any problems of a serious nature should be brought to the immediate attention of the Research ERB, and any proposed changes should be submitted for Research ERB approval before they are implemented.

Please submit "clean" copies of the revised protocol or consents and any other revised forms to this office for the official protocol file.

Please call or e-mail me or Verita Buie, Dr.P.H., if you have any questions.

/Stephen Blumberg, Ph.D. Chair,/
NCHS Research ERB

/Anjani Chandra, Ph.D./
Vice Chair, NCHS Research ERB

Exhibit D. NSRCF Brochure

SAFER · HEALTHIER · PEOPLE™

National Survey of Residential Care Facilities
National Health Care Surveys

CDC

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Exhibit D. NSRCF Brochure (page 2)

Introduction

The National Survey of Residential Care Facilities (NSRCF) is a first time national data collection effort to gather information about the characteristics of residential care facilities, including assisted living residences, board and care homes, congregate care, enriched housing programs, homes for the aged, personal care homes, and shared housing establishments.

Importance

The number of people in the United States who need long-term care is expected to increase to 27 million in 2050. Although assisted living and residential care is an important and growing segment of the long-term care industry, there is an information gap about these communities and their residents. This study will provide for the first time a national picture of assisted living and residential care communities, the characteristics of the people who live in them, and the range of services received by residents. These data will help characterize how residential care and assisted living communities meet the needs of elders and adults with disabilities and help shape future long-term care policies.

Residential care and assisted living

Residential care and assisted living residences are known by different names in different states. To be eligible for this study, a residential care or assisted living residence should:

- Offer help with personal care such as bathing and dressing, or health-related services such as medication;
- Provide room and board with at least two meals a day;
- Provide around-the-clock onsite supervision;
- Serve an adult population; and
- Be licensed, registered, listed, certified, or otherwise regulated by a state.

Exhibit D. NSRCF Brochure (page 3)

Residences licensed to serve exclusively persons with mental illness, mental retardation, or developmental disabilities are ineligible.

Interview content and process

The NSRCF interviews will be conducted by RTI International. During the interviews, information will be collected on:

- Facility characteristics, such as physical structure and environment; types of services offered; types of staff employed; and policies on admission, retention, and discharge
- Resident characteristics, such as demographics, involvement in inside and outside activities, use of services, charges for care, health status, and cognitive and physical functioning

Approximately 2,250 facilities—representative of all regulated residential care and assisted living providers with four or more beds in the United States—will be interviewed for the study. Within each residence, a random sample of three to six residents will be selected depending on the number of beds. In-person interviews will be conducted with directors and caregivers, not with residents. Results from this study will be presented separately by bed size (4–10 beds,11–25 beds, 26–100 beds, and 100 beds or more).

Confidentiality

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) is required by law to maintain the confidentiality of data it collects about facilities and persons. All data that you provide will be kept in strict confidence and will be used only for statistical purposes. All information, publications, and data files will be released in such a way that no individual provider, staff, or resident can be identified. Any NCHS staff, contractor, or agent who willfully discloses confidential information may be subject to a jail term or a $250,000 fine.

Exhibit D. NSRCF Brochure (page 4)

Intended uses of the data

NSRCF is designed to provide national-level data that can be used by providers, consumers, policymakers, and researchers to:

■ Describe assisted living and other residential care communities and services;

■ Describe functionality of residents; and

■ Examine service level differences by community size and geographical region.

NSRCF partners

NSRCF is an initiative of CDC's NCHS in collaboration with:

■ Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services (HHS)

■ Agency for Healthcare Research and Quality (AHRQ), HHS

■ CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), HHS

■ CDC's National Center for Immunization and Respiratory Diseases (NCIRD), HHS

■ U.S. Department of Veterans Affairs (VA)

NSRCF supporters

■ American Association of Homes and Services for the Aging (AAHSA)

■ American Seniors Housing Association (ASHA)

■ Assisted Living Federation of America (ALFA)

■ Board and Care Quality Forum

■ National Center for Assisted Living (NCAL)

To learn more about NSRCF call

301–458–4747, or

visit the NSRCF website:

http://www.cdc.gov/nchs/nsrcf.htm

CS205492B

Exhibit E. NCHS Confidentiality Brochure

Other safeguards for your privacy

- Any item that could be used, either directly or indirectly, to identify health care providers or their patients is removed from public-use data files. Names, addresses, dates of birth, dates of service, and location of the health care establishment are never released to the public.

- NCHS withholds statistical totals if they represent a location so small that the numbers might identify someone.

- Information security procedures, including use of coded passwords and physical security of computers, prevent unauthorized access to the data.

- No authority — not even law enforcement officials, the Internal Revenue Service, or the Immigration and Naturalization Service — may obtain identifiable information from NCHS without your permission. Your survey responses are also protected from the Freedom of Information Act as well as court subpoenas.

- All published summaries are presented in such a way that no respondent can be identified.

We believe that our procedures for safeguarding information and our record of protecting the privacy of respondents are reasons why so many providers readily participate and provide reliable, high quality information. As a result, ample representative and accurate statistical information on health care utilization is made available every year to the American public, health care providers, the U.S. government, and the research community.

For further information

NCHS data are released in printed reports, CD-ROMs, and on the NCHS website,

   http://www.cdc.gov/nchs/

                 or

For more information about how NCHS protects the information you provide, see:

   http://www.cdc.gov/nchs/about/policy/
   confidentiality.htm

or contact:

   Information Dissemination Staff
   3311 Toledo Road, Room 5412
   Hyattsville, MD 20782

For specific questions about how NCHS protects the information you provide, contact:

   Confidentiality Officer
   Peter Meyer
   3311 Toledo Road, Room 4113
   Hyattsville, MD 20782

   Telephone: (301) 458-4375
   E-mail: prm7@cdc.gov

CS207911
T35531 (11/2009)
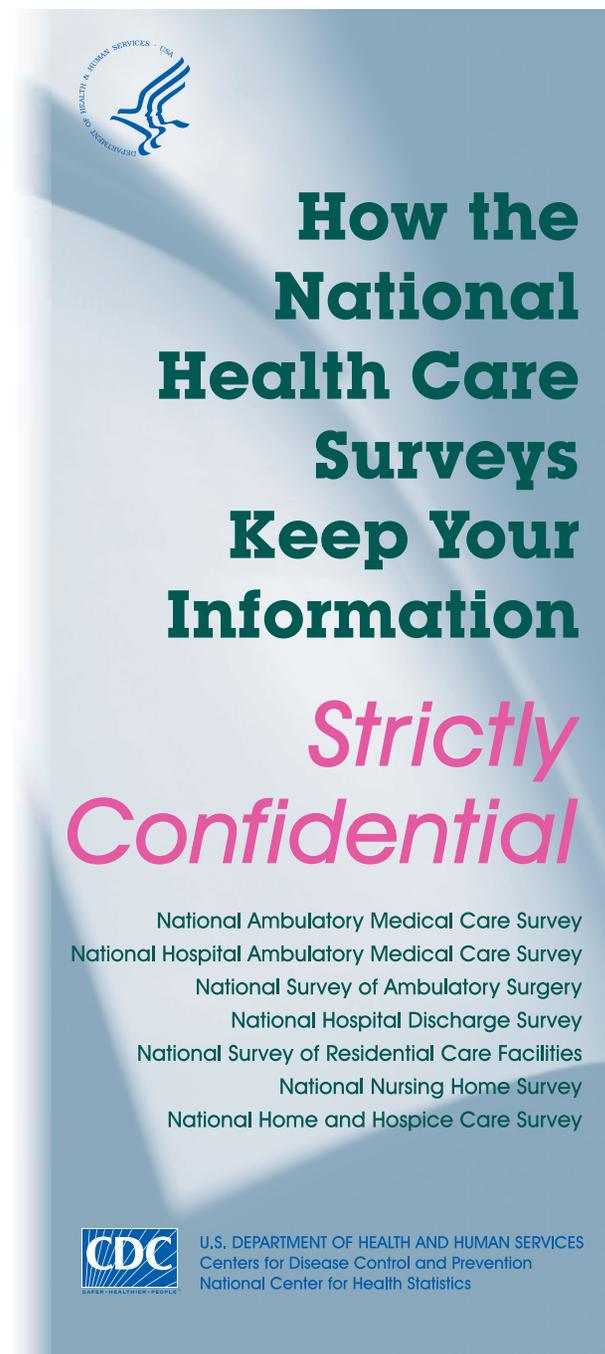
How the National Health Care Surveys Keep Your Information

Strictly Confidential

National Ambulatory Medical Care Survey
National Hospital Ambulatory Medical Care Survey
National Survey of Ambulatory Surgery
National Hospital Discharge Survey
National Survey of Residential Care Facilities
National Nursing Home Survey
National Home and Hospice Care Survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Protecting the public's privacy...*no idle pledge*

There is safety in numbers, especially our numbers!

The law . . .

Information collected in the National Health Care Survey (NHCS) is used for research and statistical purposes. No information that could identify a person or establishment can be released to anyone — including the President, Congress, or any court—without the consent of the provider.

The affidavit . . .

Anyone working for the National Center for Health Statistics (NCHS) **must** sign an affidavit — a legal document making them subject to the Privacy Act, the Public Health Service Act, and other laws.

The penalties . . .

Disclosures of confidential statistical information are considered a class E felony that is punishable by imprisonment for up to 5 years, a fine of $250,000, or both.

The record . . .

Since its first survey in 1957, **NCHS** has maintained an outstanding record in protecting the privacy of individuals and businesses participating in its surveys.

NCHS is well known for the high quality statistical information it provides. Maintaining that level of quality is not possible unless those who provide us with this information can be guaranteed confidentiality.

The confidentiality of records is of primary concern to NCHS. This principle is firmly grounded in federal laws, including the Privacy Act, the Public Health Service Act, the E-Government Act of 2002, and Title 18 of the United States Code. NCHS staff must sign a pledge to obey these laws and associated regulations to prevent disclosure of information, and they must follow strict procedures concerning data access, physical protection of records, avoidance of disclosure, and maintenance of confidentiality.

Unblemished record for maintaining privacy during data collection and processing

NCHS collaborates with other organizations (for example, the U.S. Census Bureau and private research companies) to collect and process data for NHCS. These groups have an impeccable record of protecting the privacy of survey respondents.

HIPAA Privacy Rule on health information and survey participation

The Health Insurance Portability and Account-ability Act (HIPAA) Privacy Rule permits you to make disclosures of protected health information without patient authorization for public health purposes and for research that has been approved by an institutional review board (IRB) with a waiver of patient authori-zaation. The NHCS meets both of these criteria. As part of the IRB approval process, reviews were conducted of the surveys' procedures for handling protected health information, and practices were determined to be appropriate for safeguarding respon-dent confidentiality. Additionally, disclosures may be made under a data-use agreement with NCHS for some surveys that do not collect directly identifiable data.

Copies of IRB approval letters and other related materials, such as data-use agree-ments, are available upon request for each component survey of the NHCS. There are several things that you must do to assure compliance with the Privacy Rule when participating in the survey. First, the privacy notice that you generally provide to your patients must indicate that patient informa-tion may be disclosed for either research or public health purposes. Second, you may need to keep a record of the disclosure that shows that some data from the patient's medical record were disclosed to CDC for NHCS (we will provide forms to assist you in record keeping). If you do not transmit health information electronically (such as claims data), you are not subject to the Privacy Rule or the requirements described above.

For additional information on the HIPAA Privacy Rule, see:

http://www.hhs.gov/ocr/hipaa

Appendix IX. Advance Package Call Script

ADVANCE PACKAGE CALL:

- OPEN FACESHEET.

- GO TO ORIGINAL PRELOADS TAB AND REVIEW DATA.

- GO TO FACILITY & DIRECTOR.

- PLACE CALL.

VERIFY INFORMATION:

- Hello my name is_____. I have some information that I would like to mail to the director of PRELOAD FACILITY NAME. (IF VERY LARGE, LARGE, OR MEDIUM: I would like to mail it to the director who pertains to assisted living. IF THEY SAY DON'T HAVE ASSISTED LIVING, SAY: Thank you for clarifying that for me, I will update our records. In that case, I would like to mail it to the director of PRELOAD FACILITY NAME.)

- I have the director's name as_____ SPELL IF NECESSARY. Is this correct?

- What is _ the name of the director? _____ VERIFY SPELLING.

- What is _ NAME OF DIRECTOR'S _____ title?

- The number I called is PRELOAD PHONE NUMBER. Is this the correct number to reach _ NAME OF DIRECTOR _____? IF THEY GIVE ANOTHER PHONE NUMBER, REPEAT IT TO VERIFY.

- What is _____'s e-mail address? SPELL ALOUD TO VERIFY.

- May we call NAME OF DIRECTOR on his/her work cell phone, and if so, what is that number?

- I have the name of this place as _____ SPELL IF NECESSARY. Is this correct?

- I have the address as _____. Is this correct? Is there a separate mailing address you would like to give me?

- Thank you. I will put this information in the mail and NAME OF DIRECTOR should receive it within 3 business days. Have a good day. Good bye.

FAQS:

- WHAT IS THIS (SHORT): This is a federally sponsored statistical study.

- WHAT IS THIS (LONG): I'm working on the National Survey of Residential Care Facilities, a study sponsored by the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics.

- WHAT IS THE NSRCF: The National Survey of Residential Care Facilities is the first national study of assisted living and residential care places and their residents.

- WHY ARE YOU CALLING: I would like to mail the director some materials and am calling to verify your mailing address.

IF DIRECTOR/KEY PERSON ASKS ABOUT CHAINS:

- We have a packet of information about the survey which we have sent to many of the national and regional chains. I would be happy to send this information to a person within your organization. GO TO CHAINS TAB. IF PACKAGE ALREADY MAILED: According to our records, we have sent information to a NAME at ORGANIZATION. Would you still like us to mail this information?

- To whom should we mail this information?

- Thank you. They will receive this packet within 3 business days. As I mentioned before, I do have some information about the study which I would like to mail to the director of this facility. PRELOAD FACILITY NAME. (IF VERY LARGE, LARGE, OR MEDIUM: I would like to mail it to the director who pertains to assisted living.) May I please verify **this** person's name and title?

IF PHONE IS ANSWERED BY VOICEMAIL:

- DO NOT LEAVE MESSAGE.

- MAKE A NOTE WHEN TO TRY AGAIN.

Appendix X. Advance Package to Facilities

The advance package to facilities is the same as the NSRCF package to chains except that it included the NCHS letter to facilities with FAQs on the back, instead of the NCHS letter to chains.

- NCHS Letter to Facilities
- NSRCF Pocket Folder (Appendix VIII, Exhibit A)
- NCHS ERB Letter (Appendix VIII, Exhibit C)
- NSRCF Brochure (Appendix VIII, Exhibit D)
- NCHS Confidentiality Brochure (Appendix VIII, Exhibit E)
- NSRCF Letter of Support (Appendix V)

NCHS Letter to Facilities

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear_____:

We are pleased to inform you that the first ever national study of assisted living and residential care will be conducted by The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). This study, the **National Survey of Residential Care Facilities** (NSRCF), will include a representative sample of over 2,000 residential care places throughout the United States.

The purpose of the study is to develop a comprehensive understanding of the characteristics of assisted living and residential care communities and the needs of the residents they serve. NSRCF has received support from these national organizations:

- American Association of Homes and Services for the Aging (AAHSA)
- American Seniors Housing Association (ASHA)
- Assisted Living Federation of America (ALFA)
- Board and Care Quality Forum, and
- National Center for Assisted Living (NCAL)

A representative of RTI International will contact you soon to arrange an appointment for a personal, on-site interview in the hopes that you will participate in this landmark study. Your participation in this national study is voluntary, but will assist greatly in helping further our nation's understanding of assisted living and the needs of people served in these communities.

Data collected by NSRCF is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code 242k). As required by federal law (section 308(d) of the Public Health Service Act in 42, U.S. Code, 242m(d) and the Confidential Information Protection and Statistical Efficiency Act Title 5 of PL 107–347), all information collected will be used only for statistical purposes and held in the strictest confidence. This study also conforms to the Privacy Rule as mandated by HIPAA, where disclosure of resident data is permitted for public health purposes. If you have any questions about your rights as a participant in this research study, call the Research Ethics Review Board at the National Center for Health Statistics toll-free at 1–800–223–8118.

If you would like to learn more about this study, please call (800) 334–8571 extension 2–5102. Leave a brief message with your name and phone number and say that you are calling about Protocol #2008–03. Your call will be returned as soon as possible.

Thank you in advance for your help with this important endeavor.

Sincerely,

/Edward J. Sondik, Ph.D./
Director, National Center for Health Statistics

National Survey of Residential Care Facilities (NSRCF)

Frequently Asked Questions

I'm asked to participate in studies all the time. What makes this one any different?

The NSRCF is a large national study that, because of its size and design, can provide information that is representative of all residential care facilities in the United States. The National Center for Health Statistics, the federal agency responsible for providing statistical information that will guide actions and policies to improve the health of the American people, developed this survey collaboratively with several other government agencies: Office of the Assistant Secretary for Planning and Evaluation (DHHS), Department of Veteran Affairs and Agency for Healthcare Research and Quality.

The survey is broadly supported by industry associations, including the American Association of Homes and Services for the Aging (AAHSA), the American Seniors Housing Association (ASHA), the Assisted Living Federation of America (ALFA), and the National Center for Assisted Living (NCAL) (see enclosed letter of support). For more information, visit http://www.cdc.gov/nchs/nsrcf.htm.

What other residential care facilities are you going to visit?

This is a random national sample and we do not release the names of these facilities to anyone. This is to protect individual facilities and the residents they serve.

Why can't some other facility take our place?

If you do not participate, the unique qualities of your facility will be lost. The survey will be used by Congress and decision makers who will formulate policy for the next decade. You represent other facilities like yours. If you don't participate, there is no guarantee that residential care facilities like yours will be adequately represented. We don't want industry decisions based on this survey to be made without all types of facilities, including those like yours, represented.

Will the data be held confidential?

The NSRCF is authorized by Congress in Section 306 of the Public Health Service Act (42 USC 242K). All information collected in this survey will be held in strict confidence according to law [Section 308(d) of the Public Health Service Act (42 United States Code 242m (d) and the Confidential Information Protection and Statistical Efficiency Act (PL 107–347)]. No information collected in this survey may be used for any purpose other than the purpose for which it was collected. Aside from NCHS employees, the only parties that can receive your personal information are: (1) NCHS contractor(s)— hired to conduct this survey, and (2) our designated agents—persons who work under the supervision and control of NCHS.

These parties, who will use your information for statistical research only and to carry out this survey, are bound by strong restrictions designed to guarantee your privacy. By law we cannot release information that could identify your facility or residents to anyone else without your consent. If any federal employee or contractor gives out confidential information not authorized by law, he or she can be fired, fined, and/or imprisoned.

My staff is incredibly overworked right now. I need to know how much of their time will be required for this survey. How long will this take?

We will need about an hour with you or someone you designate to answer questions about your facility. We will also collect information about a small sample of current residents that will take approximately 20 minutes for each person sampled. The interviewer will accommodate the schedules of your staff to complete these tasks as quickly as possible.

Appendix XI. Set an Appointment Call Script

- OPEN *FACESHEET* TO FACILITY & DIRECTOR AND REVIEW DATA.
- PLACE CALL.

SPEAKING TO RECEPTIONIST:

- Hello, my name is FIRST AND LAST NAME. May I please speak to NAME OF DIRECTOR regarding a FedEx package that was delivered to him/her a few days ago?
- Is there a better time for me to reach NAME OF DIRECTOR?
- Would you be able to transfer me to his/her voicemail?
- Is there a direct number I could call? COLLECT NUMBER. Thank you for your help.
- May we call NAME OF DIRECTOR on his/her work cell phone, and if so, what is that number?

SPEAKING TO DIRECTOR:

- Hello, my name is FIRST AND LAST NAME. I'm working on the National Survey of Residential Care Facilities, a study sponsored by the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics.
- Have you had a chance to review the material that was sent to you by FedEx a few days ago?

READ MATERIALS

- Do you have any questions about the materials you received?

DIDN'T READ MATERIALS

- Shall I describe the survey to you now, or would you like me to call back after you (and your supervisor/national office/etc) have reviewed the materials?

RESENDING MATERIALS (SEE MAILOUTS TAB)

- There was a package sent by FedEx on DATE (that was received on DATE OF RECEIPT and signed for by RECIPIENT). I can resend this if you would like.
- Let me verify that I have the correct address. READ FACILITY ADDRESS, CORRECT AS NEEDED. Is that correct?
- We'll send this within 2 business days. Thank you for your time. ARRANGE CALLBACK
- Would you like me to call back after you have reviewed the material or would you like me to describe the survey to you now?

DESCRIBE SURVEY

- The National Survey of Residential Care Facilities is the first national study of assisted living and residential care facilities and their residents. The purpose is to collect information about the characteristics of assisted living and residential care facilities, the services they offer, general information on staffing, resident demographics, resident health, and payment options from a nationally representative sample. A director is interviewed, but residents are not interviewed. The findings will provide critical input to national issues on residential care, which is an important component of the long-term care continuum in this country.

CHAINS (SEE CHAINS TAB)

- We have a packet of information about the survey which we have sent to many of the national and regional chains. I would be happy to send this information to a person within your organization. GO TO CHAINS TAB. IF PACKAGE ALREADY MAILED: According to our records, we have sent information to a NAME at ORGANIZATION. Would you still like us to mail this information?

- To whom should we mail this information?

- Thank you. He/she will receive this packet within 3 business days.

VOICEMAILS—GENERAL NUMBER

- This is a message for DIRECTOR NAME. I am calling regarding some materials that we sent to him/her by FedEx a few days ago. My name is NAME OF RECRUITER and my phone number is TOLL FREE NUMBER. I will call back at a more convenient time. Thank you.

- LIMIT TO 2 MESSAGES LEFT ON GENERAL VOICEMAIL UNLESS YOU ARE PLAYING PHONE TAG.

