Adult Foster Homes

Oregon Community Based Care

2015 Resident & Community Characteristics Questionnaire

<table>
<thead>
<tr>
<th>License #</th>
<th>Adult Foster Home’s Phone #</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name of Home (if applicable)</th>
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<table>
<thead>
<tr>
<th>Address of Adult Foster Home</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner/Operator Name</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Fax #</th>
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<table>
<thead>
<tr>
<th>Owner/Operator’s Phone # (if different)</th>
</tr>
</thead>
</table>

Once complete, please choose one of the following to return the questionnaire:

1. Scan and email to: [cbcor@pdx.edu](mailto:cbcor@pdx.edu)
   *(Be sure to include both sides of paper, if printed double-sided)*

2. Fax to: 503.725.9927
   *(Be sure to include both sides of paper, if printed double-sided)*

3. Mail to: CBC Project - Institute on Aging
   Portland State University
   PO BOX 751
   Portland, Oregon 97207

If you would prefer to **complete the questionnaire over the phone**, please email or call Aubrey at: [alimburg@pdx.edu](mailto:alimburg@pdx.edu) or 503.725.9252.

If you have questions concerning completing this questionnaire, please contact:
Jackie Kohon at 503-725-5236 or [cbcor@pdx.edu](mailto:cbcor@pdx.edu).
Questionnaire Instructions:

Begin by providing your home’s license number and other information on (page 1), then continue on to the questions on page 3.

If you operate more than one adult foster home, please complete the questionnaire only for the license number and address indicated on the envelope.

Many of these questions will require accessing information contained in resident files and totaling this information for all of your residents.

Please provide your best estimate for each question. For open answer boxes, if the answer is “none” or “0”, please write “0”. If the question does not apply to your home, please write “N/A.”

Most questions ask you to write the number based on your current residents, in a box like this:

Some questions ask you to check a box like this: ☒

The study results will be most accurate if everyone completes all questions.

We appreciate your time and the work that you do on behalf of older adults and persons with disabilities.
Section A. Resident Information

1. How many of your current residents are:

- [ ] Female
- [ ] Male
- [ ] Transgender

**TOTAL # OF CURRENT RESIDENTS**

2. What is the age of each of your current residents?

- [ ] Resident 1
- [ ] Resident 2
- [ ] Resident 3
- [ ] Resident 4
- [ ] Resident 5

3. How many of your current residents are:

- [ ] Married or partnered
- [ ] Single (single, separated, divorced, widowed)

4. How many of your current residents are married to (or partnered with) their roommate or other resident of your adult foster home?

   [Write “0” if none.]

   [ ] Number residents

5. How many of your current residents are:

   *Please count each resident only once.*

   - [ ] Hispanic/Latino (any race)
   - [ ] American Indian or Alaska Native, not Hispanic or Latino
   - [ ] Asian, not Hispanic or Latino
   - [ ] Black, not Hispanic or Latino
   - [ ] Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
   - [ ] White, not Hispanic or Latino
   - [ ] Two or more races
   - [ ] Other/unknown/or resident would most likely choose not to answer

   **TOTAL** *Should match total in question #1.*

6. a. How many of your current residents primarily speak a language other than English?

   [ ] Number of residents

   ➔ If zero, continue to question #7.

   b. Other than English, which languages do your current residents primarily speak?

   _________________________________________________________________
   _________________________________________________________________

   [ ] Number residents
7. In the past 90 days, how many new residents moved in (for the first time) from the following places? [If no new residents in past 90 days, write “N/A”.]

<table>
<thead>
<tr>
<th># of residents</th>
<th>Moved in from:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home (alone or with spouse or partner)</td>
</tr>
<tr>
<td></td>
<td>Home of child, other relative</td>
</tr>
<tr>
<td></td>
<td>Independent living apartment in senior housing</td>
</tr>
<tr>
<td></td>
<td>Assisted living/residential care</td>
</tr>
<tr>
<td></td>
<td>Memory care facility</td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td>Adult foster care</td>
</tr>
<tr>
<td></td>
<td>Nursing facility (NF) or Skilled nursing facility (SNF)</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

8. In the past 90 days, how many residents moved out (permanently) to the following places?

⇒ If no residents moved out in past 90 days, write “N/A” and SKIP to question #11.

