Oregon Community-Based Care
2018 Resident & Community Characteristics Questionnaire

DHS requires communities to complete this questionnaire by January 8, 2018.

Once complete, please choose one of the following to return the questionnaire:
1. Scan and email to: cbcor@pdx.edu
2. Fax to: 503.725.9927
3. Mail to: CBC Project - Institute on Aging
            Portland State University
            PO BOX 751
            Portland, Oregon 97207

If you have questions about completing this questionnaire, please contact:
Sheryl Elliott at 503-725-2130 or cbcor@pdx.edu
**Questionnaire Instructions:**

If there is someone else at your organization that we should contact about answering these questions, please let us know and we will call that person.

First, check that the information on page 1 is up to date and correct.

If your community has more than one CCMU/Provider number and community type:

You might have more than one licensed community type, such as assisted living and residential care and/or memory care units. If so, please **only fill out information for the community written on the previous page**. A separate questionnaire has been sent and should be used for other licensed communities located in your building and/or on your property.

To answer some questions, you will need information that might be in resident and employee files. It may be helpful to have your **Acuity Roster** nearby when answering these questions. If you used the optional **PSU tracking sheet** emailed in October 2017, please use it for Questions 6, 7, 13, 24, and 27.

Please give your best estimate for each question. If the answer to a question is “none” or “zero”, please write “0”. If the question does not apply to your community, please write “N/A” (not applicable).

Most questions ask you to write a number in a box like this 35 or mark a box like this ☒.

**How to calculate averages:** Some questions ask for an average. For example, question #4 on page 1 asks the average age of all current residents. The average is the total of the ages of all of current residents divided by the total number of current residents.

We greatly appreciate your time and the work that you do on behalf of older adults and persons with disabilities. The study results will be most accurate if everyone participates. We look forward to hearing from you by **January 8, 2018**.

**PSU does not publish or share responses from individual communities.** The final report is posted on these websites:  

Please keep a copy of your completed questionnaire for your records.
Section A. Resident Information

1. How many of your current residents are:
   Please count each resident only once and write 0 for any categories with no residents.
   - Female
   - Male
   - Transgender
   TOTAL # OF CURRENT RESIDENTS

2. How many of your current residents are:
   Please count each resident only once and write 0 for any categories with no residents.
   - Hispanic/Latino (any race)
   - American Indian/Native American or Alaska Native, not Hispanic or Latino
   - Asian, not Hispanic or Latino
   - Black/African American, 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 # OF CURRENT RESIDENTS (should match total in question #1 above)

3. How many of your current residents primarily speak a language other than English? Please write 0 if none.
   - Number of residents
   a. Other than English, which languages do your current residents primarily speak?
      __________________________
      __________________________
      __________________________
      __________________________

4. What is the average age of your current residents?
   See previous page for instructions.
   - Average age of all current residents

5. How many of your current residents are:
   Please count each resident only once and write 0 for any categories with no residents.
   - 17 years and younger
   - 18-49 years
   - 50-64 years
   - 65-74 years
   - 75-84 years
   - 85+ years
   TOTAL # OF CURRENT RESIDENTS (should match total in question #1 above)
6. **In the last 90 days**, how many new residents moved in (for the first time) from the following places? Please write 0 for any categories with no residents.

<table>
<thead>
<tr>
<th># of residents</th>
<th>Moved in from:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home (alone or with spouse/partner)</td>
</tr>
<tr>
<td></td>
<td>Home of child or 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 community</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>
<tr>
<td>TOTAL – New residents, last 90 days</td>
<td></td>
</tr>
</tbody>
</table>

7. **In the last 90 days**, how many residents moved out (permanently) to the following places, or died? Please write 0 for any categories with no residents.

<table>
<thead>
<tr>
<th># of residents</th>
<th>Moved out to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home (alone or with spouse/partner)</td>
</tr>
<tr>
<td></td>
<td>Home of child or other relative</td>
</tr>
<tr>
<td></td>
<td>Independent living apartment in senior housing</td>
</tr>
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<td></td>
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<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>Resident died</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
<tr>
<td>TOTAL – Residents who moved out or died, last 90 days</td>
<td></td>
</tr>
</tbody>
</table>

8. For the residents who moved out or died in the last 90 days, what was the length of stay for each resident? Please write 0 for any categories with no residents.