VOICEMAIL—DIRECTOR'S DIRECT NUMBER

- I am calling regarding the materials we sent to you by FedEx a few days ago for the National Survey of Residential Care Facilities, a study sponsored by the Centers for Disease Control and Prevention and the National Center for Health Statistics. My name is NAME OF RECRUITER and my phone number is TOLL FREE NUMBER. Please return my call, or I will call back at a more convenient time. Thank you.

- LIMIT TO 2 MESSAGES ON DIRECTOR'S LINE UNLESS YOU ARE PLAYING PHONE TAG.

E-MAIL MESSAGE

SUBJECT: NATIONAL SURVEY OF RESIDENTIAL CARE FACILITIES

Dear NAME OF DIRECTOR/ADMINISTRATOR, NAME OF FACILITY:

I am a RTI interviewer working on the National Survey of Residential Care Facilities, a federally-sponsored statistical project conducted for the Centers for Disease Control and Prevention (CDC). This first ever national study of residential care providers will collect information about the characteristics of these communities and their residents. Your community was randomly selected to participate. It is important that we obtain data from all sampled communities in order to achieve accurate and complete statistics representative of all residential care communities in the U.S.

I have tried unsuccessfully to reach you by telephone. I would like to answer any questions you may have and set an appointment for your interview. Can you please call me toll free at RECRUITER TOLL FREE #? Or, you can reply to this email if that is more convenient for you. I can email the study brochure and literature to you for review.

Many organizations and leaders in the long-term care community have expressed their support and join me in requesting your participation in this meaningful study. The letter from provider associations can be found at http://www.cdc.gov/nsrcf/data/2010NSCRFLetterofSupport.pdf.

For more information about the National Survey of Residential Care Facilities please visit http://www.cdc.gov/nchs/nsrcf.htm. For more information about other studies of long-term care, please visit http://www.cdc.gov/nchs/nhcs.htm.

Thank you,

/RECRUITER FIRST AND LAST NAME/
RECRUITER TOLL FREE NUMBER

COMPLETE THE SCREENER INSTRUMENT

CANNOT SET APPOINTMENT NOW

- Is there a good time to reach you/RESPONDENT regarding setting the appointment to conduct the interview? ARRANGE CALLBACK.

SET APPOINTMENT NOW

- TRY FOR 9:30 AM

- Would you be able to complete the interview on _____?

- What is a convenient time for you/RESPONDENT?

- Where should we come when we arrive?

- Who should we ask for when we arrive?

- Is there parking?

- The interviewer will show ID.

- I will send you/RESPONDENT an appointment package. It has the appointment date and time, name of your interviewer, and a short worksheet to complete prior to the interview. The worksheet has factual questions about the facility. Some answers require you to reference records. We send it in advance so you/RESPONDENT will have the opportunity to do this before the interview. This will reduce the interview time significantly.

- Should you have any questions or if you need to reschedule please call my supervisor FIRST NAME, LAST NAME, toll free, at NUMBER.

- Would you like her email address as well? PROVIDE EMAIL IF NEEDED.

- We will give a reminder call a few days before the interview. Is there a specific number or email you'd like us to use?

- **ASK OUTREACH QUESTION IN SCREENER.**

- Are there any questions I can answer for you?

- Thank you. Good bye.

Appendix XII. Frequently Asked Questions

WHO SPONSORS THIS STUDY?

➢ This is a federally-sponsored statistical survey.

➢ The government agency sponsors include the Centers for Disease Control and Prevention, the Assistant Secretary for Planning and Evaluation, and the Department of Veterans Affairs. I work for RTI International, a not-for-profit research institute located in North Carolina. RTI is the contractor conducting the interviews.

LETTERS OF SUPPORT RECEIVED FROM THE FOLLOWING ORGANIZATIONS

➢ National Center for Assisted Living

➢ American Association of Homes and Services for the Aging

➢ Assisted Living Federation of America

➢ American Seniors Housing Association

➢ Center for Excellence in Assisted Living

➢ Board and Care Quality Forum

DESCRIPTION OF STUDY

➢ The National Survey of Residential Care Facilities is the first national study of assisted living and residential care facilities and their residents. The purpose is to collect information about the characteristics of assisted living and residential care facilities, the services they offer, general information on staffing, resident demographics, resident health, and payment options, from a nationally representative sample. A director and/or his/her designee is interviewed, but residents are not interviewed.

WHY STUDY IS IMPORTANT

LONG-TERM CARE POLICY (LONG ANSWERS)

➢ Residential care and assisted living facilities are an increasingly important part of the long-term care system. According to some studies, there may be as many as 1.0 million Americans living in residential care facilities, compared to about 1.6 million living or receiving care in nursing homes. Despite the vital role of residential care facilities, the industry and government have little statistically accurate information about these facilities. This survey will help provide that information.

➢ With the aging of the population, long-term care is very important. Providers and government officials need to better understand the services that older people and younger persons with disabilities need. Currently there are no data on the broad range of residential care facilities providing services to these individuals. This survey will provide policy makers with the data needed to understand the role of residential care facilities in long-term care.

➢ With the advent of a new era of health care reforms, policy makers are revisiting issues related to long-term care. Your answers to the survey will help educate policymakers about residential care in general, and the differences between residential care and other types of long-term care.

LONG-TERM CARE POLICY (SHORT ANSWERS)

➢ The findings will provide critical input to national issues on residential care, which is an important component of the long-term care continuum in this country.

➢ This information will be used to help facility owners, operators, and health care planners understand and plan for the long-term care needs of the U.S. population. Results will be used to understand how facilities meet the needs of elders and adults with disabilities.

FIRST TIME COLLECTING THIS INFORMATION

➢ This is the first ever survey conducted by the federal government to collect this type of information on a scientific, unbiased sample of residential care facilities nationwide.

➢ Although information on nursing homes, home health agencies, and hospitals is routinely collected, there is very little national information on residential care and assisted living facilities. This survey will be the first nationally representative survey of residential care facilities and their residents.

YOUR COMMUNITY'S ANSWERS MATTER

➢ Participation in the survey will enable facilities like yours to be properly represented in the survey so that providers and policy makers have a better picture of what residential care facilities are like and of the residents they serve. This will be your opportunity to tell us about how things work in your facility.

➢ By participating in this survey, you can educate others about services you provide and challenges you face. This, in turn, will help policy makers and other interested parties make informed decisions on issues related to residential care facilities.

➢ It is important that your community's voice is included in this survey's findings. There is a critical need to know what is happening as of 2010 in long-term care places, such as yours, and the most reliable information comes from conducting interviews directly with the communities themselves.

➢ With the current economic challenges facing our country, it is important that all types of communities participate in the survey. This is an opportunity to have your community's experiences represented in what policymakers consider in planning for the future of long-term care.

➢ [PARTICULARLY FOR SMALL PROVIDERS] This study has purposely included small providers like you, because it is important that your experiences in providing for your residents be heard and understood by policymakers and others who plan for the long-term care needs of the country.

IS IT VOLUNTARY? IS IT REQUIRED?

➢ Your participation in this study is voluntary. However, your participation is needed to make this study a success. You represent not just your own facility, but also others that are of the same size as yours. If your facility does not participate, its unique qualities will be lost.

DON'T HAVE ENOUGH TIME

➢ We will work around your schedule. We understand if there are interruptions, we will wait while you attend to your scheduled and unscheduled responsibilities.

➢ From the interviews we have completed thus far, we know how busy facilities are. We will wait for you. The interviewer will remain as needed during the day of the interview and work around your schedule.

➢ The interview can be divided among different people, such as the director and resident care staff. That way, no one person is spending a long time.

HOW LONG WILL IT TAKE?

GENERAL TIMINGS:

➢ It depends on the size of your facility. We understand that everyone is very busy. We are very flexible and work around your schedule.
  – If your facility has fewer than 25 residents, about 2 ½ hours.
  – If your facility has between 26–100 residents, about 3 hours.
  – If your facility has more than 100 residents, about 3 ½ hours.

➢ We appreciate how busy facilities are. The interviewer will remain as needed and work around your schedule.

➢ The interview can be divided among different people such as the director and resident care staff. This will lessen the time for your staff.

TIMINGS PER QUESTIONNAIRE:

➢ Telephone screener questionnaire: 10 minutes
➢ Facility questionnaire: 75 minutes (1 hour, 15 minutes)
➢ Selecting a random sample of residents: 10 minutes
➢ Each Resident questionnaire: 20 minutes

WHY/HOW WAS THIS FACILITY SELECTED?

➢ Your facility was chosen using a random selection process based on your state's list of facilities that hold a license as residential care providers.

CAN YOU USE A DIFFERENT FACILITY INSTEAD?

➢ This facility was chosen using a scientific process and cannot be replaced. If this facility does not participate, its unique qualities will be lost and the data will overstate other facilities instead.

WHAT'S INVOLVED?

➢ The study requires an interviewer to visit your facility/place, to collect information about your facility/place and staff, and to collect service, health, and billing information about a sample of current residents. Residents will not be interviewed.

TYPES OF QUESTIONS IN QUESTIONNAIRES

➢ FACILITY
   – The facility questionnaire will ask about occupancy, policies, services, costs to residents, and staffing.
   – The facility questionnaire takes about an hour to complete.
➢ RESIDENT
   – The resident questionnaire will ask about the resident's living arrangements, health status, and costs. Each resident sampled takes about half an hour to complete. No residents are interviewed directly—we talk only with staff.
   – We will select [**FILL: 3, 4, or 6**] individual residents depending on how many residents you are licensed for. Once the residents are selected, we will need to speak to someone who is both available and familiar with each resident. This person can be the director, a caregiver, or someone else within the facility.

CONFIDENTIALITY

➢ (SHORT ANSWER) Confidentiality is ensured by federal law.
➢ All data you provide are kept confidential. Although I have to know the name of you and your facility for logistical purposes to set up the appointment, no names are included in the data, that is, not the facility name, your name, or the resident's names. All data will be analyzed in aggregate so your responses are never identified.
➢ Surveys conducted by the federal government typically have a high response rate because respondents are assured about the confidentiality of their data, and sincere efforts are made to reduce respondent burden, and provide accurate, high-quality data. NSRCF is authorized by Congress in Section 306 of the Public Health Service Act (42 USC 242K). All information collected in this survey will be held in strict confidence according to law [Section 308(d) of the Public Health Service Act (42 United States Code 242m(d) and the Confidential Information Protection and Statistical Efficiency Act (PL 107–347)]. Any government staff, contractor, or agent who willfully discloses confidential information may be subject to a jail term or a $250,000 fine.

APPROVALS FROM IRBs/OMB

➢ The project has received approval from these bodies: SPECIFY AS NEEDED:
   – 1. Office of Research Protection at RTI [RTI is the contractor to CDC] under Protocol #12526.
   – 2. The Research Ethics Review Board of the National Center for Health Statistics in the Centers for Disease Control and Prevention under Protocol #2008–03.
   – 3. The U.S. Office of Management and Budget (OMB) under control number 0920–0780, expiration date 12/31/2012.

CORPORATE CHAIN

➢ A letter and packet of information describing this survey has been sent to the corporate office of CHAIN NAME in CITY.
➢ Would you still like us to mail information to CONTACT NAME AT CHAIN?
➢ To whom should we mail this information?

FOR MORE INFORMATION

ABOUT THE STUDY

➢ Visit www.cdc.gov/nchs/nsrcf.htm.
➢ For an NSRCF Representative call (800) 334–8571 ext 2–5102.

ABOUT RIGHTS AS A RESEARCH PARTICIPANT (OR IRB INFORMATION)

➢ You can call RTI's Office of Research Protection at 919–316–3358 or toll free at 1–866–214–2043.
➢ You can reach the Research Ethics Review Board at the National Center for Health Statistics toll-free at 1–800–223–8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #2008–03.

WHY SHOULD I DO THIS/WHAT'S IN IT FOR ME/MY FACILITY?

LONG VERSION:

➢ Although it's true there ***are*** no immediate tangible benefits to you/your facility for taking this survey, your participation is a way to help society and other facilities to benefit. Society and other facilities like yours will benefit if U.S. policymakers have a better understanding of residential care. Right now, there are no accurate statistics on how many older adults and younger adults with disabilities live in residential care, the types of services they typically receive, and the costs of these services. Understanding these issues will help policymakers to plan for ways to care for the increasing numbers of older persons in the U.S.

SHORT VERSION:

➢ Although it's true there ***are*** no immediate tangible benefits for taking this survey, we hope you will take the survey as a way to help society and other facilities like yours benefit. Right now, there are no accurate statistics on how many adults need and receive residential care. Society will benefit if policymakers understand these issues and can plan for these needs.

CONFIDENTIALITY— RESIDENTS

➢ The project was specifically designed to **not collect** Personally Identifiable Information (PII) about residents. We do not collect Medicare numbers, social security numbers or any other personal identifiers.
➢ We will ask you to show us a list of your residents, then we will count them. The computer will randomly select 3, 4, or 6 residents depending on the number of licensed beds you have, then we will ask questions about them. We do not ever ask for or record names of residents—we refer to them by initials or however you like—and we do not leave the facility with the resident list. We do not ask any information which could identify the residents.

IF RECEIVED ADVANCE PACKAGE:

The brochure in your package, entitled "How the National Health Care Surveys Keep Your Data Confidential" describes the technical procedures which are used to keep your survey answers confidential.

Appendix XIII. NSRCF Screener Questionnaire

Question number	Screener question item	Code categories	Facility asked	Skip pattern
S_I_ STATEMENT_ A	I would like to verify some information we have about [*SAMPLED FACILITY*]. The questions I have right now should take just a few minutes. Your facility was chosen by a random selection process to represent residential care facilities like yours. All information you provide will be held in strict confidence and only will be used for statistical purposes. All published information will be presented in such a way that no individual facility, staff, or residents can be identified. Your participation is voluntary and there are no penalties for not participating in the survey; however, data from your facility are necessary to accurately portray residential care facilities.	1 CONTINUE	All facilities	
S_1	Our records show that this facility is currently licensed, registered, or certified in [STATE] as a [LICENSURE CATEGORY]. Is this correct?	1 YES 2 NO		Single licensure facilities
S_1_MULT	Our records show that this facility has multiple [*licenses/ registrations/certifications*] in [*STATE*] as a [*LICENSE CATEGORIES*]. Is this correct?	1 YES 2 NO		Multiple licensure facilities
S_1A	Is this facility licensed as... READ THIS STATE'S LICENSE CATEGORIES TO RESPONDENT... IF NONE OF THE LISTED CATEGORIES APPLY TO THE FACILITY, SELECT 'NONE OF THE ABOVE'	SPECIFY		S_1 = 2 or S_1_MULT = 2
S_2	Does this residential care facility have 4 or more licensed, registered, or certified beds?	1 YES 2 NO	All sampled facilities	
S_4	Does this facility exclusively serve adults with mental retardation or a developmental disability, such as Down syndrome or autism?	1 YES 2 NO 3 SERVES BOTH MR/DD AND SEVERELY MENTALLY ILL EXCLUSIVELY	All sampled facilities	
S_5	Does this facility exclusively serve adults with severe mental illness, such as schizophrenia or psychosis? Please do not include Alzheimer's disease or other dementias.	1 YES 2 NO 3 SERVES BOTH MR/DD AND SEVERELY MENTALLY ILL EXCLUSIVELY		S_4 = 2
S_6	Does this facility provide or arrange for a personal care aide, RN, or LPN to be located in the same building, in an attached building or next door, or on the same campus 24 hours a day, 7 days a week, to meet any resident needs that may arise? These needs can be met by the director or assistant director, if they provide personal care or nursing services to residents.	1 YES 2 NO 3 PROVIDED ON AN AS NEEDED BASIS	All sampled facilities	
S_7	Does this facility offer help with activities of daily living, such as help with bathing, either directly or arranged through an outside vendor?	1 YES 2 NO	All sampled facilities	

Question number	Screener question item	Code categories	Facility asked	Skip pattern
S_8	Does this facility offer assistance with the administration of medications, give reminders, or provide central storage of medications?	1 YES 2 NO	All sampled facilities	
S_9	Does this facility offer at least 2 meals a day to residents?	1 YES 2 NO	All sampled facilities	
S_10	Is there at least one resident living at this residential care facility?	1 0 RESIDENTS 2 AT LEAST ONE RESIDENT	All sampled facilities	
S_11	Are any of the following types of places on this same property or at this same location? By at the same location, I mean this campus or address, not necessarily the same building. You may select all that apply. Independent living or independent apartments Nursing home Rehabilitation subacute or postacute care unit in a nursing home Hospital	1 INDEPENDENT LIVING OR INDEPENDENT APARTMENTS 2 NURSING HOME 3 REHABILITATION SUBACUTE OR POSTACUTE CARE UNIT IN A NURSING HOME 4 HOSPITAL 5 NONE OF THE ABOVE	All eligible facilities	
S_12	Does this facility have a designated Alzheimer's or dementia special care unit that is part of the nursing home?	1 YES 2 NO		S_11 = 2 or 3
S_13	Is this a continuing care retirement community, that is, a community that offers multiple levels of care such as independent living, residential care, and skilled nursing care, and gives residents the opportunity to remain in the same community as their needs change?	1 YES 2 NO		S_11 = 1 and (S_11 = 2 or 3)
S_16	Based on your responses, your facility is eligible to participate in our study. I would like to set up an appointment for an in person interview. The questions about [SAMPLED FACILITY], which will take about an hour, should be completed by someone who is familiar with the operations of the facility, usually the administrator or director of the facility. In [SAMPLED FACILITY] is that you or someone else?	1 THE RESPONDENT 2 SOMEONE ELSE 3 DON'T KNOW YET	All eligible facilities	
S_16_OTH	Can you please give me his or her name?	SPECIFY NAME		S_16 = 2
S_17	Then we collect data about three to six residents, depending on the size of your facility. These take about 20 minutes per resident. We do not interview residents directly, rather we interview the staff person most familiar with the resident and the resident's records. Will that be someone else on your staff, or will you do that (as well)? ADD IF NECESSARY: You do not need to decide now.	1 THE RESPONDENT 2 SOMEONE ELSE ON THE STAFF 3 DON'T KNOW YET	All eligible facilities	
S_17_OTH	Can you please give me his or her name?	SPECIFY NAME		S_17 = 1 or 2
S_18a	Let me verify that I have the correct name and address for your facility. Is the correct name of your facility [NAME OF SAMPLED FACILITY]?	1 YES 2 NO	All eligible facilities	
S_18a_NAME	Please tell me the correct name of your facility.	SPECIFY NAME		S_18a = 2
S_18b	Is your facility located at: [STREET ADDRESS OF SAMPLED FACILITY]?	1 YES 2 NO	All eligible facilities	
S_18B_ADD	Please tell me the correct street address of your facility.	SPECIFY		S_18b = 2
S_18B_CITY	What is the city?	SPECIFY		S_18b = 2

Question number	Screener question item	Code categories	Facility asked	Skip pattern
S_18B_STATE	What is the state?	SPECIFY		S_18b = 2
S_18B_Zip	What is the zip code?	SPECIFY		S_18b = 2
S_18C	Is this also your mailing address?	1 YES 2 NO	All eligible facilities	
S_18C_MAIL	Please tell me the correct mailing address of your facility.	STREET ADDRESS CITY STATE ZIP		S_18C = 2
S_RESP_ NAME	Let me verify the spelling of the name of [*RESPONDENT NAME]*	SPECIFY	All eligible facilities	
S_END	CONTINUE WITH SETTING THE APPOINTMENT ON THE FACESHEET	1 CONTINUE	All eligible facilities	
S_OUTREACH	Before you received the package about this study, had you heard about this study through newsletters or other information provided by national organizations that support it, such as American Association of Homes and Services for the Aging (AAHSA), American Seniors Housing Association (ASHA), Assisted Living Federation of America (ALFA), National Center for Assisted Living (NCAL), or Board and Care Quality Forum?	1 YES 2 NO	All sampled facilities	
S_ELIG_1	INTERVIEWER: READ A CLOSING STATEMENT AS APPROPRIATE. (Are there any questions I can answer for you?) (IF APPOINTMENT WAS SET: We look forward to seeing you.) (Thank you. Good bye.)	1 CONTINUE	All eligible facilities	
S_ELIG_2	Thank you very much for answering these questions. Unfortunately, this facility does not qualify for our study which is focused on facilities that are in some way regulated by the State and provide a broader array of residential care services. I appreciate your time today.		All ineligible facilities	

Appendix XIV. Pre-Interview Worksheet

2010 National Survey of Residential Care Facilities

Pre-Interview Worksheet
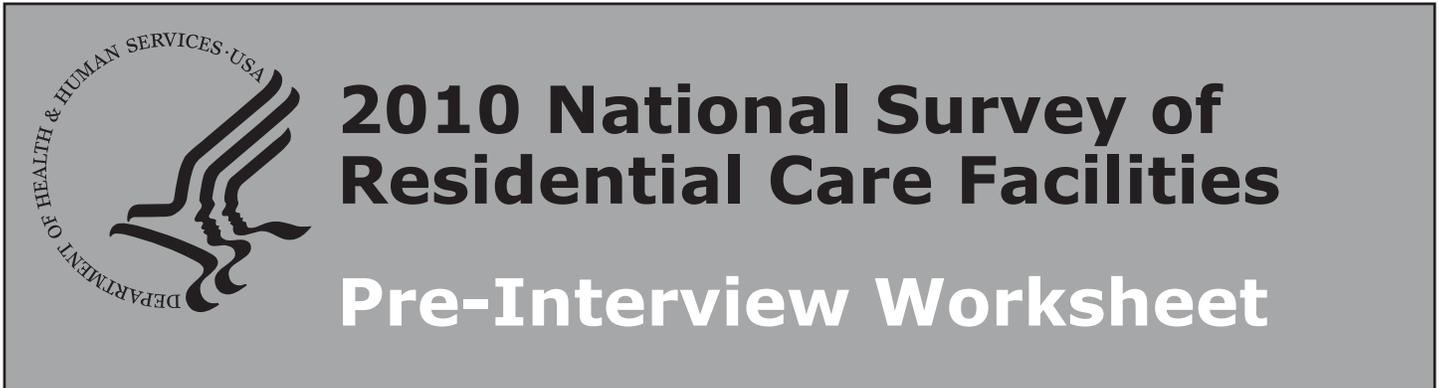
Dear {NAME OF DIRECTOR} at {NAME OF FACILITY}

Thank you for agreeing to participate in the 2010 National Survey of Residential Care Facilities. The date and time of your interview and your interviewer's name are:

{Appointment date}
{Time}
{Interviewer's name}
For reschedules, call:
Supervisor: {Supervisor's name} at the Toll Free Number: 1–877–XXX–XXXX

Please fill out this worksheet prior to the interview. It should take about 15 minutes to complete.
It contains some of the questions that will be asked during the interview. You may need to consult facility records to answer some questions. Completing this worksheet in advance will result in a shorter on-site interview.