<table>
<thead>
<tr>
<th># of residents</th>
<th>Moved out to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home (alone or with spouse or partner)</td>
</tr>
<tr>
<td></td>
<td>Home of child, other relative</td>
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<tr>
<td></td>
<td>Independent living apartment in senior housing</td>
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<tr>
<td></td>
<td>Nursing facility (NF) or Skilled nursing facility (SNF)</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
</tr>
<tr>
<td></td>
<td>Resident died</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

9. For the residents who moved out, what was the length of stay for each resident?

<table>
<thead>
<tr>
<th># of residents</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - 7 days</td>
</tr>
<tr>
<td></td>
<td>8 - 13 days</td>
</tr>
<tr>
<td></td>
<td>14 - 30 days</td>
</tr>
<tr>
<td></td>
<td>31 - 90 days</td>
</tr>
<tr>
<td></td>
<td>91 - 180 days (3-6 months)</td>
</tr>
<tr>
<td></td>
<td>181 - 1 year (6-12 months)</td>
</tr>
<tr>
<td></td>
<td>More than 1 but less than 2 years</td>
</tr>
<tr>
<td></td>
<td>More than 2 but less than 4 years</td>
</tr>
<tr>
<td></td>
<td>More than 4 years</td>
</tr>
<tr>
<td></td>
<td>TOTAL [Should match total in question #9.]</td>
</tr>
</tbody>
</table>

10. Of the residents who moved out in the past 90 days, how many moved because they could no longer afford to pay for care? [If none, write “0”.

☐ Number of residents

11. Which of the following would typically prompt a move-out notice? [Check all that apply.]

☐ Two-person transfer
☐ Wandering outside
☐ Sliding-scale insulin shots
☐ Hitting/acting out with anger to other residents or caregivers
☐ Other – please explain:

__________________________________________
Section B. Resident Health, Acuity & Service Use

12. During the past 90 days, how many residents were in the following categories?

☐ Residents with 0 (zero) falls
☐ Residents who fell one time
☐ Residents who fell more than once
☐ TOTAL [Should match total in question #1.]

➔ If no residents fell during the past 90 days, SKIP to #14.

13. Of the residents who fell in the past 90 days:
   a. How many had a fall resulting in some kind of injury?

☐ Number of residents

   b. How many residents went to the hospital (emergency room or admitted) because of the fall?

☐ Number of residents

14. Does your community evaluate residents’ risk for falling using a fall risk assessment tool? [Examples include STEADI and TUG.]

☐ Yes, as a standard practice with every resident
☐ Yes, only case-by-case depending on each resident
☐ No
☐ Don’t know

15. How many of your current residents have been diagnosed with each of the following conditions? [Include all diagnoses for each resident even if controlled by diet, medication or other treatment. Enter “0” for any categories with no residents.]

☐ Heart disease (e.g., congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)
☐ Alzheimer’s disease and other dementias
☐ High blood pressure/hypertension
☐ Depression
☐ Serious mental health illness (such as bipolar disorder, schizophrenia)
☐ Diabetes
☐ Cancer
☐ Osteoporosis
☐ COPD and allied conditions
☐ Current drug and/or alcohol abuse
☐ Intellectual/developmental disability
☐ Arthritis

Medications and Treatments

16. How many of your current residents take no medications and no injections?

☐ Number of residents
17. How many of your current residents...

☐ Take 9 or more medications?
☐ Take antipsychotic medication [Common examples: Haldol (Haloperidol); Quetiapine (Seroquel), Olanzapine (Zyprexa), Aripiprazole (Abilify), Risperidone (Risperdal)].

☐ Self-administer most of their medications?
☐ Receive staff assistance to take oral medications?
☐ Receive staff assistance with subcutaneous injection medications?
☐ Receive injections from a licensed nurse?
☐ Receive nurse treatments from a licensed nurse [Common examples: oxygen and respiratory treatments, such as nebulizers; rectal medications; suctioning mouth with bulb syringes; wound care, such as staging pressure ulcers & dressing changes]?

Activities of Daily Living

18. How many of your current residents now need staff assistance with each of the following activities?

☐ Eating
☐ Transfer from a bed or chair
☐ Dressing
☐ Bathing and/or showering
☐ Using the bathroom
☐ Incontinence care
☐ Mobility/Walking

19. How many of your current residents use a mobility aide (cane, walker, wheelchair)?

☐ Number of residents

Health Service Use

20. In the past 90 days, which (if any) of the following health care providers visited the home to provide services and/or training? [Check all that apply.]

☐ Hospice worker
☐ Nurse (RN, LPN, LVN) or home health provider (non-hospice)
☐ Medical doctor or nurse practitioner
☐ Mental health provider
☐ Physical or occupational therapist
☐ Case manager
☐ Dentist or dental hygienist
☐ Other (specify: ________________)
☐ None of the above

21. How many of your current residents were:

☐ Treated in a hospital emergency room (ER) in the last 90 days?
☐ Discharged from an overnight hospital stay in the last 90 days? [Exclude trips to ER that did not result in an overnight hospital stay.]
☐ Receiving hospice care in the last 90 days?
22. For how many of your current residents is leaving the home so physically or emotionally taxing that they are normally unable to leave?

☐ Number of residents

Flu Immunization

23. How many of your current residents received a flu vaccine this past fall? [While flu vaccines are not mandatory, they are strongly encouraged by the Centers for Disease Control. Therefore, you will not be penalized for your response to this or any other question.]

☐ Number of residents

☐ Don’t know/We do not track this

24. Of all your current staff and home occupants, how many received a flu vaccine this past fall? [Current staff includes caregivers, resident managers or others who provide resident services.]

