

Environmental Scan of Instruments to Inform Consumer Choice in Assisted Living Facilities

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
<http://www.ahrq.gov/>

Contract No. 290-01-0003

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AHRQ Publication No. 07-0032-EF
December 2006

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Suggested citation:

Carpenter D, Sheridan S, Haenlein K, Dean D. Environmental scan of instruments to inform consumer choice in assisted living facilities. AHRQ Publication No. 07-M002-EF. Rockville, MD: Agency for Healthcare Research and Quality. December 2006.

Acknowledgments

We give special thanks to Catherine Hawes, PhD, Texas A&M Health Science Center, for her review and insightful comments on content of an early draft of this report. D.E.B. Potter, MS, of the Agency for Healthcare Research and Quality's Center for Financing, Access, and Cost Trends, and Rhona Limcangco, of the Social & Scientific Systems, made substantial contributions to this report, particularly to the content of Appendix A. We thank the following individuals who provided technical oversight and content review throughout the project: D.E.B. Potter, MS, of AHRQ's Center for Financing, Access, and Cost Trends; William Spector, PhD, of AHRQ's Center for Delivery, Organization, and Markets; and Charles Darby, PhD, and Judy Sangl, PhD, of AHRQ's Center for Quality Improvement and Patient Safety. We also thank Charles Darby for his expertise in contract management oversight. Mary L. Grady provided contract support through AHRQ's Office of Communication and Knowledge Transfer. She provided editorial review and prepared the final manuscript for the AHRQ Web site.

This report was prepared for the Agency for Healthcare Research and Quality by Westat, Inc., under contract 290-01-0003. The information and recommendations presented in this report do not necessarily represent the view of AHRQ. No statement in this report should be construed as an official position of AHRQ or the U.S. Department of Health and Human Services.

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Summary

Assisted living continues to emerge as a major source of housing for the growing elderly population. Several factors will augment this trend, including the *New Freedom Initiative* Medicaid Demonstration Act of 2003, response to the 1999 Olmstead v. Supreme Court decision, the “rebalancing” demonstrations from institutions to home- and community-based sciences, and Medicaid cost containment strategies that are aimed at reducing nursing home use. Assisted living definitions vary, but fundamental to this long-term care setting is a philosophy of independence, with an emphasis on dignity, autonomy, choice, privacy, and maintaining a home-like environment.

When selecting an assisted living facility, a consumer’s ability to make informed choices is compromised by the variability in philosophy, services, and accommodations among places called “assisted living” and by the lack of readily available, objective information about the characteristics and performance of facilities. While there are mechanisms to evaluate the quality of assisted living facilities, such as State licensing boards and private accrediting programs, the results of these evaluations are not readily accessible to consumers. To address this need, the Agency for Healthcare Research and Quality (AHRQ) sponsored an environmental scan of assisted living questionnaires and other long-term care instruments currently in use. The results of this scan, along with other initiatives, will inform the development of resources to help public and private organizations provide information to assisted living consumers.

Residents’ experiences that affect their satisfaction and quality of life are key in developing consumer-oriented information tools. A number of factors are found to have strong influences on the resident’s experience and life. For example, the facility’s physical characteristics, such as private room and bath, and the safety and security the facility provides are important to consumers. The attitude of assisted living staff and the respect they show toward residents—along with services such as meals, activities, and access to health care, including medication assistance—also influence consumers’ satisfaction and quality of life. Additional factors contributing to consumer satisfaction are social support and interactions among staff and residents that support a home-like atmosphere, as well as the residents’ ability to maintain an independent lifestyle.

The instruments reviewed in this scan were used in an array of assisted living settings and other long-term care settings, such as nursing homes and residential settings, and include content that could be applied to assisted living. Consumer-reported instruments, expert observational instruments, and provider-reported tools featured content used to evaluate services offered, the physical and cultural environments, staff issues, activities, social support, and contractual issues.

Gaps in content exist between what is important to residents and what is addressed in most of the instruments, including medication management, patient safety issues, special diets, specialized care for cognitively impaired residents, assessment of potential resident abuse, physical accessibility to the facility, residents’ involvement in planning their care, and families’ involvement. A clearer understanding of how residents define safety and security is also needed. Areas related to staff—such as staffing levels and turnover, training, knowledge, and abilities—

are not fully addressed in the instruments. Finally, content related to disclosing policies that relate to discharge and costs of care are rarely included.