If you do not have information for particular items, skip those questions; your interviewer will address them during the on-site interview.

Also before the interview, **prepare a complete list of current residents of your residential care facility as of midnight before this interview date.** Your interviewer will use this list to randomly select a few residents about whom you will be asked to provide some information.

If you have questions while completing this worksheet or questions about preparing the current resident list call Sara Zuckerbraun at: 1–800–334–8571 Ext 2–5206.

Sincerely,

/Angela M. Greene/
Project Director, RTI International

Information regarding Office of Management and Budget (OMB) approval,
reporting burden and data confidentiality is on the back cover.

INSTRUCTIONS

If you need help answering any question, refer to facility records or request assistance from other staff.

The accuracy of your answers is important to this survey.

Residential care facilities are places that:

- Are licensed, registered, listed, certified or otherwise regulated by the state;

- Provide two meals a day; around-the-clock on-site supervision; help with personal care, such as bathing and dressing; or health related services such as medication management; and

- Include, for example, assisted living, adult care homes, personal care homes, and community-based facilities.

If your facility is part of a campus that includes **other types of care,** such as a nursing home, rehabilitation center, hospital, or independent living/apartments, **exclude** these components in the answers you provide. **Provide answers only for the residential care portion of the campus.**

A Facility

A1. At this facility, what is the number of licensed, registered, or certified residential care beds? Include both occupied and unoccupied beds.

☐☐☐ **BEDS**

A2. At this facility, what is the number of licensed, registered, or certified residential care rooms or apartments, where residents live? Exclude rooms within apartments.

☐☐☐ **ROOMS OR APARTMENTS**

A3. What is the current number of residents living at this residential care facility?

☐☐☐ **RESIDENTS**

B Facility Rooms and Apartments

These next questions are about the residents' living quarters.

B1. How many rooms in this facility are

NUMBER OF ROOMS

☐☐☐ Rooms designed for one person?

☐☐☐ Rooms designed for two persons?

☐☐☐ Rooms designed for three or more persons?

B. Facility Rooms and Apartments (continued)

B2. How many apartments in this facility are

NUMBER OF APARTMENTS

[ ] Studio apartments?

[ ] 1-bedroom apartments?

[ ] 2-bedroom apartments?

[ ] 3-bedroom apartments?

C   Source of Payment

C1. During the last 30 days, how many of the residents had **some or all** of their long-term care services paid by Medicaid?

[ ] **RESIDENTS WITH MEDICAID**

D   Waiting Lists

D1. Does this facility currently have anyone who is on a waiting list to be admitted to this facility as soon as a place becomes available?

☐ YES ➡ **GO TO QUESTION D2**

☐ NO ➡ **SKIP TO E. RESIDENT TURNOVER**

D2. What is the current number of people waiting to be admitted to this facility as soon as a place becomes available?

[ ] **NUMBER ON WAITING LIST**

D3. What is the average length of time that prospective residents are waiting to be admitted to this facility?

Please respond as convenient, using months, days, or a combination of months and days.

[ ] **MONTHS** [ ] **DAYS**

E   Resident Turnover

E1. How many residents moved into this facility over the past 12 months?

Exclude someone returning from a hospital stay if this facility held the bed for the resident.

Count each couple as 2 residents. Residents should be counted only once.

[ ] **RESIDENTS MOVED IN**

E2. In the last 12 months, how many residents died?

[ ] **RESIDENTS DIED**

E3. Over the last 12 months, how many residents moved out of this facility?

Exclude someone who has moved out if the facility is currently holding a bed for the resident.

Exclude deaths.

[ ] **RESIDENTS MOVED OUT**

↓

IF "0", SKIP TO F. STAFFING

E4. Where did the residents go after they moved out?

NUMBER OF RESIDENTS

[ ] Hospital

[ ] Nursing home

[ ] Other residential care facility

[ ] Private residence

[ ] Some other place

E. Resident Turnover (continued)

E5. 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?

RESIDENTS LEFT DUE TO COST OF CARE

F Staffing

F1. During the last 7 days (or last work week), how many total hours were worked by the following paid staff?

Include all staff that provide **direct care to residents, including full-time and part-time employees, and contract, temporary, and agency workers.** Count hours for each staff person only once based on their primary job title.

Direct care refers to time spent meeting the needs of individual residents, such as helping them walk to dinner, helping them dress, or providing them with assistance with medications.

**NUMBER OF
HOURS
WORKED**

Registered Nurses (RNs)

Licensed Practical Nurses (LPNs) or Licensed Vocational Nurses (LVNs)

Personal care aides, including certified nursing assistants (CNAs), and medication technicians

Activities director or Activities staff

Administrators, directors, assistant administrators, or assistant directors. Note: Include time meeting the needs of residents but exclude the time spent on the overall management of the facility.

For these next questions, **exclude contract, temporary, or agency workers.** Please count each employee only once based upon their primary responsibilities.

F2. As of today, how many of the following full-time and part-time persons are currently employed by this facility?

**NUMBER
CURRENTLY
EMPLOYED**

Administrators, directors, assistant administrators or assistant directors

Registered Nurses

Licensed Practical Nurses or Licensed Vocational Nurses

Personal care aides, including certified nursing assistants, and medication technicians

F3. During the past 12 months, how many of the following full-time and part-time employees have resigned or been terminated from residential care?

**NUMBER
RESIGNED OR
TERMINATED**

Administrators, directors, assistant administrators or assistant directors

Registered Nurses

Licensed Practical Nurses or Licensed Vocational Nurses

Personal care aides, including certified nursing assistants, and medication technicians

G   Resident Demographics

G1. How many residents are of Hispanic, Latino, or Spanish origin or descent?

[   ]   **NUMBER OF RESIDENTS**

G2. How many residents are

NUMBER OF RESIDENTS

[   ]   Male?

[   ]   Female?

G3. How many residents are in the following age categories?

NUMBER OF RESIDENTS

[   ]   17 and under

[   ]   18–54

[   ]   55–64

[   ]   65–74

[   ]   75–84

[   ]   Age 85 and over

G4. How many residents are

NUMBER OF RESIDENTS

[   ]   White or Caucasian?

[   ]   Black or African American?

[   ]   Asian?

[   ]   Native Hawaiian or other Pacific Islander?

[   ]   American Indian or Alaska Native?

H   Dementia / Alzheimer's Unit

H1. Does this residential care facility have a distinct unit, wing, or floor that is designated as a dementia or Alzheimer's special care unit?

□ YES ➡ **GO TO QUESTION H2**

□ NO   ➡ **SKIP TO NEXT PAGE SECTION J. FACILITY CHARGES.**

H2. In the dementia/Alzheimer's special care unit, what is the number of licensed beds?

[   ]   **NUMBER OF LICENSED BEDS**

H3. What is the current number of residents living in the dementia/Alzheimer's unit?

[   ]   **NUMBER OF RESIDENTS**

I Facility Charges

The next questions are about the **average monthly base rate** for rent and the services.

IF NO APARTMENTS, SKIP TO QUESTION I2.

I1. What is the average monthly **base rate** for a single individual living in a . . .

(If **two related people** are living in the same apartment, compute the average as if only one person lived in the apartment.)

$		Studio apartment for a non-Alzheimer's unit?

$		Studio apartment for an Alzheimer's unit?

$		1-bedroom apartment for non-Alzheimer's unit?

$		1-bedroom apartment for an Alzheimer's unit?

$		2-bedroom apartment for a non-Alzheimer's unit?

$		2-bedroom apartment for an Alzheimer's unit?

$		3-bedroom apartment for non-Alzheimer's unit?

$		3-bedroom apartment for an Alzheimer's unit?

I2. What is the average monthly **base rate** for a single individual living in a ...

IF NO ROOMS, SKIP TO END.

$		Room designed for one person for a non-Alzheimer's unit?

$		Room designed for one person for an Alzheimer's unit?

$		Room designed for two persons for a non-Alzheimer's unit?

$		Room designed for two persons for an Alzheimer's unit?

$		Room designed for three or more persons for a non-Alzheimer's unit?

$		Room designed for three or more persons for an Alzheimer's unit?

J Facility Charges

The next questions are about the **average monthly base rate** for rent and the services.

IF NO APARTMENTS, SKIP TO QUESTION J2.

J1. What is the average monthly **base rate** for a single individual living in a . . .

(If **two related people** are living in the same apartment, compute the average as if only one person lived in the apartment.)

$	Studio apartment?
$	1-bedroom apartment?
$	2-bedroom apartment?
$	3-bedroom apartment?

IF NO ROOMS, SKIP TO END.

J2. What is the average monthly **base rate** for a single individual living in a . . .

$	Room designed for one person?
$	Room designed for two persons?
$	Room designed for three or more persons?

END

Thank you for completing this worksheet. Please retain this document to refer to during the in-person interview.

Also, please remember to prepare a list of current residents of your residential care facility as of midnight before the interview date.

Appendix XV. Interviewer Reminder Call Script

REMINDER CALL

- OPEN ***FACESHEET.***

- GO TO FACILITY & DIRECTOR TAB AND REVIEW DATA.

- GO TO APPOINTMENT TAB AND REVIEW DATA.

- PLACE CALL TO PRIMARY PERSON TO REMIND.

SPEAKING TO RECEPTIONIST

- Hello, this is FIRST AND LAST NAME OF INTERVIEWER. May I please speak with
  _____?

- Could you transfer me to his/her voicemail?

CONFIRMING WITH PRIMARY PERSON

- I'm calling to confirm my appointment with you and your staff at APPOINTMENT DAY OF WEEK, APPOINTMENT DATE, APPOINTMENT TIME for the National Survey of Residential Care Facilities.

- Address

- Meeting location

- Parking

- Security/ID arrangements

- Anything else to be on lookout for

- Do you have any other questions I can answer before my visit on APPOINTMENT DATE?

- Thank you. I look forward to meeting you. If you have any questions, do not hesitate to call me at INTERVIEWER'S HOME NUMBER/SUPERVISOR'S TOLL-FREE NUMBER.

REMIND OF PIW AND LIST

- Did you receive the appointment package our office sent to you? It includes a letter, a worksheet, and an NSRCF pen. I would like to ask you, if you have the time, to complete that worksheet before the interview. I know your time is valuable, so if you can find the time to complete the worksheet beforehand when it works with your schedule, this will more than make up for itself because the in-person interview will be much faster and smoother. Also please print a list of current residents (FOR CCRCs and MULTILEVELS: If you have many components of your facility, the list should be restricted to current residents of the residential care portion, often known as assisted living. It should not include independent apartments, nursing home, rehabilitation, or other components you may have on your campus in the residential care portion) as of midnight before the time interview.

- IF RESPONDENT ASKS WHAT IS ON THE WORKSHEET: It is numerical data about your facility; for example, numbers and types of staff, admissions, discharges, prices. The list of current residents is used to select a random sample of residents.

- Thank you. I look forward to meeting you. If you have any questions, do not hesitate to call me at INTERVIEWER'S TOLL-FREE NUMBER/INTERVIEWER'S HOME NUMBER.

IF RESPONDENT HAVING TROUBLE PROVIDING DATA REQUESTED ON PIW

- Yes, some of the questions ask for a lot of data. Many facilities are like yours and do not routinely collect this type of data. It's okay to fill in whatever information you have.

- We'll input your answers during the site-visit. On any question, you can always pause the interview to look up the information, ask a colleague for the information, or skip the question.

RESCHEDULE

- I'm sorry that that time doesn't work for you. Let's reschedule to a better time.

VOICEMAIL MESSAGES

- APPROPRIATE FOR PRIMARY PERSON'S DIRECT NUMBER. Hello, this if FIRST AND LAST NAME OF INTERVIEWERS. I'm calling to confirm my appointment with you (and your staff) at APPOINTMENT TIME on APPOINTMENT DATE for the National Survey of Residential Care Facilities. If you have not already done so, please complete the short worksheet we sent and prepare a list of current residents as of midnight before the interview. If you have any changes or questions, please call me at INTERVIEWER'S HOME NUMBER _____.
  Thank you.

- APPROPRIATE FOR FACILITY GENERAL NUMBER. Hello, this is FIRST LAST NAME OF INTERVIEWER. I'm calling to confirm my appointment with _____ at APPOINTMENT DAY OF WEEK, APPOINTMENT DATE, APPOINTMENT TIME for the National Survey of Residential Care Facilities. If _____ needs to reach me regarding this appointment, please call me at INTERVIEWER HOME NUMBER. Otherwise, I look forward to meeting her/him and his/her staff on APPOINTMENT DATE.

- Our office sent appointment materials to _____. We hope that he/she will have the opportunity to complete the worksheet and print the list prior to my arrival. This will make the appointment proceed more quickly.

Again, if you have any questions or changes please call me at INTERVIEWER HOME NUMBER. Thank you.

E-MAIL MESSAGE

- Dear PRIMARY PERSON. This e-mail is to confirm my appointment with you (and your staff) at APPOINTMENT TIME on APPOINTMENT DATE for the National Survey of Residential Care Facilities. If you have not already done so, please complete the short worksheet we sent and prepare a list of current residents as of midnight before the interview. If you have any changes or questions, please call me at home number _____. I look forward to seeing you on APPOINTMENT DATE. Thank you. FIRST AND LAST NAME OF INTERVIEWER.

Appendix XVI. Appointment Reschedule Call Script

RESCHEDULE CALL

- OPEN *FACESHEET.*

- GO TO FACILITY & DIRECTOR TAB AND REVIEW DATA.

- GO TO APPOINTMENT TAB AND REVIEW DATA.

- PLACE CALL TO PRIMARY PERSON TO REMIND.

SPEAKING TO RECEPTIONIST

- Hello, this is FIRST AND LAST NAME OF INTERVIEWER. May I please speak with _____ regarding a change to the appointment we made for DATE/TIME. We will not be able to come then and need to reschedule for another time.

- Could you transfer me to his/her voicemail?

- Is there a better time for me to reach _____? ARRANGE CALL BACK.

- Thank you very much for your time.

SPEAKING TO PRIMARY PERSON

- Hello, this is NAME OF INTERVIEWER. I apologize, but we will not be able to keep the appointment to conduct your interview on DATE.

- Would you be available on DATE instead? SET TIME BASED ON YOUR AVAILABILITY AND DIRECTOR'S PREFERENCES.

- Thank you.

IF THERE **WILL** BE TIME LATER TO MAKE THE REMINDER CALL

- A few days before your interview I will call to remind you of this appointment.

IF THERE **WILL NOT** BE TIME LATER TO MAKE THE REMINDER CALL, CONDUCT IT **NOW**

- Confirm address

- Meeting location

- Parking

- Security/ID arrangements

- Anything else to be on lookout for

- We will FedEx you an appointment package. It includes a letter and a short worksheet for you to complete before the interview. The worksheet has factual questions about the facility. Some answers require you to reference records. We send it in advance so you/RESPONDENT will have the opportunity to do this before the interview. This will reduce the interview significantly.

- Also, please print a list of current residents as of midnight before the interview.

- FOR LARGE AND VERY LARGE FACILITIES: If you have many components of your facility, the list should be restricted to current residents of the residential care portion, often known as assisted living. It should not include independent apartments, nursing home, rehabilitation, or other components you may have on your campus.

- Do you have any other questions I can answer before my visit on APPOINTMENT DATE?

THANK YOU

- Thank you. I look forward to meeting you on _____.

- If you have any questions, do not hesitate to call me at INTERVIEWER'S TOLL FREE NUMBER/ INTERVIEWER'S HOME NUMBER.

Appendix XVII. NCHS Thank You Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Thank You

I want to personally thank you for participating in the National Survey of Residential Care Facilities and for assisting the RTI International field representative who conducted the survey in your community. It is only through the cooperation of directors like you that we are able to conduct such a study to produce for the first time, important national data about assisted living communities and the care they provide. The findings will be an invaluable source of information for health care professionals, the long-term care industry, and the general public.

Again, I appreciate the time and effort you have given in support of this study.

Sincerely,

/Edward J. Sondik, Ph.D./
Director, National Center for Health Statistics

Appendix XVIII. NSRCF Facility Questionnaire

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A1_ Intro1	This survey is about the characteristics of residential care facilities and the individuals who live in them. Residential care facilities are known by many names, so just to be clear I would like to read a definition that we are using to describe a residential care facility that we have provided on this card. HAND R SHOWCARD 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 a predominantly adult population. Facilities licensed to <u>exclusively</u> serve the severely mentally ill or the developmentally disabled populations are excluded.	1 CONTINUE	All facilities	
F_A1_ Intro2	We are interviewing [*SAMPLED FACILITY*] because it is currently licensed as a [LICENSURE CATEGORY], which is a type of residential care facility. READ IF MULTI-LEVEL FACILITY [When you answer the questions, please answer only about the residential care <u>component</u> of this facility.]	1 CONTINUE	All facilities	
F_A1	This is the first of many questions included in the Pre-interview Worksheet that we mailed to your facility. If you have that form available it would be helpful to reference that now. At this facility, what is the number of licensed, registered, or certified residential care beds? Include both occupied and unoccupied beds.	0–995 BEDS	All facilities	
F_A1_ CONFIRM	Does your facility have less than four beds?	1 YES 2 NO		F_A1 = 0–3
F_A1_ ABORT	I am sorry but your facility is not eligible for this study. Thank you for your time.	1 CONTINUE		F_A1_CONFIRM = 1
F_A2	At this facility, what is the number of licensed, registered or certified residential care rooms or apartments, where residents live? Exclude rooms within apartments.	1–995	All facilities	
F_S14	Is this facility owned by a chain, group, or multi-facility system? INTERVIEWER, EXPLAIN IF NECESSARY: A chain means more than one facility under common ownership or management. This may include facilities within-state or across multiple states.	1 YES 2 NO	All facilities	
F_S15	What is the type of ownership of this facility? Private, for profit Private Nonprofit State, county, or local government	1 Private, for profit 2 Private Nonprofit 3 State, county, or local government	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_S3a	Does this residential care facility only serve adults with dementia or Alzheimer's disease?	1 YES 2 NO	All facilities	
F_A3	What is the current number of residents living at this residential care facility?	1–995	All facilities	
F_ANEW1	HAND R SHOWCARD The next questions are about the residents' living quarters (in the residential care component) at this facility. Which of these types of living quarters does your facility offer to residents? Any others? SELECT ALL THAT APPLY	1 ROOM DESIGNED FOR ONE PERSON 2 ROOM DESIGNED FOR TWO PERSONS 3 ROOM DESIGNED FOR THREE OR MORE PERSONS 4 STUDIO APARTMENT 5 ONE BEDROOM APARTMENT 6 TWO BEDROOM APARTMENT 7 THREE BEDROOM APARTMENT	All facilities	
F_ANEW2 Intro	I'll now ask about the rooms (at/in the residential care portion of) this facility.	1 CONTINUE		F_ANEW1 = 1–3
F_ANEW2a	How many rooms in this facility are designed for one person?	1–995		F_ANEW1 = 1
F_ANEW2b	How many rooms in this facility are designed for two persons?	1–995		F_ANEW1 = 2
F_ANEW2c	How many rooms in this facility are designed for three or more persons?	1–995		F_ANEW1 = 3
F_ANEW3a	HAND R SHOWCARD (Does this room/do any rooms) contain any of these features? Which ones? SELECT ALL THAT APPLY	1 MICROWAVE 2 COOK TOP OR HOT PLATE 3 OVEN 4 REFRIGERATOR 5 KITCHEN SINK 6 NONE OF THE ABOVE		F_ANEW1 = 1–3
F_ANEW3b	Do all or only some of the rooms have a microwave?	1 All 2 Some		F_ANEW 3a = 1 and Σ of F_ANEW2a–2c ≠ 1
F_ANEW3b1	How many?	1–995		F_ANEW3b = 2
F_ANEW3c	Do all or only some of the rooms have a cook top or hot plate?	1 All 2 Some		F_ANEW3a = 2 and Σ of NEW2a–2c ≠ 1
F_ANEW3c1	How many?	1–995		F_ANEW3 c = 2
F_ANEW3d	Do all or only some of the rooms have an oven?	1 All 2 Some		F_ANEW3a = 3 and Σ of F_ANEW2a–2c ≠ 1
F_ANEW3d1	How many?	1–995		F_ANEW3d = 2
F_ANEW3e	Do all or only some of the rooms have a refrigerator?	1 All 2 Some		F_ANEW3a = 4 and Σ of F_ANEW2 a–2c ≠ 1
F_ANEW3e1	How many?	1–995		F_ANEW3e = 2
F_ANEW3f	Do all or only some of the rooms have a sink in the kitchen area?	1 All 2 Some		F_ANEW3a = 5 and Σ of F_ANEW2a–2c ≠ 1
F_ANEW3f1	How many?	1–995		F_ANEW3f = 2
F_A7rev	How many rooms have a door to the hallway that can be locked from the inside: All, some, or none?	1 All 2 Some 3 None		F_ANEW1 = 1–3
F_A7rev1	How many?	1–995		F_ANEWF_A7rev = 2