☐ Number of all current staff

☐ AFH operator’s family who live at the home or have regular contact

☐ Don’t know/We do not track this

25. Does your home encourage annual flu vaccination of staff and home occupants (including operator’s family)?

☐ Yes ☐ No

Section C.
About You: Adult Foster Home Owner/ Licensee

26. How many years have you (owner/licensee) been a licensed AFH operator?

______________

27. Do you have any of the following certifications?

☐ CNA ☐ LPN/LVN

☐ RN ☐ Respiratory Therapist

☐ MSW ☐ None

☐ Other: ________________

Section D. Household Characteristics & Staffing

28. Do you live at this adult foster home?

☐ Yes ☐ No

29. Do any of your family members who are not residents (e.g., spouse, children) live at this address?

☐ How many of your family members live at this address?

☐ How many are 17 or younger?

☐ How many are 18 or older?

30. Do you currently care for an elderly or disabled relative in your adult foster home?

☐ Yes ➔ How many? ☐

☐ No
31. Does your home currently employ a resident manager?
   - Yes  ➔ continue to question #32
   - No  ➔ SKIP to question #34

32. How many resident managers does your home employ?
   - [ ] Number of resident managers

33. How many hours did your resident manager(s) work in the last week that he/she worked?
   - [ ] Number of hours worked

34. How many caregivers (not including resident manager(s)) does your home currently employ?
   - [ ] Number of caregivers

35. What is the level of certification for each of your caregivers?

<table>
<thead>
<tr>
<th># of caregivers</th>
<th>Staff Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Licensed practical or vocational nurses (LPNs)/(LVNs)</td>
</tr>
<tr>
<td></td>
<td>Certified nursing assistants (CNAs)</td>
</tr>
<tr>
<td></td>
<td>Certified medication aides (CMAs)</td>
</tr>
<tr>
<td></td>
<td>Personal care staff who are not licensed or certified</td>
</tr>
</tbody>
</table>

36. What languages, other than English, do you and your staff speak fluently?

37. Which of the following topics have been covered in staff trainings during the past year? [Check all that apply.]
   - Disease-specific (e.g., dementia, stroke, diabetes)
   - Medication administration
   - Safety (fire safety, emergency preparedness)
   - Communication and problem solving
   - Nutrition and food management
   - Resident’s rights
   - How to prevent communicable diseases
   - Person-directed or person-centered care
   - Abuse
   - Working with resident families
   - Other; specify:

38. Do you currently have a Medicaid contract or accept Medicaid as a source of payment for any of your residents?
   - Yes  ➔  No

   a. If yes, how many of your current residents are Medicaid beneficiaries/clients?
      - [ ] Number of residents

   b. If no, have you had a Medicaid contract or accepted Medicaid in the past?
      - Yes  ➔  No
39. Do you currently have private-pay residents?
   □ Yes  □ No
   → If NO, SKIP to #45

a. If yes: If a private-pay resident spends down their assets, may they stay in the home and pay via Medicaid, if they qualify?
   □ Yes  □ No

40. How many of your current residents who pay privately had a rate increase in the past 12 months?
   □□□□ Number of residents

41. For the last month, what was the average total monthly charge for a single resident living alone in a private room and receiving the lowest level of care? (Private-pay only)
   $___________ / month

42. For the last month, what was the average total monthly charge (including services) for a single resident living in a shared room and receiving the lowest level of care? (Private-pay only)
   $___________ / month

43. How many of your current residents who pay privately were charged in the following ways:
   □ All paid the same flat monthly rate
   □ Base rate plus additional fees based on services provided
   □ Monthly rate based on care needs
   □ Rate negotiated with resident (or payee) based on ability to pay
   □ Other method (Specify):

44. Which services does your home provide and/or charge additional fees for? [Please check all boxes that apply. Y= yes and N= no]

<table>
<thead>
<tr>
<th>Available: Y or N</th>
<th>Charge Fee: Y or N</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Night-time care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advanced memory care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two or more person transfer assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obesity care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Catheter, colostomy or similar care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advanced diabetes care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

45. Are you thinking about selling or transferring your home to another owner?
   □ Sell/transfer in the next year
   □ Sell/transfer in the next 5 years
   □ No

Comments: ________________________________________________________________

______________________________________________________________
46. How many of the resident rooms at this home are for:

☐ One resident (single occupancy)?

☐ Two residents (double occupancy)?

47. Does your home have a written policy that allows cannabis (marijuana) for medical reasons? [This can include smoking, edibles, and extracts.]

☐ Yes  ☐ No  ☐ Don’t know

48. Does your home have a written policy that allows cannabis (marijuana) for recreational use? [This can include smoking, edibles, and extracts.]

☐ Yes  ☐ No  ☐ Don’t know

49. Please describe some of your biggest challenges as an adult foster home operator:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

50. Please describe some of the most positive aspects of being an adult foster home operator:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Thank you for taking the time to complete this questionnaire. Your answers will be combined with answers from other operators and will not be used to identify you or your home to DHS or any other state or county agency.