Chapter 1. Background and Statement of the Problem

Introduction

The assisted living industry has emerged over the past two decades in response to the aging of the U.S. population. This has sparked an increased interest in helping consumers better understand and evaluate the services provided by this unique type of long-term care. Recent Federal initiatives will lead to an expansion of the need for such alternatives to nursing home care. *The New Freedom Initiative* is aimed at removing barriers for individuals with disabilities and long-term illnesses to live in a community setting, implementing the Supreme Court's Olmstead Decision, and redirecting Medicaid long-term care resources from institutions to community settings (Centers for Medicare & Medicaid Services, 2005).

Currently, consumers evaluate assisted living facilities largely from marketing materials, their impressions from on-site tours, State evaluations of the facilities (if available), opinions of residents who use the facilities and/or their families, or professional case managers. Many advocacy and State organizations produce consumer resources such as checklists and needs assessment tools to help guide consumer decisions. Although these guides help educate consumers and assist them in making informed choices, they fall short of providing consumers with an evidence-based approach to compare and contrast facilities objectively and systematically on policies and other key dimensions of services and facility performance.

In recent years, Federal agencies have also focused attention on the scarcity of information to help consumers make choices about assisted living. According to a General Accounting Office (GAO) report, consumers often do not get sufficient information about the policies of assisted living facilities to make an informed decision (GAO, 1999). In April 2001, the U. S. Senate Special Committee on Aging held a hearing in response to increased concerns about the lack of information available to consumers as they attempt to differentiate among assisted living facilities and identify those most likely to meet their needs (Assisted Living Workgroup [ALWG], 2003). The Committee asked a group of stakeholders from the assisted living industry to make recommendations aimed at ensuring a consistent level of quality in assisted living services across the United States. Nearly 50 organizations—representing providers, consumers, and regulators—formed the ALWG. The operating structure of the ALWG involved the division of work among stakeholder subgroups as they developed 110 recommendations that were voted on by all the organizational members (ALWG, 2003).

The ALWG Accountability and Oversight Workgroup addressed issues related to the design of regulatory systems that provide oversight to assisted living facilities. Their April 2003 recommendations dealt with the need for stronger provisions for consumer protection. For example, in Recommendation 8, entitled "Federal Jurisdiction over Assisted Living," an excerpt notes that the government shall exercise oversight "to protect consumers from unfair and deceptive acts and practices under the Federal Trade Commission Act" (ALWG, 2003, p. 23). Similarly, the ALWG Accountability and Oversight Workgroup advocated enhanced consumer information systems. Thus, Recommendation 12 called for developing a uniform reporting form and models for States to use in producing consumer reports on assisted living. This recommendation was not adopted by the full ALWG—which requires a positive vote by two-

thirds of the members—largely because of dissension about who would develop the reports. However, many stakeholders supported this recommendation, arguing that “a crucial part of the ongoing effort to promote quality in assisted living is the development of consumer reports that will help consumers be more informed about quality outcomes . . . and would help consumers compare across states” (ALWG, 2003, p. 53).

Assisted Living Residences

The Federal Trade Commission (FTC) conducted hearings in 2003 focused on the nature of information that is disclosed to consumers about the cost and quality of the services that they receive from assisted living facilities. In 2004, the FTC released a report summarizing the results of these hearings and noting that much work needs to be done to collect and present reliable, usable, and meaningful consumer information (FTC, 2004).

As a followup to the ALWG, GAO published a report (2004) showcasing State efforts to improve consumer protection and noting that “consumers faced with choosing an assisted living facility often do not have key information they need in order to identify the one most likely to meet their individual needs. Such information includes staffing levels and qualifications, costs and potential cost increases, and the circumstances that could lead to involuntary discharge from the facility” (GAO, 2004, p.2). At a White House Conference on Aging (2005), long-term care stakeholders from both the public and private sectors cited the importance of providing access to information for consumer choice and noted that additional tools are needed to help consumers direct their care.