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A7_within rev	How many rooms have a bathroom located within the room or between rooms: All, some, or none?	1 All 2 Some 3 None		F_ANEW1 = 1–3
F_A7_within rev1	How many?	1–995		F_A7withinrev = 2
F_A7arev	How many rooms have a full bathroom including a toilet, sink, and shower or tub located within the room or between rooms: All, some, or none?	1 All 2 Some 3 None		F_A7_withinrev = 1–2
F_A7arev1	How many?	1–995		F_A7a rev = 2
F_A7brev	How many rooms have a half-bath including a sink and toilet located within the room or between rooms: All, some, or none?	1 All 2 Some 3 None		F_A7a = 2–3
F_A7brev1	How many?	1–995		F_A7b rev = 2
F_ANEW4 Intro	The next questions are about this facility's apartments.	1 CONTINUE		F_ANEW1 = 4–7
F_ANEW4a	How many studio apartments are there?	1–995		F_ANEW1 = 4
F_ANEW4b	How many one bedroom apartments are there?	1–995		F_ANEW1 = 5
F_ANEW4c	How many two bedroom apartments are there?	1–995		F_ANEW1 = 6
F_ANEW4d	How many three bedroom apartments are there?	1–995		F_ANEW1 = 7
F_ANEW5a	HAND R SHOWCARD (Does this apartment/do any apartments) contain any of these features? Which ones? SELECT ALL THAT APPLY	1 MICROWAVE 2 COOK TOP OR HOT PLATE 3 OVEN 4 REFRIGERATOR 5 KITCHEN SINK 6 NONE OF THE ABOVE		F_ANEW1 = 4–7
F_ANEW5b	Do all or only some of the apartments have a microwave? NOTE: APARTMENT IS CONSIDERED TO HAVE A MICROWAVE EVEN IF MICROWAVE CANNOT BE PLUGGED IN/HAS BEEN DISABLED FOR THE RESIDENT'S SAFETY.	1 All 2 Some		F_ANEW5a = 1 and Σ of F_ANEW4a–4d ≠ 1
F_ANEW5b1	How many?	1–995		F_ANEW5b = 2
F_ANEW5c	Do all or only some of the apartments have a cooktop or hot plate?	1 All 2 Some		F_ANEW5a = 2 and Σ of F_ANEW4a–4d ≠ 1
F_ANEW5c1	How many?	1–995		F_ANEW5c = 2
F_ANEW5d	Do all or only some of the apartments have an oven?	1 All 2 Some		F_ANEW5a = 3 and Σ of F_ANEW4a–4d ≠ 1
F_ANEW5d1	How many?	1–995		F_ANEW5d = 2
F_ANEW5e	Do all or only some of the apartments have a refrigerator?	1 All 2 Some		F_ANEW5a = 4 and Σ of F_ANEW4a–4d ≠ 1
F_ANEW5e1	How many?	1–995		F_ANEW5e = 2
F_ANEW5f	Do all or only some of the apartments have a sink in the kitchen area?	1 All 2 Some		F_ANEW5a = 5 and Σ of F_ANEW4a–4d ≠ 1
F_ANEW5f1	How many?	1–995		F_ANEW5f = 2
F_A7rev_apt	How many apartments have a door to the hallway that can be locked from the inside: All, some, or none?	1 All 2 Some 3 None		F_ANEW1 = 4–7

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A7rev1_apt	How many?	1–995		F_A7rev_apt = 2
F_A7_withinrev_apt	How many apartments have a bathroom located within the apartment or between apartments: All, some, or none?	1 All 2 Some 3 None		F_ANEW1 = 4–7
F_A7_withinrev1_apt	How many?	1–995		F_A7_withinrev_apt = 2
F_A7arev_apt	How many apartments have a <u>full</u> bathroom <u>including</u> a toilet, sink, and shower or tub located within the apartment or between apartments: All, some or none?	1 All 2 Some 3 None		F_A7_withinrev_apt = 1–2
F_A7arev1_apt	How many?	1–995		F_A7arev_apt = 2
F_A7b_apt	How many apartments have a <u>half-bath</u> <u>including</u> a sink and toilet located within the apartment or between apartments: All, some, or none?	1 All 2 Some 3 None		F_A7_withinrev_apt = 1–2
F_A7b1_apt	How many?	1–995		F_A7b_apt = 2
F_A8	Does the facility have a common kitchen area that any resident can use?	1 YES 2 NO	All facilities	
F_A9	How many of the *[NUMBER]* residents live with a spouse or other relative? For example, if there is one couple who lives together, you would report that two residents live with a spouse or relative.	0–995	All facilities	
F_A10	READ RESPONSES IF NECESSARY. What is the total number of years this facility has been (in operation/operating as a residential care facility)?	1 LESS THAN 5 YEARS 2 5 TO 9 YEARS 3 10 TO 19 YEARS 4 20 OR MORE YEARS	All facilities	
F_A11	Was *[SAMPLED FACILITY]* purposely built as a residential care facility?	1 YES 2 NO	All facilities	
F_A12a	(In the <u>residential care</u> portion of this facility,) how many resident (rooms/apartments) have... smoke detectors? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12b	(In the <u>residential care</u> portion of this facility,) how many common areas have... smoke detectors? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12c	(In the <u>residential care</u> portion of this facility,) how many resident (rooms/apartments) have... a sprinkler system? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A12d	(In the residential care portion of this facility,) how many common areas have... a sprinkler system? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12e	(In the residential care portion of this facility,) how many hallways have supported or grab rails on one or both sides? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12f	(In the residential care portion of this facility,) how many common areas have widened hallways or doorways that can accommodate wheelchairs? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12g	(In the residential care portion of this facility,) how many (rooms/apartments) have an emergency call or personal response system? This may include emergency devices worn by residents. Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12h	(In the residential care portion of this facility,) how many (rooms/apartments) are... wheelchair accessible? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12i	(In the residential care portion of this facility,) how many bathrooms have enough space for a wheelchair to enter, about 3 ft, and turn around, about 5ft x 5ft? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A12j	(In the residential care portion of this facility,) how many bathrooms have grab bars in the shower or tub area? Would you say...? All Some None	1 All 2 Some 3 None	All facilities	
F_A15	During the past 90 days, did this residential care facility provide any short-term respite care?	1 YES 2 NO	All facilities	
F_A16	Does this facility provide adult day health or adult day care services to non-residents?	1 YES 2 NO	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A17	Does this facility currently serve any persons with developmental disabilities such as mental retardation, autism, or Down syndrome?	1 YES 2 NO	All facilities	
F_A18	Does this facility currently serve any persons with severe mental illness such as schizophrenia and psychosis? Please do not include Alzheimer's disease or other dementias.	1 YES 2 NO	All facilities	
F_A18a	HAND R SHOWCARD Please look at this card. We would now like to ask you about how the facility manages risky behavior by residents. By risky behavior, we mean when residents do things that staff think pose a risk to their health and safety—such as refusing to take prescribed medications, not using a walker when their balance is poor, or not complying with prescribed diets. Some facilities use a formal written document called a managed risk agreement or a formal negotiated risk agreement, which documents the risky behavior, discussions with the resident about the behavior, alternatives to the behavior presented by staff, and agreements reached between the facility and the resident about the behavior. Some facilities also use these documents as liability waivers for harm resulting from risky behavior. This document is different from a Plan of Care or a Resident Agreement. Does this facility develop a formal negotiated risk agreement with any of the residents?	1 YES 2 NO	All facilities	
F_A18b	Instead of a formal negotiated risk agreement, does this facility address risky behaviors in some other formal written document?	1 YES 2 NO		F_A18a = 2
F_A19_Intro	The next questions ask about items residents are allowed to bring when they move into this facility.	1 CONTINUE	All facilities	
F_A19	What types of personal items or furniture may residents bring? Large furniture such as a couch, bed, or dining room table. Small furniture such as a desk, bookcase, chair, lamp, or small table. Personal items such as pictures, bed linens, or wall decorations. CODE ALL THAT APPLY	1 Large furniture such as a couch, bed, or dining room table. 2 Small furniture such as a desk, bookcase, chair, lamp, or small table. 3 Personal items such as pictures, bed linens, or wall decorations. 4 NONE OF THE ABOVE	All facilities	
F_A20	Does the facility provide a common pet such as a cat, dog, or bird?	1 YES 2 NO	All facilities	
F_A20a	Are residents ever allowed to have a personal pet such as a cat, dog, or bird that lives at the facility?	1 YES 2 NO	All facilities	
F_A21	Is there space at this facility for residents to park their car?	1 YES 2 NO	All facilities	
F_A22_Intro	The next questions ask about resident source of payment.	1 CONTINUE	All facilities	
F_A22	Is this residential care facility certified or registered to participate in Medicaid?	1 YES 2 NO	All facilities	
F_A23	During the last 30 days, how many of the residents had some or all of their long-term care services paid by Medicaid?	0–995		F_A22 = 1
F_A24	Does this facility currently have anyone who is on a waiting list to be admitted to this facility as soon as a place becomes available?	1 YES 2 NO	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A25	What is the current number of people waiting to be admitted to this facility as soon as a place becomes available?	1–500		F_A24 = 1
F_A26	What is the average length of time that prospective residents are waiting to be admitted to this facility? Please respond in months and/or days.	MONTHS DAYS		F_A24 = 1
F_A27_Intro	The next questions ask about resident admission and discharge.	1 CONTINUE	All facilities	
F_A27	How many residents moved into this facility over the past 12 months? Please count each couple as 2 residents. Also, do not include someone returning from a hospital stay if this facility held the bed for the resident. <u>Residents should be counted only once.</u>	0–500	All facilities	
F_A32	In the last 12 months, how many residents died?	0–500	All facilities	
F_A30	Over the last 12 months, how many residents moved out of this facility? Exclude someone who has moved out if the facility is currently holding a bed for the resident. Exclude deaths.	0–500	All facilities	
F_A31_hosp	Where did the residents go after they moved out? Hospital	0–500		F_A30 = 1–500
F_A31_nursing	(Where did the residents go after they moved out?) Nursing home	0–500		F_A30 = 1–500
F_A31_otherrcf	(Where did the residents go after they moved out?) Other residential care facility	0–500		F_A30 = 1–500
F_A31_residence	(Where did the residents go after they moved out?) Private residence	0–500		F_A30 = 1–500
F_A31_other	(Where did the residents go after they moved out?) Some other place	0–500		F_A30 = 1–500
F_A30a	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?	0–500		F_A30 = 1–500
F_A33_Intro	The next questions are about facility staff. First, we will ask how many total hours were worked in the last 7 days (or the last work week) by paid staff (for the residential care component of this facility). In your calculations of staff hours, please include all staff that provide direct care to residents, including full-time and part-time staff employees, and contract, temporary, and agency workers. Direct care refers to time spent meeting the needs of individual residents, such as helping them walk to dinner, helping them dress, or providing them with assistance with medications.	1 CONTINUE	All facilities	
F_A33a	During the last 7 days or last work week, how many total hours were worked by the following paid staff (for the residential care component this facility)? Registered Nurses or RNs	0–999	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A33b	(During the last 7 days or last work week, how many total hours were worked by the following paid staff (for the residential care component of this facility)?) Licensed Practical Nurses, also called an L.P.N. or Licensed Vocational Nurses also called an LVN.	0–999	All facilities	
F_A33c	(During the last 7 days or last work week, how many total hours were worked by the following paid staff (for the residential care component of this facility)?) Personal care aides, including certified nursing assistants (CNAs), and medication technicians.	0–1999	All facilities	
F_A33d	(During the last 7 days or last work week, how many total hours were worked by the following paid staff (for the residential care component of this facility)?) Activities director or activities staff	0–999	All facilities	
F_A33e	(During the last 7 days or last work week, how many total hours were worked by the following paid staff (for the residential care component of this facility)?) Administrators, directors, assistant administrators or assistant directors—direct care time only (Direct care time by administrators or directors refers to time spent meeting the needs of individual residents, such as helping them walk to dinner, helping them dress, or providing them with medications. It does not include the time spent on the overall management of the facility.)	0–999	All facilities	
F_A34	Does this facility use contract workers to provide direct care to residents?	1 YES 2 NO	All facilities	
F_A35	During the past 7 days or last work week, did your facility use any volunteers to help your residents or this facility's staff in any way?	1 YES 2 NO	All facilities	
F_A36	During the last 7 days or last work week, about how many volunteer workers provided services at the facility at least once?	0–995		F_A35 = 1
F_A36a	What kinds of services do they provide? CODE ALL THAT APPLY General office help Homemaker/Household services Personal care (haircuts, nail care, massage, etc.) Transportation services Visiting with patients Bereavement/family support Religious/spiritual activities Assist residents at Mealtime Shopping Social and recreational activities Exercise Other service	1 General office help 2 Homemaker/household services 3 Personal care (haircuts, nail care, massage, etc.) 4 Transportation services 5 Visiting with patients 6 Bereavement/family support 7 Religious/spiritual activities 8 Assist residents at Mealtime 9 Shopping 10 Social and recreational activities 11 Exercise 12 Other services		F_A35 = 1
F_A36b	During the last 7 days or last work week, how many of your facility's residents received services from any of your volunteer workers?	0–500		F_A35 = 1
F_A37	During a typical night how many staff are on-duty and awake? Please do not count security guards.	0–500	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A38a	These next questions ask how many full-time and part-time persons are currently employed by this facility (for residential care). Please count full-time and part-time employees. Do not include contract, temporary, and agency workers. Please count each employee only once based upon their primary responsibilities. As of today, how many of the following full-time and part-time persons are currently employed by this facility (for residential care)? Administrators, Directors, assistant Administrators and assistant Directors?	0–99	All facilities	
F_A38b	(As of today, how many of the following full-time and part-time staff are currently employed at this facility) (for residential care)? Registered Nurses or RNs	0–99	All facilities	
F_A38c	(As of today, how many of the following full-time and part-time staff are currently employed by this facility) (for residential care)? Licensed Practical Nurses also called LPNs or Licensed Vocational Nurses also called LVNs	0–99	All facilities	
F_A38d	(As of today, how many of the following full-time and part-time staff are currently employed by this facility) (for residential care)? Personal Care Aides, including Certified Nursing Assistants and medication technicians	0–995	All facilities	
F_A39a	During the past 12 months, how many of the following full-time and part-time employees have resigned or been terminated (from residential care)? Administrators, Directors, Assistant Administrators and Assistant Directors	0–99	All facilities	
F_A39b	(During the past 12 months, how many of the following full-time and part-time employees have resigned or been terminated) (from residential care)? Registered Nurses or RNs	0–99	All facilities	
F_A39c	(During the past 12 months, how many of the following full-time and part-time employees have resigned or been terminated) (from residential care)? Licensed Practical Nurses also called LPNs or Licensed Vocational Nurses also called LVNs	0–99	All facilities	
F_A39d	(During the past 12 months, how many of the following full-time and part-time employees have resigned or been terminated) (from residential care)? Personal Care Aides and nursing assistants, including CNAs and medication technicians	0–99	All facilities	
F_A40a	HAND R SHOWCARD About what percentage of this facility's employees received a flu shot last flu season?	1 0% 2 1 to 20% 3 21–40% 4 41–50% 5 51–60% 6 61–80% 7 81–99% 8 100%	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A40b	HAND R SHOWCARD Does this facility do any of the following to encourage employees' influenza vaccinations? Anything else? SELECT ALL THAT APPLY	1 VACCINATIONS RECOMMENDED 2 VACCINATIONS OFFERED ON SITE 3 VACCINATIONS OFFERED FOR FREE 4 VACCINATIONS OFFERED AT REDUCED COST 5 STAFF INCENTIVES PROVIDED FOR VACCINATION 6 PROOF OF VACCINATION (OR CONTRAINDICATION) REQUIRED AS A CONDITION OF WORK/ EMPLOYMENT 7 FURLOUGH OR PATIENT RESTRICTION POLICY FOR EMPLOYEES DEVELOPING INFLUENZA—LIKE ILLNESS 8 NONE OF THE ABOVE	All facilities	
F_A40c	HAND R SHOWCARD Which vaccination program best describes what is being used in your facility for influenza? HELP SCREEN[1]	1 FACILITY-WIDE STANDING ORDERS 2 PRE-PRINTED ADMISSION ORDERS 3 ADVANCE PHYSICIAN/ NURSE PRACTITIONER ORDERS FOR ALL OF THEIR RESIDENTS 4 PERSONAL PHYSICIAN ORDER FOR EACH RESIDENT 5 NONE OF THE ABOVE	All facilities	
F_A40d	Which type of vaccination program best describes what is being used in your facility for pneumonia? Please select one. HELP SCREEN[2]	1 FACILITY-WIDE STANDING ORDERS 2 PRE-PRINTED ADMISSION ORDERS 3 ADVANCE PHYSICIAN/ NURSE PRACTITIONER ORDERS FOR ALL OF THEIR RESIDENTS 4 PERSONAL PHYSICIAN ORDER FOR EACH RESIDENT 5 NONE OF THE ABOVE	All facilities	
F_A40e	Has this facility developed a written plan for management of residents during an influenza pandemic?	1 NO, NOT STARTED 2 YES, IN PROGRESS 3 YES, COMPLETED	All facilities	
F_A40	Does this facility provide on-going, in-service training to personal care aides?	1 YES 2 NO		F_A38 ≠ 0

[1]Immunization Program Definitions:
    1. Facility wide standing orders: An institutional policy authorizes appropriate nursing or other non-physician staff to immunize residents by institution- or medical director-approved protocol without the need for a written or verbal order from the resident's personal physician before administering the vaccine.
    2. Pre-printed admission orders: Each resident's personal physician signs the facility's preprinted admission order before administering the vaccine to the resident. The preprinted order may address the resident's current vaccination needs as well as those in the future.
    3. Advance physician/nurse practitioner orders for all of their patients: Issued by an attending physician and authorizes immunization of ALL of the physician's patients who are residents of the facility.
    4. Personal physician order for each resident: Each resident's personal physician is responsible for signing an individual order for every vaccine before it is administered to the resident.

[2]SEE Footnote 1.

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A41	Prior to providing care to residents, how many hours of formal training are required of personal care aides? READ CHOICES No formal training Less than 75 hours of training 75 hours of training More than 75 hours of training	1 No formal training 2 Less than 75 hours of training 3 75 hours of training 4 More than 75 hours of training		F_A38 ≠ 0
F_A43	In addition to helping with activities of daily living, such as dressing and assistance with medications, do personal care aides <u>routinely</u> perform any of the following tasks...? Housekeeping Janitorial services Assistance with food preparation Assistance with recreational activities Resident's personal laundry Assistance with medications Transportation or escort services for residents	1 Housekeeping 2 Janitorial services 3 Assistance with food preparation 4 Assistance with recreational activities 5 Resident's personal laundry 6 Transportation or escort services for residents 7 NONE OF THE ABOVE		F_A38 ≠ 0
F_A44a	Does this facility offer the following to personal care aides...? health insurance that includes family coverage	1 YES 2 NO		F_A38 ≠ 0
F_A44b	(Does this facility offer the following to personal care aides...?) health insurance for the employee only	1 YES 2 NO		F_A38 ≠ 0 and F_A44a = 2
F_A44c	(Does this facility offer the following to personal care aides...?) life insurance	1 YES 2 NO		F_A38 ≠ 0
F_A44e	(Does this facility offer the following to personal care aides...?) a pension, a 401(k), or a 403(b)	1 YES 2 NO		F_A38 ≠ 0
F_A44f	(Does this facility offer the following to personal care aides...?) personal time off, vacation time, or sick leave	1 YES 2 NO		F_A38 ≠ 0
F_A45	Does this facility pay for more than half of the personal care aide's health insurance premium?	1 YES 2 NO		F_A38 ≠ 0 and (F_A44a or F_A44b = 1)
F_A46_Intro	The next questions ask about the types of information maintained by this facility.	1 CONTINUE	All facilities	
F_A46	Before or upon admission, does this facility conduct a formal functional assessment of residents using a standardized tool? Functional means physical activities of daily living, such as eating, bathing, and dressing, or cognitive functioning.	1 YES 2 NO	All facilities	
F_A47	Does this assessment include a physical assessment, cognitive assessment, or both?	1 PHYSICAL ASSESSMENT 2 COGNITIVE ASSESSMENT 3 BOTH PHYSICAL AND COGNITIVE ASSESSMENT		F_A46 = 1
F_A48	An individual service plan details the personalized services needed by the resident and what will be provided to him or her by the facility. The service plan is usually updated regularly or as the residents' care needs change. Does this facility develop formal individual service plans?	1 YES 2 NO	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A49	Other than for accounting or billing purposes, does this facility use Electronic Health Records? This is a computerized version of the resident's health and personal information used in the management of the resident's health care.	1 YES 2 NO	All facilities	
F_A49b	Other than for accounting or billing purposes, does this facility have a computerized system for its Resident Service Records to keep track of the services provided to each resident? IF NEEDED: Resident service records are the facility's record of the services being provided to each resident.	1 YES 2 NO		F_A49A = 2
F_A50	HAND R SHOWCARD Which of the following computerized capabilities does this facility have? SELECT ALL THAT APPLY	1 RESIDENT DEMOGRAPHICS 2 MEDICAL PROVIDER INFORMATION 3 FUNCTIONAL ASSESSMENTS 4 INDIVIDUAL SERVICE PLANS 5 CLINICAL NOTES, SUCH AS MEDICAL HISTORY AND DAILY PROGRESS NOTES 6 PATIENT PROBLEMS LIST 7 MEDICATION ADMINISTRATION 8 MAINTAINING LISTS OF RESIDENT'S MEDICATIONS 9 MAINTAINING ACTIVE MEDICATION ALLERGY LIST 10 ORDERS FOR PRESCRIPTIONS 11 WARNING OF DRUG INTERACTIONS OR CONTRAINDICATIONS 12 ORDERS FOR TESTS 13 VIEWING LABORATORY/ IMAGING RESULTS 14 REMINDERS FOR GUIDELINE BASED INTERVENTIONS OR SCREENING TESTS 15 DISCHARGE and TRANSFER SUMMARIES 16 PUBLIC HEALTH REPORTING 17 NONE OF THE ABOVE	All facilities	
F_A51	HAND R SHOWCARD Does this facility's computerized system support electronic health information exchange with any of the following—for example, sending electronic records from this facility to a hospital? SELECT ALL THAT APPLY	1 PHYSICIAN 2 NURSING HOME 3 HOSPITAL 4 PHARMACY 5 LABORATORY/TESTS 6 OTHER HEALTH OR LONG-TERM CARE PROVIDER 7 RESIDENT'S PERSONAL HEALTH RECORD 8 PUBLIC HEALTH REPORTING 9 CORPORATE OFFICE 10 ELECTRONIC INFORMATION IS NOT EXCHANGED		F_A50 ≠ 17