<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 days - 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>TOTAL – Residents who moved out or died, last 90 days</td>
<td></td>
</tr>
</tbody>
</table>

9. Of the residents who moved out in the last 90 days, how many moved out because they could no longer afford to pay or had spent down their assets? Please write 0 if none.

   Number of residents

10. Of the residents who moved out in the last 90 days, how many were in your community for a planned short-stay (respite care or similar)? Please write 0 if none.

   Number of residents
11. Which of the following would typically prompt a move-out notice? Please check all that apply.

- Two-person transfer
- Wandering outside
- Sliding-scale insulin shots
- Hitting/acting out with anger to residents or caregivers
- Lease violation other than non-payment
- Non-payment
- None/Not available
- Other – please explain: __________________

12. How many residents received a less than 30-day move-out notice in the last year? Please write 0 if none.

- Number of residents

If no residents received a less than 30-day move-out notice, SKIP to #13.

   a. How many of these went to an administrative hearing? Please write 0 if none.

- Number of residents

14. Of the current residents who fell in the last 90 days:

   a. How many had a fall resulting in some kind of injury? Please write 0 if none.

- Number of residents

   b. How many went to the hospital (emergency room or admitted) because of the fall? Please write 0 if none.

- Number of residents

15. Does your community assess residents’ risk for falling using a fall risk assessment tool (e.g., Stopping Elderly Accidents, Deaths & Injuries [STEADI] or Timed Up & Go [TUG])? Please CIRCLE ONLY ONE.

   1. Yes, as a standard practice with every resident
   2. Yes, only case-by-case depending on each resident
   3. No
   4. Don’t know

16. Does your community use a standard tool for assessing depression (e.g., Patient Health Questionnaire [PHQ-9] or Geriatric Depression Scale [GDS])? Please CIRCLE ONLY ONE.

   1. Yes
   2. No

Section B. Resident Health, Acuity & Service Use

13. In the last 90 days, how many of your current residents:

   Please write 0 for any categories with no residents.

- Did not fall/had 0 (zero) falls?
- Fell only one time?
- Fell more than one time?
- TOTAL (should match total in question #1 above)

⇒ If none of your current residents fell in the last 90 days, SKIP to #15.
17. Does your community use a standard tool for assessing cognitive impairment (see list of examples below)? Please CIRCLE ONLY ONE.

1. Yes, as a standard practice with every resident
2. Yes, only case-by-case depending on each resident
3. No
4. Don’t know

a. If you circled 1 or 2 in question 17 above, which tool(s) do you use? Please circle all that apply. If you circled 3 or 4, please skip to #18 below.

   1. St. Louis Mental Status (SLUMS)
   2. Mini-Mental State Examination (MMSE)
   3. Mini-Cog
   4. General Practitioner Assessment of Cognition (GPCOG)
   5. Montreal Cognitive Assessment (MoCA)
   6. Other: ______________________

18. How many of your current residents regularly use a mobility aid (e.g., cane, walker, wheelchair) to get around? Please write 0 if none.

   Number of residents

19. How many of your current residents need staff assistance to use a mobility aid? Please write 0 if none.

   Number of residents

20. How many of your current residents regularly receive assistance from NOC (night shift) staff during the night? Please write 0 if none.

   Number of residents

21. How many of your current residents need regular and ongoing staff assistance with each of the following? Please write 0 for any categories with no residents:

   - Eating
   - Dressing
   - Bathing and grooming
   - Using the bathroom
   - Mobility/Walking

22. How many of your current residents regularly receive assistance for physical and/or cognitive health needs from two staff? Please write 0 if none.