In response to this undisputed need, the Agency for Healthcare Research and Quality (AHRQ) has launched an initiative aimed at improving consumers’ ability to assess the quality of services in assisted living facilities. AHRQ’s goal is to develop resources that help public and private organizations better inform consumers about the nature, scope, and quality of services in assisted living. An example of such a resource might include a consumers’ choice “tool kit” that would be designed to help consumers assess the care delivered, review important indicators or aspects of the quality of life within a facility, and consider other relevant issues in selecting an assisted living facility.

As background for this effort, AHRQ initiated three projects to gather information:

- Convening focus groups of stakeholders—such as consumers, providers, and ombudsmen—to determine the needs and priorities for developing improved consumer information.
- Reviewing how States currently monitor assisted living facilities, identifying existing tools that States use to communicate information for consumer choice, and identifying barriers to providing information to consumers.
- Collecting, evaluating, and identifying gaps in long-term care instruments that that could be used or adapted for assisted living. Such instruments ask residents to evaluate or rate care, services delivered, and quality of life.

This report presents the results of one of these initiatives—the environmental scan of assisted living questionnaires and other long-term care instruments that may be adapted to help inform consumer choice. The scan included a systematic review of the literature on instruments that

measure consumer experiences and satisfaction with assisted living and other long-term care venues, including instruments that measure resident quality of life. The need for information about assisted living facilities may originate with either a potential resident who is selecting a facility or from the family or other individuals who are instrumental in the decisionmaking process. For the purposes of this environmental scan, the term “consumer” refers to both potential assisted living residents and other potential decisionmakers, including family members, unless otherwise noted.

In addition to these targeted assisted living projects, two additional programs are currently in development. The two programs are jointly supported by the Centers for Medicare & Medicaid Services (CMS) and AHRQ and will contribute to AHRQ’s strategy of developing long-term care products and programs. The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Nursing Home Surveys are designed to provide information on the experiences of nursing home residents and their families. Also, CMS is supporting a literature review and environmental scan of instruments and quality assessment methods in home health care.

The remaining chapters of this report describe the study purpose, attempt to define and describe assisted living, examine ways that assisted living facilities are currently evaluated, present factors that influence satisfaction of consumers and residents, and provide an overview of tools available to evaluate assisted living services and facilities. Finally, the report describes the “gaps” in the instruments reviewed—that is, important aspects of facility performance from the perspective of consumers and other stakeholders that are not covered in instruments that have been used in research studies and other attempts to assess assisted living facility (ALF) performance. This analysis also uses other instruments, such as those used in nursing home settings, to offer suggestions on how to address such gaps. An overview of each of the instruments reviewed is provided in Appendix A.

Chapter 2. Study Purpose and Search Strategy

Study Purpose

The main goal of this environmental scan was to identify instruments that have been developed to assess consumer satisfaction with care, services delivered, and quality of life that could be used or adapted for assisted living. Instruments used in research in assisted living facilities, nursing homes, and other long-term care settings were reviewed.

Recommendations regarding further questionnaire development in this area will be made in conjunction with the findings from the other AHRQ assisted living initiatives mentioned previously (e.g., focus groups and State monitoring assessment) and from CAHPS[®] programs mentioned earlier that focus on other long-term care settings.

Search Strategy

Databases that were used for the search included the following:

- Medline, the National Library of Medicine database.
- Ageline, produced by AARP.
- Combined Index to Nursing and Allied Health Literature (CINAHL).
- Combined Health Information Database (CHID), produced by health-related agencies of the Federal Government; includes health promotion and education materials not indexed elsewhere.
- Health and Psychosocial Instruments (HAPI), which provides descriptions of measurement instruments (questionnaires, rating scales, tests, index measures, and checklists in the fields of public health, medicine, gerontology, etc).
- Health Source, which gives access to more than 550 full text journals focusing on many medical disciplines.
- Business Management, which contains articles on practical aspects of business.
- Current Index to Statistics.
- Public Affairs Information Service (PAIS), which covers the full range of the social sciences, with emphasis on contemporary public issues.
- PsychInfo, produced by the American Psychological Association, which includes coverage of methodology for the social and psychological sciences.
- Wilson Social Science Abstracts, which provides broad coverage of the social sciences.
- Psychline and Sage Social Research Methodology (SRM), which contains literature on social and behavioral research methodology.