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A51a	Does this facility's staff use any system for Electronic Point of Care Documentation? This includes PDA's (Personal Digital Assistants), Notebook PCs, or other portable hand held devices.	1 YES 2 NO	All facilities	
F_A52a_ Intro	The next questions involve resident demographics.	1 CONTINUE	All facilities	
F_A53	As of midnight last night, how many residents are of Hispanic, Latino, or Spanish origin or descent?	0–999	All facilities	
F_A52_male	As of midnight last night, what is the total number of male residents living at this facility?	0–995	All facilities	
F_A52_ female	As of midnight last night, what is the total number of female residents living at this facility?	0–995	All facilities	
F_A52a_1	As of midnight last night, how many residents are in the following age categories? 17 and under	0–999	All facilities	
F_A52a_2	(As of midnight last night, how many residents are in the following age categories?) 18–54	0–999	All facilities	
F_A52a_3	(As of midnight last night, how many residents are in the following age categories?) 55–64	0–999	All facilities	
F_A52a_4	(As of midnight last night, how many residents are in the following age categories?) 65–74	0–999	All facilities	
F_A52a_5	(As of midnight last night, how many residents are in the following age categories?) 75–84	0–999	All facilities	
F_A52a_6	(As of midnight last night, how many residents are in the following age categories?) Age 85 and over	0–999	All facilities	
F_A54_1	As of midnight last night, how many residents are...? White or Caucasian	0–999	All facilities	
F_A54_2	(As of midnight last night, how many residents are...?) Black or African American	0–999	All facilities	
F_A54_3	(As of midnight last night, how many residents are...?) Asian	0–999	All facilities	
F_A54_4	(As of midnight last night, how many residents are...?) Native Hawaiian or other Pacific Islander	0–999	All facilities	
F_A54_5	(As of midnight last night, how many residents are...?) American Indian or Alaska Native	0–999	All facilities	
F_A55_Intro	The next questions ask about the cognitive, functional, and health status of residents (in the residential care component of this facility)	1 CONTINUE	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A55	During the last 7 days, how many of this facility's <u>current residents</u> had short-term memory problems or seemed disoriented all or most of the time? This includes, for example, residents who are not able to remember things after a short while and residents who have difficulty remembering where their room is, or difficulty recognizing staff names or faces.	0–500	All facilities	
F_A56a	HAND R SHOWCARD (What percentage of the residents...) have had an episode of urinary incontinence during the last 7 days?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A56b	(What percentage of the residents...) are confined to a bed or chair because of health problems?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A56c	(What percentage of the residents...) use a wheelchair or electric scooter to get around in the facility?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A56d	(What percentage of the residents...) currently receive assistance in transferring in and out of bed or a chair?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A56e	(What percentage of the residents...) currently receive assistance in eating, like cutting up food?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A57a	(For what percentage of the residents do you...) manage, supervise or store medications or provide assistance with self-administration of medications?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A57b	(For what percentage of the residents do you...) provide or arrange assistance with locomotion, that is, helping the resident walk or wheel him/herself around the facility?	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_A57c	(For what percentage of the residents do you...?) provide or arrange assistance using the bathroom? This includes reminders to use the toilet, scheduled toileting, getting on or off the toilet, cleaning him/herself, arranging clothing, and changing adult incontinence supplies.	1 100% 2 75–99% 3 50–74% 4 25–49% 5 11–24% 6 1–10% 7 0%	All facilities	
F_A58	Does this residential care facility have a distinct unit, wing, or floor that is designated as a Dementia or Alzheimer's Special Care Unit?	1 YES 2 NO		F_S3a ≠ 1
F_A59_Intro	The next set of questions is about the Dementia or Alzheimer's unit, floor, or wing. When answering these questions, please answer only for that unit.	1 CONTINUE		F_A58 = 1
F_A59a	In the Dementia or Alzheimer's Special Care unit, please tell me the number of licensed beds.	0–500		F_A58 = 1
F_A60	What is the current number of residents living in the Dementia/Alzheimer's unit?	0–500		F_A58 = 1
F_A61	HAND R SHOWCARD Which of the following features does this (facility/Dementia or Alzheimer's Special Care Unit) have?	1 LOCKED EXIT DOORS 2 DOORS WITH ALARMS 3 DOORS WITH KEY PADS/ELECTRONIC KEYS 4 CLOSED CIRCUIT TV MONITORING 5 PERSONAL MONITORING DEVICES 6 AN ENCLOSED COURTYARD 7 HIGHER STAFF-TO-RESIDENT RATIOS COMPARED TO OTHER UNITS 8 SPECIALLY TRAINED STAFF 9 DEMENTIA-SPECIFIC ACTIVITIES AND PROGRAMMING		F_A58 = 1 or F_S3a = 1
F_BIntro	The next questions will be about policies and services provided (at FACILITY NAME/by the residential care component of this facility).	1 CONTINUE	All facilities	
F_B1a	In terms of this facility's admission policy, do you <u>admit</u> a resident who...? Is unable to leave the facility in an emergency without help	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3a	In terms of this facility's discharge policy, do you <u>discharge</u> a resident who...? Is unable to leave the facility in an emergency without help	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1a = 2 or 3
F_B1b	In terms of this facility's admission policy, do you <u>admit</u> a resident who...? Has moderate to severe cognitive impairment, that is, the resident does not know who they are	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3b	In terms of this facility's discharge policy, do you <u>discharge</u> a resident who...? Has moderate to severe cognitive impairment, that is, the resident does not know who they are	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1b = 2 or 3

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B1c	In terms of this facility's admission policy, do you admit a resident who...? Exhibits problem behavior such as wandering, temper outbursts, or combative behavior to other residents	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3c	In terms of this facility's discharge policy, do you discharge a resident who...? Exhibits problem behavior such as wandering, temper outbursts, or combative behavior to other residents	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1c = 2 or 3
F_B1d	In terms of this facility's admission policy, do you admit a resident who...? Needs skilled nursing care on a regular basis	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3d	In terms of this facility's discharge policy, do you discharge a resident who...? Needs skilled nursing care on a regular basis	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1d = 2 or 3
F_B1e	In terms of this facility's admission policy, do you admit a resident who...? Needs daily monitoring for a health condition like assistance taking insulin or monitoring blood sugar	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3e	In terms of this facility's discharge policy, do you discharge a resident who...? Needs daily monitoring for a health condition like assistance taking insulin or monitoring blood sugar	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F _B1e = 2 or 3
F_B1f	In terms of this facility's admission policy, do you admit a resident who...? Is regularly incontinent of urine	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3f	In terms of this facility's discharge policy, do you discharge a resident who...? Is regularly incontinent of urine	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F B1f = 2 or 3
F_B1g	In terms of this facility's admission policy, do you admit a resident who...? Is regularly incontinent of feces	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3g	In terms of this facility's discharge policy, do you discharge a resident who...? Is regularly incontinent of feces	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1g = 2 or 3
F_B1h	In terms of this facility's admission policy, do you admit a resident who...? Is regularly incontinent of urine and feces	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B3h	In terms of this facility's discharge policy, do you <u>discharge</u> a resident who...? Is regularly incontinent of urine and feces	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1h = 2 or 3
F_B1i	In terms of this facility's admission policy, do you <u>admit</u> a resident who...? Needs two people to help them get in and out of bed or needs a Hoyer lift to get in and out of bed	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3i	In terms of this facility's discharge policy, do you <u>discharge</u> a resident who...? Needs two people to help them get in and out of bed or needs a Hoyer lift to get in and out of bed	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1i = 2 or 3
F_B1j	In terms of this facility's admission policy, do you <u>admit</u> a resident who...? Has a history of drug or alcohol abuse	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3j	In terms of this facility's discharge policy, do you <u>discharge</u> a resident who...? Abuses drugs or alcohol	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1j = 2 or 3
F_B1k	In terms of this facility's admission policy, do you <u>admit</u> a resident who...? Requires end of life care?	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS	All facilities	
F_B3k_	In terms of this facility's discharge policy, do you <u>discharge</u> a resident who...? Requires end of life care?	1 YES 2 NO 3 NO SPECIFIC POLICY—WE MAKE DECISIONS ON A CASE BY CASE BASIS		F_B1k = 2 or 3
F_B2	Are there any (other) reasons for which you would refuse to admit someone?	1 YES 2 NO	All facilities	
F_B2sp	What are <u>these</u> other reasons you would refuse to admit someone?	SPECIFY		F_B2 = 1
F_B4	Are there any (other) reasons for which you would discharge someone?	1 YES 2 NO	All facilities	
F_B4sp	What are those (other) reasons you would discharge someone?	SPECIFY		F_B4 = 1
F_B5Intro	Does this facility provide any of the following services to residents...?	1 CONTINUE	All facilities	
F_B5a	(Does this facility provide any of the following services to residents...?) Special diets	1 YES 2 NO	All facilities	
F_B5a1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5a = 1

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B5b	Does this facility provide...? Assistance with activities of daily living	1 YES 2 NO	All facilities	
F_B5b1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5b = 1
F_B5c	Does this facility provide...? Assistance with a bath or shower at least once a week	1 YES 2 NO	All facilities	
F_B5c1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5c = 1
F_B5d	Skilled nursing services are services that must be performed by a registered nurse (RN), or a licensed practical nurse (LPN) and are medical in nature. Does this facility provide...? Skilled nursing services	1 YES 2 NO	All facilities	
F_B5d1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5d = 1
F_B5e	Does this facility provide...? Basic health monitoring, such as blood pressure and weight checks.	1 YES 2 NO	All facilities	
F_B5e1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5e = 1
F_B5f	Does this facility provide...? Social and recreational activities <u>within</u> the facility	1 YES 2 NO	All facilities	
F_B5f1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5f = 1
F_B5g	Does this facility provide...? Social and recreational activities <u>outside</u> the facility	1 YES 2 NO	All facilities	
F_B5g1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5g = 1
F_B5h	Does this facility provide...? Incontinence care	1 YES 2 NO	All facilities	
F_B5h1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5h = 1
F_B5i	Does this facility provide...? Transportation to medical or dental appointments	1 YES 2 NO	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B5i1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5i = 1
F_B5j	Does this facility provide...? Transportation to stores and elsewhere	1 YES 2 NO	All facilities	
F_B5j1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5j = 1
F_B5k	Does this facility provide...? Personal laundry	1 YES 2 NO	All facilities	
F_B5k1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5k = 1
F_B5l	Does this facility provide...? Linen laundry services	1 YES 2 NO	All facilities	
F_B5l1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5l = 1
F_B5m	Social services counseling is counseling related to obtaining and keeping benefits provided by programs such as Supplemental Security income, Social Security, and Medicaid. Does this facility provide...? Social services counseling	1 YES 2 NO	All facilities	
F_B5m1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5m = 1
F_B5n	Case management is generally a process of assessment, planning, and facilitation of options and services for an individual. Does this facility provide...? Case management	1 YES 2 NO	All facilities	
F_B5n1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5n = 1
F_B5o	Does this facility provide...? Occupational therapy	1 YES 2 NO	All facilities	
F_B5o1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5o = 1
F_B5p	Does this facility provide...? Physical therapy	1 YES 2 NO	All facilities	
F_B5p1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5p = 1

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B5q	Does this facility provide...? Transportation to a sheltered workshop, work training program or supported employment	1 YES 2 NO	All facilities	
F_B5q1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5q = 1
F_B5r	Does this facility provide...? Transportation to an education program	1 YES 2 NO	All facilities	
F_B5r1_1	Is this service provided by paid facility employees, other types of workers, or both?	1 FACILITY EMPLOYEES 2 OTHER TYPES OF WORKERS 3 BOTH		F_B5r = 1
F_B5_cable	Does this facility offer...? Cable TV access in resident (rooms/apartments/rooms and apartments).	1 YES 2 NO	All facilities	
F_B5_tele	Does this facility offer...? A landline telephone in resident (rooms/apartments/rooms and apartments).	1 YES 2 NO	All facilities	
F_B5_int	Does this facility offer...? Internet access in resident (rooms/apartments/rooms and apartments).	1 YES 2 NO	All facilities	
F_B5s	Does this facility have public internet access elsewhere in the facility?	1 YES 2 NO	All facilities	
F_B5_ assist_a	HAND R SHOWCARD Do any of the residents use...? An amplifier for the telephone. Please do not include a hearing aid.	1 YES 2 NO	All facilities	
F_B5_ assist_b	A telecommunications device for the deaf, or TDD, is an electronic device for text communication via a telephone line, used when one or more of the parties has hearing or speech difficulties. It is also referred to as a TTY or teletype. Do any of the residents use...? TDD, TTY or teletype? Please do not include a hearing aid.	1 YES 2 NO	All facilities	
F_B5_ assist_c	Do any of the residents use...? Any other types of assistive listening devices. Please do not include a hearing aid.	1 YES 2 NO	All facilities	
F_B5_ assist_d	Do any of the residents use...? Signaling devices—that is, devices that can visually alert the hearing impaired person to auditory signals that may not be heard.	1 YES 2 NO	All facilities	
F_B5_ assist_e	A communication board is another type of device sometimes used by individuals with speech or hearing impairments. They can be plain boards that you erase or have pictures or words on them that the individual points to as a means of communication. Do any of the residents use...? A communication board	1 YES 2 NO	All facilities	

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B5_ assist_f	Do any of the residents use...? Other equipment for people with hearing or speech impairments? Please do not include a hearing aid.	1 YES 2 NO	All facilities	
F_B7a	HAND R SHOWCARD Do you or other staff assist residents with medications in any of the following ways? Please tell me the numbers that apply from this card.	1 PROVIDING A CENTRAL LOCATION WHERE MEDICATIONS ARE STORED PRIOR TO ADMINISTRATION TO RESIDENTS 2 PROVIDING MEDICATION REMINDERS, FOR EXAMPLE, PROMPTING THAT IT IS TIME TO TAKE MEDICATIONS 3 DELIVERING PRE-PACKAGED UNIT DOSES 4 HELPING WITH, ADMINISTRATION FOR EXAMPLE, OPENING THE BOTTLE AND HANDING THE RESIDENT THE CORRECT DOSE 5 HELPING THE RESIDENT TAKE THE MEDICINE, FOR EXAMPLE, PUTTING IT IN THEIR MOUTH AND HANDING THE RESIDENT A GLASS OF WATER 6 PROVIDING OVERSIGHT AND CUEING TO MAKE SURE THE RESIDENT ACTUALLY TAKES THE MEDICATION 7 ADMINISTERING DROPS, TOPICAL OINTMENTS, ETC. 8 ADMINISTERING IV MEDICATIONS 9 ADMINISTERING INJECTIONS 10 OTHER TYPE OF ASSISTANCE 11 FACILITY DOES NOT ASSIST RESIDENTS WITH MEDICATIONS	All facilities	
F_B7b	HAND R SHOWCARD Who <u>passes or hands</u> the residents their prescription medications? Passing medications includes the delivery of pre-packaged doses or opening the bottle and handing the resident the correct dose. Please tell me the numbers that apply from this card.	1 RN 2 LPN 3 CERTIFIED MEDICATION AIDE, MEDICATION SUPERVISOR, OR MEDICATION TECHNICIAN 4 PERSONAL CARE AIDE 5 OWNER, DIRECTOR, ASSISTANT DIRECTOR, OR MANAGER 6 OTHER		F_B7a = 3 or 4

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B8	Who administers prescription medications to the residents? Administering medications includes placing the medication in residents' mouths and handing them glasses of water, giving injections, giving IV medications, or applying prescription topical ointments and creams. Please tell me the numbers that apply from this card.	1 RN 2 LPN 3 CERTIFIED MEDICATION AIDE, MEDICATION SUPERVISOR, OR MEDICATION TECHNICIAN 4 PERSONAL CARE AIDE 5 OWNER, DIRECTOR, ASSISTANT DIRECTOR, OR MANAGER 6 OTHER		F_B7a = 5, 7, 8, or 9
F_B8_lic	(Is this person a licensed nurse, certified medication aide, medication supervisor, or medication technician/Are each of these individuals licensed nurses,certified medication aides, medication supervisor, or medication technician)?	1 YES 2 NO		(F_B8 is not only 1, not only 2, and not only 1 and 2) AND (F_B7a = any selection of 5, 7, 8 or 9.)
F_B9	Does the facility have a pharmacist or doctor, either on staff or through a contract with an outside service provider, review the medications that residents receive for appropriateness?	1 YES 2 NO	All facilities	
F_B10	Does this (residential care) facility ever use physical restraints such as lap buddies, posey restraint, bed rails, or Gerry chairs?	1 YES 2 NO	All facilities	
F_B11	Do facility staff regularly give drugs to any resident to control behavior or to reduce agitation? This includes drugs prescribed by a physician or other medical provider.	1 YES 2 NO	All facilities	
F_B12Intro	The next series of questions are about charges to the resident.	1 CONTINUE	All facilities	
F_B12a	How is the base rate structured? Does this facility offer a flat base rate or is there a rate that varies by disability or services received? Do not include variations in charges by room type or size.	1 FLAT BASE RATE 2 BASE RATE VARIES BY DISABILITY	All facilities	
F_B12b	Can the residents obtain additional services, beyond the base rate, on a fee-for-service basis?	1 YES 2 NO	All facilities	
F_B13	Is a security deposit required?	1 YES 2 NO	All facilities	
F_B14	Does this facility charge an entrance fee prior to moving in?	1 YES 2 NO	All facilities	
F_B15Intro	The next questions are about the average monthly base rate for (the room/the apartment/both the room and apartment) rent and the services. IF NEEDED: If two people are living in the same room and are related, please compute the average as if only one person lived in the room.	1 CONTINUE	All facilities	
F_B15a1	What is the average monthly base rate for a single individual living in a studio apartment (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 4 & F_S3a = 2
F_B15a2	What is the average monthly base rate for a single individual living in a studio apartment for an Alzheimer's unit?	0–9995		F_ANEW1 = 4 & F_S3A or F_A58 = 1
F_B15b1	What is the average monthly base rate for a single individual living in a 1-bedroom apartment (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 5 & F_S3a = 2

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B15b2	What is the average monthly base rate for a single individual living in a 1-bedroom apartment for an Alzheimer's unit?	0–9995		F_ANEW1 = 5 & F_S3A or F_A58 = 1
F_B15c1	What is the average monthly base rate for a single individual living in a 2-bedroom apartment (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 6 & F_S3a = 2
F_B15c2	What is the average monthly base rate for a single individual living in a 2-bedroom apartment for an Alzheimer's unit?	0–9995		F_ANEW1 = 6 & F_S3A or F_A58 = 1
F_B15c3	What is the average monthly base rate for a single individual living in a 3-bedroom apartment (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 7 & F_S3a = 2
F_B15c4	What is the average monthly base rate for a single individual living in a 3-bedroom apartment for an Alzheimer's unit?	0–9995		F_ANEW1 = 7 & F_S3A or F_A58 = 1
F_B15d1	What is the average monthly base rate for a single individual living in a room designed for one person (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 1& F_S3a = 2
F_B15d2	What is the average monthly base rate for a single individual living in a room designed for one person for an Alzheimer's unit?	0–9995		F_ANEW = 1 & F_S3A or F_A58 = 1
F_B15e1	What is the average monthly base rate for a single individual living in a room designed for two persons (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 2 & F_S3a = 2
F_B15e2	What is the average monthly base rate for a single individual living in a room designed for two persons for an Alzheimer's unit?	0–9995		F_ANEW = 2 & F_S3A or F_A58 = 1
F_B15f1	What is the average monthly base rate for a single individual living in a room for three or more residents (for a regular, non-Alzheimer's unit)?	0–9995		F_ANEW1 = 3 & F_S3a = 2
F_B15f2	What is the average monthly base rate for a single individual living in a room for three or more residents for an Alzheimer's unit?	0–9995		F_ANEW = 3 & F_S3A or F_A58 = 1
F_B16Intro	HAND R SHOWCARD For the next questions, please tell me if the following services provided by this facility are included in the base rate or provided at an extra charge.	1 CONTINUE	All facilities	
F_B16b	Is assistance with activities of daily living included in the base rate or provided at an extra charge?	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		F_B5b = 1
F_B16c	Is assistance with a bath or shower at least once a week included in the base rate or provided at an extra charge?	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		FB5c = 1
F_B16d	Are skilled nursing services included in the base rate or provided at an extra charge?	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		FB5d = 1
F_B16h	Is incontinence care included in the base rate or provided at an extra charge?	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		F_B5h = 1
F_B16i	Is transportation to medical or dental appointments included in the base rate or provided at an extra charge?	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		F_B5i = 1