   Number of residents

23. How many of your current residents regularly receive staff assistance because of the following behavioral symptoms? Please write 0 for any categories with no residents:

   - Lack of awareness to safety, judgement, and decision making, or ability to orient to surroundings
   - Wandering
   - Is a danger to self or others (e.g., disruptive, aggressive, abusive, sexually inappropriate)

24. How many of your current residents received a flu shot this past fall? Please write 0 if none.

   Number of residents

   Don’t know/We do not track this
25. How many of your current residents have been diagnosed with each of the following conditions? Include all diagnoses for each resident. Please write "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 (including Lewy body, Huntington's disease, and vascular dementia)
- High blood pressure/hypertension
- Depression
- Serious mental illness (such as bipolar disorder, schizophrenia)
- Diabetes
- Cancer
- Osteoporosis
- COPD and allied conditions
- Current drug and/or alcohol abuse
- Intellectual/developmental disability
- Arthritis
- Traumatic brain injury
- Skin issues (e.g., residents with stage 2 or greater pressure ulcers or bedsores and/or a skin condition that requires staff to deliver and/or coordinate treatment in the last month)
- Weight change (i.e., an unexplained weight loss or gain in the last month)

26. In the last 90 days, which (if any) of the following health care providers visited your community to provide services and/or training? Please check the appropriate category for type of health care provider.

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Yes</th>
<th>No</th>
<th>D/K N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical/occupational therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist or dental hygienist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you completed the tracking sheet we sent you in OCTOBER, please use it for question 27.

27. How many of your current residents were:

- Treated in the hospital emergency room (ER) in the last 90 days?
- Hospitalized overnight in the last 90 days? (Exclude trips to the ER that did not result in an overnight hospital stay.)

How many of these residents went back to the hospital within 30 days?

- Receiving hospice care in the last 90 days?

28. In the last 90 days, how many of your current residents treated pain with: Please write 0 if none.

a. Pharmaceutical intervention

   Number of residents

b. Non-pharmaceutical intervention

   Number of residents
29. In the last 90 days, how many of your current residents experienced a significant change in condition (i.e., a major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short-term, and imposes significant risk)? Please write 0 if none.

☐ Number of residents

30. How many of your current residents take no medications and no injections? Please write 0 if none.

☐ Number of residents

31. How many of your current residents:

Please write “0” for any categories with no residents.

☐ Take 9 or more medications?

☐ Take antipsychotic medication (e.g., Haldol (Haloperidol); Quetiapine (Seroquel), Olanzapine (Zyprexa), Ariprazole (Abilify), Risperidone (Risperdal)?

☐ Self-administer most of their medications?

☐ Receive staff assistance to take oral medications?

☐ Receive subcutaneous injection medications from personal care staff (including a medication aide or CNA, but not an RN/LPN)?

☐ Receive injections from a licensed nurse?

☐ Receive nurse treatments from a licensed nurse (e.g., oxygen and respiratory treatments, such as nebulizers; rectal medications; suctioning mouth with bulb syringes; wound care, such as staging pressure ulcers and dressing changes)?

Section C. Community Rates, Fees, and Policies

32. Last month, how many of your current residents primarily paid using the following payment types? Please count each resident only once and write 0 for any categories with no residents.

☐ Medicaid

☐ Private sources - May include resident and/or family personal accounts, Veteran’s Aid & Attendance, long-term care insurance, pension, Social Security

☐ Other: ____________________________

☐ TOTAL # OF CURRENT RESIDENTS

(should match total in question #1)

33. If a private pay resident spends down their assets, may they stay in the community and pay via Medicaid, if they qualify? Please CIRCLE ONLY ONE.

1. Yes 2. No 3. Not applicable

34. Private Pay Only: For the past month, what was the average base monthly charge (no added services) for a single resident living alone in the smallest room or unit type and receiving the lowest level of care?

$ ________________ / month

35. Private Pay Only: For the past month, what was the average total monthly charge (including services) for a single resident living alone in the smallest room or unit and receiving the lowest level of care?

$ ________________ / month
36. Does your community offer the following services? If so, is there an additional fee? Please write Y for yes or N for no for each service.