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_B16o	Is occupational therapy included in the base rate or provided at an extra charge? CODE ALL THAT APPLY	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		F_B5o = 1
F_B16p	Is physical therapy included in the base rate or provided at an extra charge? CODE ALL THAT APPLY	1 INCLUDED IN BASE RATE 2 PROVIDED AT EXTRA CHARGE		F_B5p = 1
F_B17	Are privately hired nurses, aides, or private duty nurses permitted to provide services to residents?	1 YES 2 NO	All facilities	
F_B18	How many meals are included in the base rate?	1 ONE MEAL PER DAY 2 TWO MEALS PER DAY 3 THREE MEALS PER DAY 4 NO MEALS PROVIDED	All facilities	
F_B19	Are residents required to eat during a scheduled meal time?	1 YES 2 NO	All facilities	
F_B20	Are residents required to eat meals in a specific location like a dining room?	1 YES 2 NO	All facilities	
F_B21	Does this facility have residents who speak limited or no English?	1 YES 2 NO	All facilities	
F_B22	How do staff communicate with these residents?	1 CAREGIVERS ALSO SPEAK THEIR LANGUAGE 2 RELY ON FAMILY MEMBERS TO TRANSLATE 3 USE A TRANSLATION SERVICE 4 NON-VERBAL CUEING/HAND SIGNS/GESTURES 5 OTHER METHOD		F_B21 = 1
F_C1_Intro	INTERVIEWER: ARE YOU SPEAKING WITH THE...?	1 HIGHEST RANKING ADMINISTRATOR OR DIRECTOR OF THE RESIDENTIAL CARE PORTION OF THIS FACILITY 2 SOMEONE OTHER THAN THE HIGHEST RANKING ADMINISTRATOR OR DIRECTOR OF THE RESIDENTIAL CARE PORTION OF THIS FACILITY	All facilities	
F_C1	How long have you worked at this facility as the administrator or director? Please include the total time worked even if you have left the facility and then returned.	YEARS MONTHS		F_C1_Intro = 1
F_C2	How long, in total, have you worked at this and other residential care facilities or nursing homes in an administrative position?	YEARS MONTHS		F_C1_Intro = 1
F_C3	Do you have a certificate or license related to managing facilities for older people?	1 YES 2 NO	All facilities	
F_C4	HAND R SHOWCARD What position(s) do you hold at this facility?	1 Owner or Operator 2 Administrator, Manager, or Director 3 Supervisor-in-charge 4 Wellness Director 5 Director of Nursing 6 Other		F_C1_Intro = 2
F_C4_OTH	What other position do you hold at this facility?	SPECIFY		F_C3 = 6

Question number	Facility question item	Code categories	Facility asked	Skip pattern
F_C5	How long has the director or administrator worked at this facility as the administrator? Please include the cumulative time worked even if they have left the facility and then returned.	SPECIFY		F_C1_Intro = 2
F_C6	Does the director or administrator have a certificate or license related to managing facilities for older people?	1 YES 2 NO		F_C1_Intro = 2
F_D1_Intro	Please answer the last few questions about the highest ranking administrator or director of this residential care facility.	1 CONTINUE	All facilities	
F_D1	What is the gender of the director or administrator?	1 MALE 2 FEMALE	All facilities	
F_D2	HAND R SHOWCARD Please look at this card and tell me which range includes the administrator or director's age.	1 18–29 2 30–39 3 40–49 4 50–59 5 60–69 6 70 or older	All facilities	
F_D3	Is the administrator or director of Hispanic, Latino, or Spanish origin or descent?	1 YES 2 NO	All facilities	
F_D4	HAND R SHOWCARD Which of these groups best describes the administrator or director? You may select more than one category.	1 WHITE OR CAUCASIAN 2 BLACK OR AFRICAN AMERICAN 3 ASIAN 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5 AMERICAN INDIAN OR ALASKA NATIVE	All facilities	
F_D5	What is the highest grade or level of education the administrator or director completed? Less than high school High school graduate or GED Vocational, trade school, or technical school graduate Some college College graduate Post graduate	1 Less than high school 2 High school graduate or GED 3 Vocational, trade school, or technical school graduate 4 Some college 5 College graduate 6 Post graduate	All facilities	
F_D6a	In the near future you **may** receive a telephone call from my supervisor at RTI International. This call is designed to verify the quality of my work and will only take a few minutes of your time.	1 CONTINUE	All facilities	
F_D6	Thank you, those are all the questions for this Facility section of the interview.	1 CONTINUE	All facilities	

Appendix XIX. NSRCF Resident Selection Questionnaire

Question number	Resident selection question item	Code categories	Facility asked	Skip pattern
P_CHECK	INTERVIEWER: ENTER WHAT STAGE YOU HAVE REACHED IN INTERVIEWING THIS FACILITY.	1 STARTED/COMPLETED FACILITY QUESTIONNAIRE —WROTE DOWN # OF BEDS 2 STARTED/COMPLETED FACILITY QUESTIONNAIRE —DID NOT WRITE DOWN # OF BEDS 3 HAVE NOT STARTED THE FACILITY QUESTIONNAIRE	All facilities	
P_FA1	I will now re-ask a question I asked earlier. This is because the information is needed for this next part of the interview. At this facility, what is the number of licensed, registered, or certified residential care beds? Include both occupied and unoccupied beds.	1–995 NUMBER OF BEDS		IF P_CHECK = 2
	INTERVIEWER: IF YOU WROTE DOWN THE NUMBER OF LICENSED, REGISTERED, OR CERTIFIED RESIDENTIAL CARE BEDS WHEN ADMINISTERING THE FACILITY QUESTIONNAIRE (F_A1), RECORD THE NUMBER OF BEDS HERE. YOU DO NOT NEED TO ASK THE QUESTION FOR P_FA1	1–995 NUMBER OF BEDS		IF P_CHECK = 1
	At this facility, what is the number of licensed, registered, or certified residential care beds? Include both occupied and unoccupied beds.	1–995 NUMBER OF BEDS		IF P_CHECK = 3
P_FA1a	ASK ONLY IF P_FA1 = DK (CAN'T ANSWER IN BEDS BECAUSE FACILITY IS LICENSED BY THE NUMBER OF ROOMS /APARTMENTS) Thank you. In that case, at this facility what is the number of licensed, registered or certified rooms or apartments where residents live? Exclude rooms within apartments.	1–995 NUMBER OF ROOMS/ APARTMENTS		IF P_FA1 = DK
P_FA1_ CONFIRM	You reported that this facility has less than 4 beds. Is this correct? [If NO, CORRECT P_FA1]	1 YES 2 NO		If P_FA1<4
P_FA1_ ABORT	I am sorry but your facility is not eligible for this study. Thank you for your time.			If P_FA1_ CONFIRM = 1
P_INTRO_A	To help make a random selection of residents for our resident interviews, can you tell me the number of residents living in this residential care facility as of midnight yesterday? A MINIMUM OF ONE (1) RESIDENT IS REQUIRED TO CONTINUE.	1–995 NUMBER OF RESIDENTS		IF P_CHECK = 1
P_INTRO_B	I will be able to complete the interviews about the residents now and come back to complete the facility information later. I'll need your help for a few more minutes right now. What is the current number of residents living at this residential care facility as of midnight yesterday? A MINIMUM OF ONE (1) RESIDENT IS REQUIRED TO CONTINUE.	1–995 NUMBER OF RESIDENTS		IF P_CHECK = 2

Question number	Resident selection question item	Code categories	Facility asked	Skip pattern
P_INTRO_C	In order to obtain national level data about the residents of residential care facilities such as this one, we are collecting information from a sample of current residents. I will be asking questions about the background, health status, and charges for each sampled resident. I will need your help for a few minutes right now.What is the current number of residents living at this residential care facility as of midnight yesterday? A MINIMUM OF ONE (1) RESIDENT IS REQUIRED TO CONTINUE.	1–995 NUMBER OF RESIDENTS		IF P_CHECK = 3
P_INTRO_OTHER	The next process is sampling the residents. In order to protect the confidentiality of your residents, I will need to work with someone who can best assist with selecting the sample from a list and locating staff who are familiar with the sampled residents. Are you the best person to help WITH the resident sampling process? INTERVIEWER: ASK FOR A SUBSTITUTE IF ONE IS AVAILABLE, TO ANSWER THESE QUESTIONS.	1 YES 2 NO		If SCREENER.S_17 = 2
P_INTRO_START	We'll begin by selecting a sample of your residents. Because this is a statistical survey, I will need to follow procedures to do this. To start, I will ask you to provide a list of the current residents as of midnight yesterday. The sampling procedures do not require the full name of the residents. I will only record the initials of each resident. Each resident should be listed on a separate line. Then, I will briefly review the list with you. Finally after I enter the total number of current residents, the computer program will randomly choose which residents we will include in the sample.	1 CONTINUE	All eligible facilities	
P_CONFIRM	INTERVIEWER: WHEN YOU GET THE LIST FROM THE RESPONDENT, READ: I just need to confirm that this is a complete list of all the residents as of midnight yesterday. INTERVIEWER: LOOK AT THE LIST TOGETHER WITH THE RESPONDENT. Please take a moment to check for anyone on the list who was not a resident as of midnight yesterday or who is younger than 18 years old. Also check for new residents who might not be on the list but were admitted before midnight yesterday. To the best of your knowledge, is this list complete and accurate? INTERVIEWER: IF NO, ASK THE RESPONDENT TO MAKE ANY ADJUSTMENTS NECESSARY TO THE LIST. YOU WILL NOT BE ABLE TO PROCEED UNTIL THE LIST IS CORRECT AND THE RESPONSE IS YES.	1 YES 2 NO	All eligible facilities	
P_ENUMERATE	NUMBER THE RESIDENTS BEGINNING WITH 1. IF THERE ARE MULTIPLE PAGES OF RESIDENTS, THEN CONTINUE NUMBERING THE NEXT PAGE WHERE YOU LEFT OFF. THE PROGRAM WILL MAKE A RANDOM SELECTION WHICH WILL REFER TO YOUR PERSON-LEVEL NUMBERING.	1 CONTINUE	All eligible facilities	

Question number	Resident selection question item	Code categories	Facility asked	Skip pattern
P_ASK_R	I have counted {in line} on the list. Would you say that is an accurate number of residents? INTERVIEWER: IF THE RESPONSE IS NO THEN CORRECT AND RENUMBER THE LIST BEFORE ENTERING YES TO CONTINUE.	1 YES 2 NO	All eligible facilities	
P_NUM_R	ENTER THE TOTAL NUMBER OF RESIDENTS ON THE CONFIRMED LIST. IF THE TOTAL NUMBER OF RESIDENTS IS 0, BREAKOFF THE INTERVIEW.	1–995 NUMBER OF RESIDENTS	All eligible facilities	
P_End	PRESS "1" TO CONTINUE.	1 CONTINUE	All eligible facilities	
S_Start	PRESS "1" TO SELECT RESIDENTS AT THIS FACILITY.	1 CONTINUE	All eligible facilities	
S_CHOOSE_R	INTERVIEWER: THIS DISPLAY TELLS YOU WHICH ARE YOUR SELECTED CASES. NOW SAY TO YOUR RESPONDENT: The computer program has identified the following residents [READ RESIDENTS SELECTED]. To complete interviews about these selected residents, I would like to speak with a caregiver who knows about them. Our Resident Questionnaire asks about services provided to the resident and a little about his or her background. I can interview different caregivers for different residents. I would like your help arranging to speak with the caregiver in a private place or some place where we won't be disturbed. The Resident Questionnaire takes about 20 minutes for each selected resident. It will also be helpful if the resident records for each of the residents selected could be retrieved before we begin these interviews.	1 CONTINUE	All eligible facilities	
S_RESIDENT ID	Here I will record a description of our selected residents. INTERVIEWER: ENTER THE FIRST AND LAST INITIALS OF THE SAMPLED RESIDENTS. NO OTHER INFORMATION ABOUT THE RESIDENTS SHOULD BE ENTERED HERE.	RESIDENT INITIALS	All eligible facilities	
S_THANKU	Thank you, now we can proceed with the Resident portion of the study.	1 CONTINUE	All eligible facilities	

Appendix XX. NSRCF Resident Questionnaire

Question number	Question item	Code categories	Resident asked	Skip pattern
R_A_INTRO1	In order to obtain national level data about the residents of residential care facilities such as this one, we are collecting information from a sample of current residents. I will be asking questions about the background, health status, and charges for each sampled resident. The information you provide will be held in strict confidence and will be used only by persons involved in the survey and only for the purpose of the survey. The interview for each of the selected residents should take about 20 minutes to complete.	1 CONTINUE	All residents	
R_A_INTRO 1A	Now I am going to ask questions about the following resident—*[RESIDENT INITIALS]*.	1 CONTINUE	All residents	
R_A_INTRO 2	Do you have the resident records for *[RESIDENT INITIALS]*? (You may want to use the resident file in answering a few of the questions in this survey. If you have not retrieved the records and would like to do so now, I can wait a few minutes while you obtain them.)	1 RECORD OBTAINED 2 RECORD NOT OBTAINED	All residents	
R_A1	Please tell me *[RESIDENT INITIALS]* gender?	1 MALE 2 FEMALE	All residents	
R_A3	Is *[RESIDENT INITIALS]* of Hispanic, Latino, or Spanish origin or descent?	1 YES 2 NO	All residents	
R_A2	Please tell me *[RESIDENT INITIALS]* age?	0–120	All residents	
ENDINT	I am sorry but our survey is about residents that are 18 or older. Since this person is not eligible, I won't complete an interview for this particular resident. I need to check my records for any other selected residents for whom you were identified as a caregiver.	1 CONTINUE		R_A2 = < 18
R_A4	HAND R SHOWCARD Which one or more of the following would you say is *[RESIDENT INITIALS]* race? SELECT ALL THAT APPLY	1 WHITE/CAUCASIAN 2 BLACK OR AFRICAN AMERICAN 3 ASIAN 4 HAWAIIAN OR OTHER PACIFIC ISLANDER 5 AMERICAN INDIAN OR ALASKA NATIVE	All residents	
R_A5	What is the highest grade or level of education *[RESIDENT INITIALS]* completed...? High school or less or Some college or more	1 High school or less 2 Some college or more	All residents	
R_A6	Is *[RESIDENT INITIALS]* currently married, divorced, legally separated, widowed, or never married?	1 Married 2 Divorced 3 Legally separated 4 Widowed 5 Never married	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_A7	How well does *[RESIDENT INITIALS]* speak English...? Excellent very well well fair poor or not at all	1 Excellent 2 Very well 3 Well 4 Fair 5 Poor or not at all 6 DOES NOT SPEAK BECAUSE OF A DISABILITY, OR SEVERE DEMENTIA	All residents	
R_A8a	Overall, is *[RESIDENT INITIALS]* health...? Excellent very good good fair or poor	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	All residents	
R_A9	HAND R SHOWCARD Which of these places best describes *[RESIDENT INITIALS]* living quarters?	1 ROOM DESIGNED FOR ONE PERSON 2 ROOM DESIGNED FOR TWO PERSONS 3 ROOM DESIGNED FOR THREE OR MORE PERSONS 4 STUDIO APARTMENT 5 ONE BEDROOM APARTMENT 6 TWO BEDROOM APARTMENT 7 THREE BEDROOM APARTMENT	All residents	
R_A10	Does *[RESIDENT INITIALS]* currently share this (room/apartment) with another person?	1 YES 2 NO	All residents	
R_A11	Is this person *[RESIDENT INITIALS]* spouse or other relative?	1 YES 2 NO		If R_A10 = 1
R_A12	How many other residents not counting *[RESIDENT INITIALS]* live in the (room/apartment)?	1 ONE OTHER PERSON 2 TWO OR MORE OTHER PERSONS		If R_A10 = 1
R_A13	Does *[RESIDENT INITIALS]* live in a Dementia/Alzheimer's Special Care Unit?	1 YES 2 NO 3 FACILITY DOES NOT HAVE DEMENTIA/ ALZHEIMERS UNIT	All residents	
New question	HAND R SHOWCARD Which of the following are located inside *[RESIDENT INITIALS]* (room/apartment)? SELECT ALL THAT APPLY	1 MICROWAVE 2 COOK TOP OR HOT PLATE 3 OVEN 4 REFRIGERATOR 5 KITCHEN SINK 6 NONE OF THE ABOVE	All residents	
R_A15	Does *[RESIDENT INITIALS]* (room/apartment) have a door to the hallway that can be locked from the inside?	1 YES 2 NO	All residents	
R_A15A	Does *[RESIDENT INITIALS]* (room/apartment) have a bathroom located inside the (room/apartment) or between (rooms/apartments)?	1 YES 2 NO	All residents	
R_A15Bath	HAND R SHOWCARD Which type of bathroom is in *[RESIDENT INITIALS]* (room/apartment)	1 FULL BATHROOM INCLUDING A TOILET, SINK, AND SHOWER OR TUB 2 HALF-BATH INCLUDING A SINK AND TOILET		If R_A15A = 1

Question number	Question item	Code categories	Resident asked	Skip pattern
R_A16	HAND R SHOWCARD Please read this list of activities and tell me whether [RESIDENT INITIALS] regularly participates in any of these at least twice a month, regardless of whether or not it is arranged by the facility. SELECT ALL THAT APPLY	1 CARDS, BOARD GAMES, BINGO, PUZZLES 2 ARTS OR CRAFTS, SUCH AS SEWING, KNITTING, PAINTING, QUILTING, FLOWER ARRANGING 3 EXERCISE OR SPORTS 4 PLAYING OR LISTENING TO MUSIC, OR SINGING 5 READING OR WRITING 6 SPIRITUAL OR RELIGIOUS ACTIVITIES 7 SHOPPING OR TRIPS 8 WATCHING TELEVISION 9 LEAVING THE FACILITY GROUNDS 10 TALKING WITH FRIENDS OR RELATIVES 11 GOING OUT TO THE MOVIES, DINING OUT OR OTHER SOCIAL ACTIVITIES 12 GARDENING 13 TAKING CARE OF PETS 14 OTHER HOBBIES OR ACTIVITIES 15 NONE OF THE ABOVE	All residents	
R_A16_ outside	HAND R SHOWCARD Does [RESIDENT INITIALS] go outside the facility to do any of the following activities? SELECT ALL THAT APPLY	1 WORK AT A JOB FOR PAY 2 PARTICIPATE IN A SHELTERED WORKSHOP 3 PARTICIPATE IN A WORK TRAINING PROGRAM 4 ATTEND DAY PROGRAMS FOR SOCIAL OR RECREATIONAL ACTIVITIES 5 ATTEND AN EDUCATIONAL PROGRAM 6 ATTEND AN ADULT DAY CARE PROGRAM 7 NONE OF THE ABOVE	All residents	
R_A17	Does [RESIDENT INITIALS] still drive?	1 YES 2 NO	All residents	
R_A18	How often does [RESIDENT INITIALS] drive? Daily or every other day Once or twice a week or Less than once per week	1 Daily or every other day 2 Once or twice a week 3 Less than once per week		If R_A17 = 1
R_B1Month	When did [RESIDENT INITIALS] first move into this facility? MONTH	1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December	All residents	
R_B1Year	(When did [RESIDENT INITIALS] first move into this facility?) YEAR	1970–2010	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_B1Range	HAND R SHOWCARD Please look at this card and tell me approximately how long it has been since *[RESIDENT INITIALS]* first moved into this facility?	1 0 TO 3 MONTHS 2 MORE THAN 3 MONTHS TO 6 MONTHS 3 MORE THAN 6 MONTHS TO 1 YEAR 4 MORE THAN 1 YEAR TO 3 YEARS 5 MORE THAN 3 YEARS TO 5 YEARS 6 MORE THAN 5 YEARS		If R_B1Year = DK
R_B2	When *[RESIDENT INITIALS]* first moved into this facility, was (he/she) directly admitted from a short-term stay at a: READ CHOICES hospital rehabilitation facility nursing home	1 Hospital 2 Rehabilitation facility 3 Nursing home 4 NONE OF THE ABOVE	All residents	
R_B3	HAND R SHOWCARD Where did (he/she) live prior to (his/her) (moving to this facility/stay at the (hospital/rehabilitation facility/nursing home))?	1 PRIVATE HOME, APARTMENT, RENTED ROOM, OR FAMILY RESIDENCE 2 DIFFERENT RESIDENTIAL CARE, ASSISTED LIVING, OR GROUP HOME FACILITY 3 RETIREMENT OR INDEPENDENT LIVING COMMUNITY 4 NURSING HOME (THIS EXCLUDES SHORT NURSING HOME STAYS FOR REHABILITATION) 5 PSYCHIATRIC FACILITY 6 JAIL 7 HOMELESS 8 OTHER	All residents	
R_B4	For last month, what was the total charge for *[RESIDENT INITIALS]* to live in this facility? Include the basic monthly charge and charges for any additional services.	0–8000	All residents	
R_B5	During the last 30 days did *[RESIDENT INITIALS]* have any of (his/her) long-term care services at this facility paid by Medicaid?	1 YES 2 NO	All residents	
R_B6	Is *[RESIDENT INITIALS]* a veteran of U.S. Military service?	1 YES 2 NO	All residents	
R_B6a	Is *[RESIDENT INITIALS]* the spouse, or widow/widower, of a veteran of U.S. Military service?	1 YES 2 NO	All residents	
R_C_INTRO	The next questions are about *[RESIDENT INITIALS]* health status and physical functioning.	1 CONTINUE	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C1	HAND R SHOWCARD As far as you know, has a doctor or other health professional ever diagnosed *[RESIDENT INITIALS]* with any of the following conditions? Please tell me the numbers that apply from this card. SELECT ALL THAT APPLY	1 ALZHEIMER'S DISEASE OR OTHER DEMENTIA 2 ANEMIA 3 ARTHRITIS OR RHEUMATOID ARTHRITIS 4 ASTHMA 5 CANCER OR MALIGNANT NEOPLASM OF ANY KIND 6 CEREBRAL PALSY 7 CHRONIC BRONCHITIS 8 CONGESTIVE HEART FAILURE 9 COPD 10 CORONARY HEART DISEASE 11 DEPRESSION 12 DIABETES 13 EMPHYSEMA 14 GLAUCOMA 15 GOUT, LUPUS, OR FIBROMYALGIA 16 HEART ATTACK (MYOCARDIAL INFARCTION) 17 HIGH BLOOD PRESSURE OR HYPERTENSION 18 INTELLECTUAL OR DEVELOPMENTAL DISABILITIES SUCH AS MENTAL RETARDATION, SEVERE AUTISM, OR DOWN SYNDROME 19 KIDNEY DISEASE 20 MACULAR DEGENERATION 21 MUSCULAR DYSTROPHY 22 NERVOUS SYSTEM DISORDERS, INCLUDING MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, AND EPILEPSY 23 OSTEOPOROSIS 24 OTHER MENTAL, EMOTIONAL OR NERVOUS CONDITION 25 PARTIAL OR TOTAL PARALYSIS 26 SERIOUS MENTAL PROBLEMS SUCH AS SCHIZOPHRENIA OR PSYCHOSIS 27 SPINAL CORD INJURY 28 STROKE 29 TRAUMATIC BRAIN INJURY 30 ANY OTHER KIND OF HEART CONDITION OR HEART DISEASE (OTHER THAN LISTED ABOVE) 31 OTHER 32 NONE OF THESE	All residents	
R_C1OTH	Specify other condition.	SPECIFY		R_C1 = 31

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C1_Cancer	What kind of cancer? SELECT ALL THAT APPLY	1 BLADDER 2 BLOOD 3 BONE 4 BRAIN 5 BREAST 6 CERVIX 7 COLON 8 ESOPHAGUS 9 GALLBLADDER 10 KIDNEY 11 LARYNX, WINDPIPE 12 LEUKEMIA 13 LIVER 14 LUNG 15 LYMPHOMA 16 MELANOMA 17 MOUTH, TONGUE, OR LIP 18 OVARY 19 PANCREAS 20 PROSTATE 21 RECTUM 22 SKIN, NON-MELANOMA 23 SKIN, DON'T KNOW WHAT KIND 24 SOFT TISSUE (MUSCLE OR FAT) 25 STOMACH 26 TESTIS 27 THROAT, PHARYNX 28 THYROID 29 UTERUS 30 OTHER		R_C1 = CANCER
R_C1FLU1	HAND R SHOW CARD Please look at this card and tell me which category best describes *[RESIDENT INITIALS]* documented vaccination status for a **flu shot** during the past 12 months.	1 VACCINATED WHILE RESIDING AT THIS FACILITY 2 VACCINATED BEFORE ADMISSION TO THIS FACILITY 3 NOT VACCINATED IN PAST 12 MONTHS—NO RECORD OF DOCTOR'S ORDER OR OF VACCINATION OFFERED 4 NOT VACCINATED IN PAST 12 MONTHS—VACCINATION MEDICALLY CONTRAINDICATED 5 NOT VACCINATED IN PAST 12 MONTHS—RESIDENT/ FAMILY REFUSED VACCINATION 6 NOT VACCINATED IN PAST 12 MONTHS—OTHER REASON 7 NOT VACCINATED IN PAST 12 MONTHS—REASON UNKNOWN 8 DID NOT RESIDE IN THE FACILITY DURING THE MOST RECENT FLU SEASON	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C1FLU2	HAND R SHOW CARD Which statement on this card best describes the documented vaccination status for whether *[RESIDENT INITIALS]* has ever had a **pneumococcal vaccine**?	1 VACCINATED WHILE RESIDING AT THIS FACILITY 2 VACCINATED BEFORE ADMISSION TO THIS FACILITY 3 NEVER VACCINATED—NO RECORD OF DOCTOR'S ORDER OR OF VACCINATION OFFERED 4 NEVER VACCINATED—VACCINATION MEDICALLY CONTRAINDICATED 5 NEVER VACCINATED—RESIDENT/FAMILY REFUSED VACCINATION 6 NEVER VACCINATED—OTHER REASON 7 NEVER VACCINATED—REASON UNKNOWN	All residents	
R_C1_ impair_4	HAND R SHOWCARD Which statement on this card best describes *[RESIDENT INITIALS]* hearing <u>without a hearing aid</u>?	1 HEARING IS GOOD 2 HAS A LITTLE TROUBLE HEARING 3 HAS A LOT OF TROUBLE HEARING 4 DEAF	All residents	
R_C1_ impair_6	Is *[RESIDENT INITIALS]* blind in both eyes or unable to see?	1 YES 2 NO	All residents	
R_C1_ impair_5	Does *[RESIDENT INITIALS]* have any trouble seeing even when wearing glasses or contact lenses	1 YES 2 NO		R_C1_impair_ 6 = 2
R_C2a	These next questions refer to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility). During this time, has *[RESIDENT INITIALS]* been treated in a hospital emergency room?	1 YES 2 NO	All residents	
R_C2b	(This question refers to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility).) During this time, has *[RESIDENT INITIALS]* been a patient in a hospital overnight or longer (excluding trips to the emergency room that did not result in a hospital stay)?	1 YES 2 NO	All residents	
R_C2c	(This question refers to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility).) During this time has *[RESIDENT INITIALS]* had a stroke?	1 YES 2 NO	All residents	
R_C2d	(This question refers to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility).) During this time has *[RESIDENT INITIALS]* had a heart attack?	1 YES 2 NO	All residents	
R_C2e	(This question refers to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility).) During this time has *[RESIDENT INITIALS]* had a fall that caused a hip fracture?	1 YES 2 NO	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C2f	(This question refers to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility).) During this time has *[RESIDENT INITIALS]* had a fall that caused an injury other than a hip fracture?	1 YES 2 NO	All residents	
R_C2g	(This question refers to the (past 12 months/# of months since *[RESIDENT INITIALS]* moved into this residential care facility).) During this time has *[RESIDENT INITIALS]* had a stay in a nursing home?	1 YES 2 NO	All residents	
R_C2i	During the (past 12 months/# months since *[RESIDENT INITIALS]* moved into this residential care facility). During this time, has *[RESIDENT INITIALS]* had a stay in a rehabilitation facility?	1 YES 2 NO	All residents	
R_C3	During the (past 12 months/# months since *[RESIDENT INITIALS]* moved into this residential care facility). How many times has *[RESIDENT INITIALS]* been treated in a hospital emergency room over this period?	1–35		R_C2a = 1
R_C4	HAND R SHOWCARD Does *[RESIDENT INITIALS]* currently use any of the items listed on this card? SELECT ALL THAT APPLY	1 DENTURES, INCLUDING A PARTIAL PLATE 2 GLASSES OR CONTACT LENSES 3 HEARING AID 4 CANE, INCLUDING A TRIPOD CANE 5 WALKER 6 MANUAL WHEEL CHAIR 7 ELECTRIC OR MOTORIZED WHEEL CHAIR OR SCOOTER 8 OXYGEN 9 COMMUNICATION BOARD OR OTHER APPLIANCE TO COMMUNICATE 10 ARTIFICIAL LIMB 11 NONE OF THE ABOVE	All residents	
R_C4a	Does *[RESIDENT INITIALS]* currently use telescopic lenses, Braille, readers, a guide dog, white cane, or any other equipment for people with severe visual impairments?	1 YES 2 NO		R_C1_impair_ 6 = 1
R_C5a	Is *[RESIDENT INITIALS]* limited in any way because of difficulty remembering or because *[RESIDENT INITIALS]* experiences periods of confusion?	1 YES 2 NO	All residents	
R_C5	During the last 7 days, has *[RESIDENT INITIALS]* given evidence of a problem with short-term memory, such as difficulty remembering what (he/she) had for breakfast or something you told (he/she) a few minutes earlier?	1 YES 2 NO	All residents	
R_C6	During the last 7 days, has *[RESIDENT INITIALS]* given evidence of a problem with long-term memory, such as forgetting how old (he/she) is or forgetting that (he/she) was married?	1 YES 2 NO	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C7	During the last 7 days, has *[RESIDENT INITIALS]* had any of the following problems with orientation, such as: Knowing the location of (his/her) bedroom? Recognizing staff names or faces? Knowing that (he/she) is in a facility? Knowing what the season of the year it is? READ CHOICES. SELECT ALL THAT APPLY	1 Knowing the location of (his/her) bedroom 2 Recognizing staff names or faces 3 Knowing that (he/she) is in a facility 4 Knowing what the season of the year it is 5 NONE OF THE ABOVE	All residents	
R_C8	HAND R SHOWCARD The next question refers to the resident's actual performance in making everyday decisions about the tasks or activities of daily living. During the last 7 days, which of these answers best describes *[RESIDENT INITIALS]* decision-making about such things as what to wear, how to organize (his/her) day, etc?	1 INDEPENDENT—DECISIONS WERE CONSISTENT, REASONABLE 2 MODIFIED INDEPENDENCE—HE/SHE HAD SOME DIFFICULTY IN NEW SITUATIONS 3 MODERATELY IMPAIRED—HIS/HER DECISIONS WERE POOR; CUES AND SUPERVISION WERE REQUIRED 4 SEVERELY IMPAIRED—HE/SHE NEVER OR RARELY MADE DECISIONS	All residents	
R_C9	HAND R SHOWCARD During the last 7 days, which of these answers best describes *[RESIDENT INITIALS]* ability to make (himself/herself) understood by others?	1 ALWAYS UNDERSTOOD BY OTHERS 2 USUALLY UNDERSTOOD—DIFFICULTY FINDING WORDS OR FINISHING THOUGHTS 3 SOMETIMES UNDERSTOOD—ABILITY IS LIMITED TO MAKING CONCRETE REQUESTS 4 RARELY OR NEVER UNDERSTOOD	All residents	
R_C9a	Is *[RESIDENT INITIALS]* difficulty in making (himself/herself) understood by others due to a severe speech impairment or other disability?	1 YES 2 NO		R_C9 = 2–4
R_C10	Next, I would like to ask about everyday activities and whether *[RESIDENT INITIALS]* receives any assistance in doing them. By assistance, I mean help from special equipment, another person or both.	1 CONTINUE		
R_c10a	Does *[RESIDENT INITIALS]* currently receive assistance in bathing or showering? This includes standby assistance.	1 YES 2 NO	All residents	
R_c10a1	Does *[RESIDENT INITIALS]* bathe or shower with the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_c10a = 1
R_c10b	Does *[RESIDENT INITIALS]* currently receive assistance in dressing? This includes standby assistance.	1 YES 2 NO	All residents	
R_c10b1	Does *[RESIDENT INITIALS]* dress with the help of: Special Equipment, such as zipper pulls or button hook aids, or another person, or both?	1 Special Equipment 2 Another Person		R_c10b = 1
R_c10c	Does *[RESIDENT INITIALS]* currently receive assistance in eating, such as cutting up food, or cueing?	1 YES 2 NO	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_c10c1	Does *[RESIDENT INITIALS]* eat with the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_c10c = 1
R_C10d	Is *[RESIDENT INITIALS]* confined to bed by health problems?	1 YES 2 NO	All residents	
R_C10e	Is *[RESIDENT INITIALS]* confined to a chair by health problems?	1 YES 2 NO		R_C10d = 2
R_C10f	Does *[RESIDENT INITIALS]* currently receive any assistance in transferring in and out of bed or a chair?	1 YES 2 NO		R_C10e = 2
R_C10f1	Does *[RESIDENT INITIALS]* transfer in or out of a bed or a chair with the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_C10f = 1
R_C10g	Does *[RESIDENT INITIALS]* currently receive any assistance in walking?	1 YES 2 NO		R_C10d = 2 and R_C10e = 2
R_C10g1	Does *[RESIDENT INITIALS]* walk with the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_C10g = 1
R_C10h	Does *[RESIDENT INITIALS]* currently receive any assistance going outside the grounds of this facility?	1 YES 2 NO 3 DOES NOT GO OUTSIDE FACILITY GROUNDS		R_C10d = 2 and R_C10e = 2
R_C10h1	When *[RESIDENT INITIALS]* goes outside the grounds does *[RESIDENT INITIALS] require the help of:* *Special Equipment* *Another Person*	1 Special Equipment 2 Another Person		R_C10h = 1
R_C10i	Does *[RESIDENT INITIALS]* have an ostomy, an indwelling catheter or similar device?	1 YES 2 NO	All residents	
R_C10i1	Does *[RESIDENT INITIALS]* receive any help from another person in caring for this device?	1 YES 2 NO		R_C10i = 1
R_C10j	Does *[RESIDENT INITIALS]* currently receive any assistance using the bathroom?	1 YES 2 NO 3 DOES NOT USE TOILET (AN OSTOMY PATIENT, CHAIRFAST, ETC.)	All residents	
R_C10j1	When *[RESIDENT INITIALS]* uses the bathroom, does *[RESIDENT INITIALS] require the help of:* Special equipment Another person	1 Special equipment 2 Another person		R_C10j = 1
R_C10k	Has *[RESIDENT INITIALS]* had any episode of bowel incontinence during the last 7 days?	1 YES 2 NO 3 NOT APPLICABLE (E.G., HAD A COLOSTOMY, ILEOSTOMY)	All residents	
R_C10l	Has *[RESIDENT INITIALS]* had any episode of urinary incontinence during the last 7 days?	1 YES 2 NO 3 NOT APPLICABLE (E.G., HAS AN INDWELLING CATHETER, HAD A UROSTOMY)	All residents	
R_C10m	Is *[RESIDENT INITIALS]* able to get out of the facility without the help of another person in case of an emergency?	1 YES 2 NO		R_C10d≠1 and R_C10e≠1

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C11	HAND R SHOWCARD For the next questions, please tell me whether or not *[RESIDENT INITIALS]* needs help from another person or does not perform this activity.	1 CONTINUE		
R_C11a	Does *[RESIDENT INITIALS]* currently need help from another person with: Going shopping for personal items, such as toilet items or medicine. If the only help *[RESIDENT INITIALS]* needs is for transportation to and from the store, choose "No."	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11b	(Does *[RESIDENT INITIALS]* currently need help from another person with:) Managing money, such as keeping track of expenses or paying bills?	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11c	Does *[RESIDENT INITIALS]* currently need help from another person or a special device with: Using the telephone? This includes TTY or dialing out.	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11c_1	Does *[RESIDENT INITIALS]* receive help using the telephone from another person or a special device?	1 ANOTHER PERSON 2 SPECIAL DEVICE 3 BOTH		R_C11c = 1
R_C11d	Does *[RESIDENT INITIALS]* currently need help from another person with: Doing light housework, like straightening up (his/her) room or apartment?	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11e	(Does *[RESIDENT INITIALS]* currently need help from another person with:) Taking medication—this includes opening the bottle, remembering to take medication on time, and taking the prescribed dosage?	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C12a	Does *[RESIDENT INITIALS]* now use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV, assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing or speech impairments?	1 YES 2 NO	All residents	
R_C13	Does *[RESIDENT INITIALS]* have a landline telephone or cellular telephone in (his/her) room?	1 YES 2 NO	All residents	
R_C12	HAND R SHOWCARD Over the last 30 days, how often did *[RESIDENT INITIALS]* receive one or more outside visitors?	1 EVERY DAY 2 AT LEAST SEVERAL TIMES A WEEK 3 ABOUT ONCE A WEEK 4 SEVERAL TIMES DURING THE PAST 30 DAYS BUT LESS THAN EVERY WEEK 5 AT LEAST ONCE IN THE LAST 30 DAYS 6 NOT AT ALL IN THE LAST 30 DAYS	All residents	
R_C12a1	HAND R SHOWCARD Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to... Walk a quarter mile, about three city blocks?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON		R_C10d and R_C10e≠1

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C12a2	Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to... Walk up 10 steps without resting?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON		R_C10d≠1 and R_C10e≠1
R_C12a3	Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to... Stand or be on feet for about two hours?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON		R_C10d≠1 and R_C10e≠1
R_C12a4	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]*...) Sit for about two hours?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON	All residents	
R_C12a5	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to...) Stoop, bend, or kneel?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON		R_C10d≠1 and R_C10e≠1
R_C12a6	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to...) Reach up over head?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON	All residents	
R_C12a7	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to...) Use fingers to grasp or handle small objects?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON	All residents	
R_C12a8	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to...) Lift or carry something as heavy as 10 pounds, such as a bag of groceries?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C12a9	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to...) Push or pull a large object like a living room chair?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON	All residents	
R_C12a10	(Without assistance and without equipment, how difficult is it for *[RESIDENT INITIALS]* to...) Go out to do things like shopping, movies, or sporting events?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL—HEALTH REASON 6 DOES NOT DO—OTHER REASON		R_C10d≠1 and R_C10e≠1
R_C14	In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?	1 CONTINUE		
R_C14a	HAND R SHOWCARD (In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Refusing to take prescribed medicines at the appropriate time or in the prescribed dosage	1 OFTEN 2 SOMETIMES (INCLUDES 1 TIME) 3 NEVER 4 RESIDENT DOES NOT TAKE ANY PRESCRIBED MEDICATIONS 5 FACILITY DOES NOT HANDLE RESIDENTS' MEDICATIONS	All residents	
R_C14c	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Creating disturbances or being excessively noisy by knocking on doors or yelling or being verbally abusive?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14cc	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Wandering or moving aimlessly about in the building or on the grounds?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14d	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Refusing to bathe or clean (himself/herself)?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14e	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Rummaging through or taking other people's belongings?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14f	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Damaging or destroying property?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14g	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Verbally threatening other persons including staff or other residents?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14h	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Being physically aggressive towards other persons including staff or other residents?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C14i	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Removing clothing in public?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14j	(In the past 30 days, how often has *[RESIDENT INITIALS]* exhibited any of the following behaviors?) Making unwanted sexual advances towards staff or other residents?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C15	Does a physician ever prescribe medications to help control *[RESIDENT INITIALS]* behavior or to reduce agitation?	1 YES 2 NO		R_C14a-j = 1 or 2 in any of these questions
R_C16	HAND R SHOWCARD The following services may be offered by facility staff or provided at the facility by non-facility staff. Please look at this Showcard and tell me if *[RESIDENT INITIALS]* uses any of these services. SELECT ALL THAT APPLY	1 SPECIAL DIETS 2 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING 3 ASSISTANCE WITH A BATH OR SHOWER AT LEAST ONCE A WEEK 4 SKILLED NURSING SERVICES 5 BASIC HEALTH MONITORING SUCH AS BLOOD PRESSURE AND WEIGHT CHECKS 6 SOCIAL AND RECREATIONAL ACTIVITIES WITHIN THE FACILITY 7 SOCIAL AND RECREATIONAL ACTIVITIES OUTSIDE THE FACILITY 8 INCONTINENCE CARE 9 TRANSPORTATION TO MEDICAL APPOINTMENTS 10 TRANSPORTATION TO STORES AND ELSEWHERE 11 PERSONAL LAUNDRY 12 LINEN LAUNDRY SERVICES 13 SOCIAL SERVICES COUNSELING 14 NONE OF THE ABOVE	All residents	
R_C17a	HAS THIS RESPONDENT ALSO COMPLETED EITHER THE FACILITY QUESTIONNAIRE OR ANOTHER RESIDENT'S QUESTIONNAIRE?	1 YES 2 NO		
R_C17	The next few questions are about you. How long have you worked at this facility?	1 6 MONTHS OR LESS 2 MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR 3 AT LEAST ONE YEAR TO LESS THAN TWO YEARS 4 TWO YEARS OR MORE		R_C17a = 2

Question number	Question item	Code categories	Resident asked	Skip pattern
R_C18	HAND R SHOWCARD Please look at this card and tell me which best describes your position at this facility.	1 RN 2 LPN 3 CERTIFIED MEDICATION AIDE 4 NURSING ASSISTANT/CNA/ PERSONAL CARE AIDE 5 ACTIVITY DIRECTOR OR STAFF 6 OWNER, ADMINISTRATOR, EXECUTIVE DIRECTOR, ASSISTANT DIRECTOR, DIRECTOR OF OPERATIONS, OR MANAGER 7 SOME OTHER POSITION		R_C17a = 2
R_CEND	Thank you. These are all the questions I have for you regarding this resident. Now I need to check my records if there are any other selected residents for whom you were identified as a caregiver.	1 CONTINUE		

Appendix XXI. Interviewer Debriefing Questionnaire

1. DID THE ADMINISTRATOR HAVE THE PRE-INTERVIEW WORKSHEET FILLED OUT?

    YES

    NO (please explain)

2. DID RESPONDENT(S) HAVE ANY SPECIFIC DIFFICULTIES ANSWERING ANY QUESTIONS?

    YES

    NO (please explain)

3. DO YOU FEEL RESPONDENTS WERE ACCURATE IN THEIR ANSWERS?

    YES

    NO (please explain)

4. WERE THERE ANY QUESTIONS ON THE FACILITY QUESTIONNAIRE WHERE THE RESPONDENT PROVIDED SOME ANSWERS FOR ONLY PART OF THE FACILITY AT THIS LOCATION? THIS MAY OCCUR WHEN THE FACILITY HAS TWO OR MORE LICENSES TO CARE FOR RESIDENTS WITH SIGNIFICANTLY DIFFERENT LEVELS OF DISABILITY, SUCH AS REGULAR ASSISTED LIVING AND ALZHEIMER'S DISEASE CARE.

    YES

    NO (please explain)

5. PLEASE BRIEFLY DESCRIBE ANY DIFFICULTY THE RESPONDENT HAD ANSWERING THE QUESTIONS.

6. HOW MANY RESPONDENTS WERE NEEDED TO COMPLETE THE FACILITY QUESTIONNAIRE? PLEASE EXPLAIN WHY MORE THAN ONE RESPONDENT WAS NEEDED.