<table>
<thead>
<tr>
<th>Offer service? (Y/N)</th>
<th>Charge fee? (Y/N)</th>
<th>Fees and Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Meals regularly delivered to resident’s room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer that requires 2 staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff escort resident to medical appointments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Application fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transport to recreation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Security/damage deposit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cleaning deposit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administrative fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of pharmacy other than the preferred/institutional pharmacy</td>
</tr>
</tbody>
</table>

37. Is there a designated place or area outside of your building reserved for smoking or non-smoking? Please check all that apply.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking place or area (where smoking is allowed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-smoking place or area (where smoking is prohibited)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. Does your community have a written policy that addresses sexual contact between residents? Please CIRCLE ONLY ONE.

1. Yes  2. No

39. When did the current Administrator start working as Administrator at this community?

Date (month/year) _______________________

40. What languages, other than English, do your staff speak fluently?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

41. Which of the following topics have been covered in staff training during the past year? Please check all that apply.

☐ Race and ethnic diversity

☐ Intercultural differences (e.g., differences between cultures such as Vietnamese, Chinese, Korean, and Japanese populations within the Asian culture)

☐ Sexual orientation (e.g., lesbian, gay, bisexual)

☐ Gender identity (e.g., concept of self as male, female, blend of both, neither)

42. What other types of training do you think could benefit your staff? Please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

43. Do any of your staff work in any other building or unit on this campus/at this location (e.g., assisted living, residential care, skilled nursing)? Please CIRCLE ONLY ONE.

1. Yes  2. No
The following questions are about employees in your community. An individual is considered an employee if the community is required to issue a W-2 federal tax form on their behalf.

- **Currently employed staff includes all employees, such as direct care, dietary, housekeeping, janitorial, administration, etc.**

- **If any employees work in more than one building or campus (i.e., if you chose Yes for question #43), please count only those who are employed primarily at this location (assisted living, residential care, or memory care written on page 1).**

44. How many staff are currently employed by this community?

   [ ] Number of all current staff

45. How many current care-related staff (i.e. RN, LPN/LVN, CNA, CMA, personal care staff, social workers, activities staff, or residential care coordinator) are currently employed by this community?

   [ ] Number of all care-related staff

46. For each of the care-related staff types listed below, please write the number of full-time or part-time employees currently employed by this community (AL/RC/MC written on page 1). Please count each employee only once and write "0" for any categories with no employees.

<table>
<thead>
<tr>
<th># of full-time</th>
<th># of part-time</th>
<th>Care-Related Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Registered nurses (RNs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Licensed practical or vocational nurses (LPNs)/ (LVNs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certified nursing assistants (CNA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certified medication aides (CMA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal care staff who are not licensed or certified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activities directors or staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residential care coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong> (of full-time and part-time employees should match the total in question #45 above)</td>
</tr>
</tbody>
</table>
47. How many current RNs have been employed in this community for: *Please write 0 if none.*

- [ ] Less than 6 months
- [ ] More than 6 months

48. In the last 6 months, how many RNs left employment for any reason? *Please write 0 if none.*

- [ ] Number of RNs that left employment

49. How many current care-related staff (exclude RNs for this question) have been employed in your community for: *Please write 0 if none.*

- [ ] Less than 6 months
- [ ] More than 6 months

50. In the last 6 months, how many care-related staff (exclude RNs for this question) left employment for any reason? *Please write 0 if none.*

- [ ] Number of care-related staff

51. In the last 90 days, have you hired contract/agency care staff (including nurses) to cover unplanned staff absences? *Please CIRCLE ONLY ONE.*

  1. Yes  2. No  3. Do not know

52. Did the number of hours that you employed and/or contracted with an RN increase between 2016 and 2017? *Please CIRCLE ONLY ONE.*

  1. Yes  2. No  3. Don’t know

53. Of all your current staff (that you reported in question 44), how many received a flu vaccine this past fall in 2017? *Please write 0 if none.*

While flu vaccines are not mandatory, they are strongly encouraged by the Centers for Disease Control and Prevention (CDC). 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

If you would like to write any additional comments, please use the back of this page.

Thank you for taking the time to complete this questionnaire!