7. HOW LONG WERE YOU AT THIS FACILITY, FROM THE TIME YOU ARRIVED UNTIL THE TIME YOU LEFT OR WILL LEAVE?

8. PLEASE DESCRIBE ANY DIFFICULTY STAFF HAD OBTAINING RESIDENT RECORDS. IF NO DIFFICULTY, ENTER "NONE."

9. PLEASE DESCRIBE ANY DIFFICULTY STAFF HAD FINDING OR LOCATING INFORMATION WITHIN RESIDENT RECORDS.

10. PLEASE DESCRIBE ANY DIFFICULTY IN LOCATING THE CORRECT STAFF PERSON TO COMPLETE THE INTERVIEW.

11. ENTER OTHER COMMENTS ABOUT THIS FACILITY, RESPONDENTS, OR DATA COLLECTED NOT MENTIONED ABOVE. IF NO OTHER COMMENTS, ENTER "NONE."

Appendix XXII. Refusal Conversion Letters

- Exhibit A. Having trouble reaching you letter
- Exhibit B. No time letter
- Exhibit C. Not interested/not if voluntary letter
- Exhibit D. Cancelled appointment letter

Exhibit A. Having trouble reaching you letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

DATE
NAME
FACILITY
ADDRESS
CITY/STATE/ZIP

Dear :

We keep missing you!

We have been trying to reach you about participating in the **National Survey of Residential Care Facilities (NSRCF).**

- This first-time national study collects information about the characteristics of residential care communities, the types of services they provide, and the characteristics of people who live in these communities.
- All responses are confidential and protected by federal privacy laws.
- Only a small number of communities in STATE will be included in this study, so your responses are very important to provide accurate information on long-term care in the United States.
- Please see the attached brochure for more information.

We understand that you are very busy. Our attempts to reach you have been unsuccessful. We'd like to tell you more about the study at a time that's convenient to **your** schedule. To reduce the time commitment of any one person, you can designate portions of the interview to be completed by different people on your staff.

In a few days you will receive a call from our field office to discuss this study. If you prefer, you may call FIELD SUPERVISOR toll-free at 1–866–XXX–XXXX or send an e-mail to FS EMAIL ADDRESS. An NSRCF staff member will respond promptly.

Sincerely,

/Lauren Harris-Kojetin/
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

Attachment: NSRCF brochure and related information
For more information about the National Survey of Residential Care Facilities and other studies of long-term care, please visit
www.cdc.gov/nchs/nhcs.htm

Exhibit B. No time letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

DATE
NAME
FACILITY
ADDRESS
CITY/STATE/ZIP

Dear:

When we contacted you recently about participating in the **National Survey of Residential Care Facilities (NSRCF),** you expressed concern about spending the time necessary to complete the interview.

This first-time national study collects information about the characteristics of residential care communities and the types of services they provide. Only a small number of communities in STATE will be included in this study, so your responses are very important to provide accurate information on long-term care in the United States.

We understand that you are very busy.

- The interviewer will accommodate **your schedule** and **your needs** in order to complete the interview.
- Should you need to pause the interview in order to attend to other duties, your interviewer will be happy to do so.
- To reduce the time commitment of any one person, you can designate portions of the interview to be completed by different people on your staff. The facility portion of the interview averages **1 hour,** while the resident portion of the interview averages **20 minutes** per selected resident. (Residents are not interviewed directly.)
- This survey is conducted via a laptop computer which enhances the ease and speed of administration.

Many organizations and leaders in the long-term care community, including the American Association of Homes and Services for the Aging (AAHSA), the American Seniors Housing Association (ASHA), the Assisted Living Federation of America (ALFA), and the National Center for Assisted Living (NCAL) join me in urging your participation in this meaningful study.

We hope you will consider participating in this important research study. In a few days, you will receive a call from our field office to discuss the specific concerns that you had. If you prefer, you may call FIELD SUPERVISOR toll-free at 1–866–XXX–XXXX or send an e-mail to FS EMAIL ADDRESS. An NSRCF staff member will respond promptly.

Sincerely,

/Lauren Harris-Kojetin/
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

Attachment: NSRCF brochure and related information
For more information about the National Survey of Residential Care Facilities and other studies of long-term care, please visit
http://www.cdc.gov/nchs/nhcs.htm

Exhibit C. Not interested/not if voluntary letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

DATE
NAME
FACILITY
ADDRESS
CITY/STATE/ZIP

Dear:

When we contacted you recently about participating in the **National Survey of Residential Care Facilities (NSRCF),**
you expressed concern about completing the interview.

This first-time national study collects information about the characteristics of residential care communities and the types of
services they provide. Only a small number of communities in STATE will be included in this study, so your responses are
very important to provide accurate information on long-term care in the United States.

- All responses are confidential and protected by federal privacy laws.
- The interviewer will accommodate **your schedule** and **your needs** in order to complete the interview.
- Should you need to pause the interview in order to attend to other duties, your interviewer will be happy to do so.
- To reduce the time commitment of any one person, you can designate parts of the interview to be completed by
  other people on your staff.
- This survey is conducted via a laptop computer which enhances the ease and speed of administration.

Many organizations and leaders in the long-term care community, including the American Association of Homes and Services
for the Aging (AAHSA), the American Seniors Housing Association (ASHA), the Assisted Living Federation of America (ALFA),
and the National Center for Assisted Living (NCAL) join me in urging your participation in this meaningful study.

We hope you will consider participating in this important national study. In a few days, you will receive a call from our
field office to discuss the specific concerns that you had. If you prefer, you may call FIELD SUPERVISOR toll-free at
1–866–XXX–XXXX or send an e-mail to FS EMAIL ADDRESS. An NSRCF staff member will respond promptly.

Sincerely,

/Lauren Harris-Kojetin/
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

Attachment: NSRCF brochure and related information
For more information about the National Survey of Residential Care Facilities and other studies of long-term care, please visit
http://www.cdc.gov/nchs/nhcs.htm

Exhibit D. Cancelled appointment letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

DATE
NAME
FACILITY
ADDRESS
CITY/STATE/ZIP

Dear:

Sorry we missed you!

We had an appointment on: **DATE, TIME** to complete the surveys for the **National Survey of Residential Care Facilities (NSRCF).** We hope to speak with you soon to reschedule a date and time that is convenient for you. As a reminder, here are some features of this study:

- This first-time national study collects information about the characteristics of residential care communities, the types of services they provide, and the characteristics of people who live in these communities.
- All responses are confidential and protected by federal privacy laws.
- Only a small number of communities in STATE will be included in this study, so your responses are very important to provide accurate information on long-term care in the United States.

We understand that you are very busy. We can find a time to meet that is convenient to **your** schedule. To reduce the time commitment of any one person, you can designate portions of the interview to be completed by different people on your staff.

In a few days you will receive a call from our field office. If you prefer, you may call FIRST NAME LAST NAME toll-free at 1–XXX–XXX–XXXX or send an e-mail to NSRNMut1@nsr.rti.org. An NSRCF staff member will respond promptly.

Sincerely,

/Lauren Harris-Kojetin/
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

Attachment: NSRCF brochure and related information
For more information about the National Survey of Residential Care Facilities and other studies of long-term care, please visit
http://www.cdc.gov/nchs/nhcs.htm

Appendix XXIII. Schedule Appointment Reminder Letter and Postcard

Exhibit A. Schedule appointment reminder letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

DATE:

Dear

It's time to schedule your appointment!

Thank you for agreeing to participate in the National Survey of Residential Care Facilities (NSRCF). It is the first ever national study of assisted living and residential care, and it is being conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) and the Assistant Secretary for Planning and Evaluation (ASPE).

When we spoke earlier to complete the screening interview, you asked that I contact you at another time to set up your appointment for the on-site visit. Our interviewers are flexible and will accommodate your schedule.

I will give you a call in a few days to schedule an appointment time that is convenient for you. Or, please feel free to call me toll free at 1–_____–_____–_____ or email me at _____.

I look forward to speaking with you again.

Sincerely,

/recruiter name/
    Recruiter

Exhibit B. Postcard

National Survey of Residential Care Facilities

http://www.cdc.gov/nchs/nsrcf.htm

National study being conducted by U.S. Centers for Disease Control and Prevention (CDC),
National Center for Health Statistics and Assistant Secretary of Planning and Evaluation

Interviewing conducted by RTI International

If you have participated in the National Survey of Residential Care Facilities (NSRCF) in the past few weeks, thank you so much!

If you haven't completed the survey, please consider scheduling an appointment to do so. We understand that you are very busy; however, we can find a time to meet that is convenient to your schedule. This first-time national study collects information about the characteristics of residential care communities and the types of services they provide. Your responses are very important to provide accurate information on long-term care in the United States.

In a few days you will receive a call from our field office to discuss this study. If you prefer, you may call _____ toll-free at 866–____–_____ or send an e-mail to _____@rti.org. An NSRCF staff member will respond promptly.

Thank you in advance for your help with this important endeavor.

RTI | *turning knowledge into practice*
INTERNATIONAL

Appendix XXIV. Closure Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

[DATE]

[DIRECTOR]
[FACILITY NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [FIRST NAME LAST NAME OF DIRECTOR]:

On behalf of the National Survey of Residential Care Facilities (NSRCF), we want to thank you for considering participation in this study. We have completed the 2010 study and will no longer attempt to contact you.

This NSRCF will provide a national picture of assisted living and residential care communities and the services they provide. These findings will help characterize how residential care and assisted living communities meet the needs of elders and adults with disabilities and help shape future long-term care policies.

Again, we appreciate the time and effort you have given in support of this study.

Sincerely,

/Lauren Harris-Kojetin/
Chief, Long-Term Care Statistics Branch
National Center for Health Statistics

For more information about the National Survey of Residential Care Facilities and other studies of long-term care, please visit http://www.cdc.gov/nchs/nhcs.htm

Appendix XXV. Verification Script

VERIFICATION SCRIPT
November 5, 2009

INSTRUCTIONS: Refer to this hardcopy script to administer all verification cases. Type answers in Verif_WeekX_RegionX.xls. Refer to Project FAQs if necessary to answer questions from facility.

READ IF NECESSARY

NOTICE—Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920–0780).

Assurance of Confidentiality—All information which would permit identification of an 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 establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL–107–347).

INTRODUCTION: Hello, my name is _____. I'm a supervisor with RTI International. May I speak with (DIRECTOR'S NAME/NAME OF RESPONDENT TO FACILITY QUESTIONNAIRE, SOMEONE ELSE)?

I am calling to verify the work of one of our interviewers, FI NAME, who conducted a recent interview at this facility for the National Survey of Residential Care Facilities.

IF DOING VERIFICATION WITH DIRECTOR (OR RESPONDENT TO FACILITY INTERVIEW) USE THIS COLUMN	IF DOING VERIFICATION WITH SOMEONE ELSE USE THIS COLUMN
⬇	⬇
	NOTE THE PERSON'S NAME AND POSITION: _____
1. Did you complete an in-person interview with FI NAME on DATE? a. YES, I COMPLETED IT. b. NO, I DID NOT COMPLETE AN INTERVIEW c. I DON'T REMEMBER IF I COMPLETED AN INTERVIEW	**1.** Did someone at FACILITY complete an in-person interview with FI NAME on DATE? a. YES, FACILITY COMPLETED IT. b. NO, FACILITY DID NOT COMPLETE AN INTERVIEW. c. I DON'T KNOW IF FACILITY COMPLETED AN INTERVIEW

2. Were you [**IF Q1=DON'T REMEMBER OR NO:** You would have been] asked questions about NAME OF FACILITY, such as the number of residents and rooms, the services you offer, and general information on staffing? a. YES, I WAS ASKED THESE QUESTIONS b. NO, I WAS NOT ASKED THESE QUESTIONS 　➔ **PROBLEM.** 　➔ **IF Q1 = YES, PROCEED TO Q3** 　➔ **IF Q1 = NO OR DON'T REMEMBER, SKIP TO Q7.** c. DON'T REMEMBER IF I WAS ASKED THESE QUESTIONS. 　➔ **PROBLEM.** 　➔ **IF Q1 = YES, PROCEED TO Q3.** 　➔ **IF Q1 = NO OR DON'T REMEMBER, SKIP TO Q7.**	**2.** Was someone at FACILITY [**IF Q1 = NO OR DON'T KNOW:** Someone at FACILITY would have been] asked questions about the facility, such as the number of residents and rooms, the services you offer, and general information on staffing? a. YES, FACILITY WAS ASKED THESE QUESTIONS b. NO, FACILITY WAS NOT ASKED THESE QUESTIONS 　➔ **PROBLEM.** 　➔ **IF Q1 = YES, PROCEED TO Q3** 　➔ **IF Q1 = NO OR DON'T KNOW, SKIP TO Q7.** c. DON'T KNOW IF FACILITY WAS ASKED THESE QUESTIONS. 　➔ **PROBLEM.** 　➔ **IF Q1 = YES, PROCEED TO Q3.** 　➔ **IF Q1 = NO OR DON'T KNOW, SKIP TO Q7.**
3. Did the interviewer ask you to provide a list of residents? a. YES b. NO 　➔ **PROBLEM.** 　➔ **SKIP TO Q5.** c. DON'T REMEMBER	**3.** Did the interviewer ask for a list of residents? a. YES b. NO 　➔ **PROBLEM** 　➔**SKIP TO Q5.** c. DON'T KNOW
4. And did the interviewer ask a series of questions about (3,3,4,6) residents? a. YES b. NO ➔ **PROBLEM** c. DON'T REMEMBER.	**4.** And did the interviewer ask a series of questions about (3,3,4,6) residents? a. YES b. NO ➔ **PROBLEM** c. DON'T KNOW.
5. How long was the interviewer at your facility? _____Hours _____Minutes 　　***FIGURES ASSUME ALL RESIDENT INTERVIEWS WERE COMPLETED***	**5.** How long was the interviewer at your facility? _____Hours _____Minutes 　　***FIGURES ASSUME ALL RESIDENT INTERVIEWS WERE COMPLETED***

Small and Medium Facilities	0–45 MINUTES ➔ PROBLEM 45 MINUTES – 3 HOURS ➔ OK 3 OR MORE HOURS ➔ PROBLEM	**Small and Medium Facilities**	0–45 MINUTES ➔ PROBLEM 45 MINUTES – 3 HOURS ➔ OK 3 OR MORE HOURS ➔ PROBLEM
Large Facilities	0–1 HOUR ➔ PROBLEM 1 HOUR – 3 ½ HOURS ➔ OK 3 ½ OR MORE HOURS ➔ PROBLEM	**Large Facilities**	0–1 HOUR ➔ PROBLEM 1 HOUR – 3 ½ HOURS ➔ OK 3 ½ OR MORE HOURS ➔ PROBLEM
Very Large Facilities	0–1 HOURS ➔ PROBLEM 1 ½ – 4 HOURS ➔ OK 4+ HOURS ➔ PROBLEM	**Very Large Facilities**	0–1 HOURS ➔ PROBLEM 1 ½ – 4 HOURS ➔ OK 4+ HOURS ➔ PROBLEM
Respondent is unsure of time	EXPLAIN	**Respondent is unsure of time**	EXPLAIN

6. We would like you to assess the overall performance of the interviewer FI NAME. Would you say (his/her) performance was excellent, very good, good, fair or poor? a. EXCELLENT b. VERY GOOD c. GOOD d. FAIR➜ **PROBLEM** e. POOR➜ **PROBLEM** f. DON'T REMEMBER.	**6.** N/A
7. Did you have any concerns about the interview or data collection procedures? a. YES (DESCRIBE)_____ _____ _____ b. NO c. DON'T REMEMBER.	**7.** Did you have any concerns about the interview or data collection procedures? a. YES (DESCRIBE) _____ _____ _____ b. NO c. DON'T REMEMBER.
CONCLUSION: Thank you very much for your time. Goodbye! DESCRIBE ANY PROBLEMS NOTED ABOVE: _____ _____ _____ _____ ADDITIONAL COMMENTS: _____ _____ _____ _____	**CONCLUSION:** Thank you very much for your time. Goodbye! DESCRIBE ANY PROBLEMS NOTED ABOVE: _____ _____ _____ _____ ADDITIONAL COMMENTS: _____ _____ _____ _____

Appendix XXVI. Chain Approval Report

Preload		
1	Number of facilities linked to chains[a]	1,455
2	Number of chains[a]	1,062
Chain Approval Needed/Requested		
3	Number of chains where approval needed[b]	74
4	Number of chains in line 3 who contacted NCHS to refuse[c]	1
	Request rate (rows 3+4/row 2)	7.0%
Current Status of Scientific Staff Efforts		
Pending cases		
3a	Chain is new; has not been worked yet by scientific staff	8
3b	Chain approval unnecessary; scientific staff stopped work[d]	23
3c	Scientific staff not yet contacted chain	0
3d	Scientific staff contact to chain is in process	12
3d_1	Scientific staff contact to chain is not being pursued due to risk of a chain-wide refusal that would impact multiple other facilities in the chain	4
3e	Chain is consulting corporate counsel	0
Final cases		
3f	Final: Chain refused to participate	8
4f	Among line 4 chains	0
3g	Final: Chain agreed to participate	16
4g	Among line 4 chains	0
3h	Final: Chain was never reached by scientific staff	3
4h	Among line 4 chains	0
	Agreement rate (row3g/(row 3-row 3b))	31.4%

Facilities Linked to Chains		Total Facilities in Sample Linked to Chains[e]	Actual Number of Impacted Facilities[f]
3a.1	Facilities linked to 3a	18	11
3c.1	Facilities linked to 3c	0	0
3d.1	Facilities linked to 3d	31	21
3d.1_1	Facilities linked to 3d_1	64	16
3e.1	Facilities linked to 3e	0	0
3f.1	Facilities linked to 3f	53	53
3g.1	Facilities linked to 3g	80	49
3h.1	Facilities linked to 3h	7	6
4.1	Facilities linked to 4	9	9
4f.1	Facilities linked to 4f	0	0
4g.1	Facilities linked to 4g	0	0
4h.1	Facilities linked to 4h	0	0
5	Sum 3a.1, 3c.1, 3d.1, 3e.1, 3f.1, 3g.1, 3h.1	262	165

Notes:

[a]Based on information from preload frame.

[b]Requested by recruiter, interviewer, NCHS, or chain.

[c]This reflects a national chain that, immediately after recruiters began making phone calls, contacted NCHS to refuse participation for all their facilities. They provided a list of all facilities in their chain that we cross-referenced to 24 facilities in the sample. These 24 facilities were put on hold. Although the project director contacted this chain to explain the study, the chain never took his calls. The 24 facilities were not pursued or completed.

[d]Scientific staff did not pursue these chains because (a) the approval required was for an offsite administrator rather than a chain, so the recruiter was able to follow up, or (b) the facility decided to participate before scientific staff contacted the chain office.

[e]Based on manual examination, not based on preload.

[f]Impacted facilities are fewer for some categories compared to total facilities in the sample linked to chains because some affiliated facilities did not report needing chain approval.

Vital and Health Statistics Series Descriptions

ACTIVE SERIES

Series 1. **Programs and Collection Procedures**—This type of report describes the data collection programs of the National Center for Health Statistics. Series 1 includes descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.

Series 2. **Data Evaluation and Methods Research**—This type of report concerns statistical methods and includes analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. Also included are experimental tests of new survey methods, comparisons of U.S. methodologies with those of other countries, and as of 2009, studies of cognition and survey measurement, and final reports of major committees concerning vital and health statistics measurement and methods.

Series 3. **Analytical and Epidemiological Studies**—This type of report presents analytical or interpretive studies based on vital and health statistics. As of 2009, Series 3 also includes studies based on surveys that are not part of continuing data systems of the National Center for Health Statistics and international vital and health statistics reports.

Series 10. **Data From the National Health Interview Survey**—This type of report contains statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. Series 10 is based on data collected in this continuing national household interview survey.

Series 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—In this type of report, data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.

Series 13. **Data From the National Health Care Survey**—This type of report contains statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.

Series 20. **Data on Mortality**—This type of report contains statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.

Series 21. **Data on Natality, Marriage, and Divorce**—This type of report contains statistics on natality, marriage, and divorce that are not included in regular, annual, or monthly reports. Special analyses by health and demographic variables and geographic and trend analyses are included.

Series 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception and infertility; factors affecting the formation and dissolution of families, including cohabitation, marriage, divorce, and remarriage; and behavior related to the risk of HIV and other sexually transmitted diseases. These statistics are based on national surveys of women and men of childbearing age.

DISCONTINUED SERIES

Series 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents. The last Series 4 report was published in 2002. As of 2009, this type of report is included in Series 2 or another appropriate series, depending on the report topic.

Series 5. **International Vital and Health Statistics Reports**—This type of report compares U.S. vital and health statistics with those of other countries or presents other international data of relevance to the health statistics system of the United States. The last Series 5 report was published in 2003. As of 2009, this type of report is included in Series 3 or another series, depending on the report topic.

Series 6. **Cognition and Survey Measurement**—This type of report uses methods of cognitive science to design, evaluate, and test survey instruments. The last Series 6 report was published in 1999. As of 2009, this type of report is included in Series 2.

Series 12. **Data From the Institutionalized Population Surveys**—The last Series 12 report was published in 1974. Reports from these surveys are included in Series 13.

Series 14. **Data on Health Resources: Manpower and Facilities**—The last Series 14 report was published in 1989. Reports on health resources are included in Series 13.

Series 15. **Data From Special Surveys**—This type of report contains statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics. The last Series 15 report was published in 2002. As of 2009, reports based on these surveys are included in Series 3.

Series 16. **Compilations of Advance Data From Vital and Health Statistics**—The last Series 16 report was published in 1996. All reports are available online, and so compilations of Advance Data reports are no longer needed.

Series 22. **Data From the National Mortality and Natality Surveys**—The last Series 22 report was published in 1973. Reports from these sample surveys, based on vital records, are published in Series 20 or 21.

Series 24. **Compilations of Data on Natality, Mortality, Marriage, and Divorce**—The last Series 24 report was published in 1996. All reports are available online, and so compilations of reports are no longer needed.

For answers to questions about this report or for a list of reports published in these series, contact:

Information Dissemination Staff
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Room 5412
Hyattsville, MD 20782

1–800–232–4636
E-mail: cdcinfo@cdc.gov
Internet: http://www.cdc.gov/nchs

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

—————————————————

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300