Keywords used for the search could be generally grouped in four broad categories: facilities, services, assessment and research methods, and satisfaction and life style:

- **Facilities**—assisted living, assisted living facilities, homes for the aged, homes for the elderly, nursing homes, residential facilities, residential care, halfway houses, group homes, supported housing, housing with services, home care services, board and care, adult day care, senior centers, personal assistant services, personal care homes, home health care, home care, and home health.

- **Services**—health care services, health services, social work, social services, supportive services, services, activities, rehabilitation, therapy, therapeutic, recreation, and recreational.
- **Assessment and research methods**—needs assessment, outcome and process assessment (health care), health services research methods, health services research standards, qualitative research, quality indicators, health care evaluation mechanisms, data collection, questionnaires, research techniques, test validity, tests, data quality, outcomes, instrument construction, instrument validation, evaluation, assessment, indicator, scale, instrument, questionnaire, and index.
- **Satisfaction and life style**—quality improvement; consumer satisfaction, personal satisfaction, care satisfaction, life satisfaction, patient satisfaction, patient participation, patient education, quality of life, quality of care, lifestyle, medication management, Alzheimer’s disease, and developmental disability.

In addition, a list of authors’ names was searched, including: M. Aud, K. Brown Wilson, K. Eckert, J. Garrard, S.M. Geron, L. Grant, C. Hawes, J. Hyde, B. Jackson, R.A. Kane, G.J. Kennedy, R. Mollica, C.D. Phillips, M. Rantz, P. Sloane, V. Tellis-Nayak, M. Wylde, and S.I. Zimmerman.

General Internet searches were conducted for organizations and services related to assisted living, including the following:

- Administration on Aging.
- Alzheimer’s Association – Assisted Living page.
- American Assisted Living Nurses Association.
- American Association of Homes and Services for the Aging (AAHSA).
- AARP.
- American Health Care Association: National Center for Assisted Living (NCAL).
- American Seniors Housing Association (ASHA).
- American Society of Consultant Pharmacists.
- Assisted Living Division of the Commission on Accreditation of Rehabilitation Facilities (CARF).
- Assisted Living Federation of America (ALFA).
- Consumer Consortium on Assisted Living (CCAL).
- InterRAI.
- Joint Commission on Accreditation of Healthcare Organizations – Assisted Living page.
- Life Services Network.
- My InnerView.
- National Academy for State Health Policy (NASHP).
- National Investment Center for the Seniors Housing and Care Industry.
- National Long Term Care Ombudsman Resource Center.
- NCB Development Corporation: Affordable Assisted Living.
- ProMatura Group.
- ServiceTRAC.
- The Robert Wood Johnson Foundation.

- Vigilant.
- Vital Research.

AHRQ staff provided several reference articles and reports. To gain an understanding of current research activity, project staff attended the 2004 Gerontological Society of America preconference meeting of the Assisted Living Special Interest Group and the 2004 Center for Excellence in Assisted Living Quality Summit, “Achieving Excellence,” both held in Washington, DC. Project staff also conducted general searches using Google™, solicited developers for instruments, and networked by telephone with experts in the field, who then provided additional contacts. While for-profit vendors who market assisted living satisfaction instruments were contacted, some were reluctant to provide instruments or information about their products.

Instruments included in this report generally have some evidence about acceptable levels of reliability and/or construct validity. In some cases—when the subject matter was considered important and no other instrument was available—an instrument was included if it had strong face validity. Searches were limited to instruments published and/or in use between January 1990 and March 2005.

Appendix A presents the final list of instruments reviewed for this project. State mandated tools used to measure customer satisfaction with nursing home care and not referenced in the peer-reviewed literature generally are not included (Lowe, Lucas, Castle, et al., 2003; Castle, 2004b). Also excluded are instruments specifically intended to be used in non-long-term care residential settings (i.e., community, hospital, etc.). As a result, instruments developed for general purpose health care settings (e.g. Sofaer and Firminger, 2005), including home health care (e.g., Home Care Satisfaction Measure; Geron and Chasler, 1998; Geron, Smith, Tennstedt, et al., 2000) are excluded, as are instruments developed for the community-dwelling Alzheimer’s population, including the Quality of Life in Dementia (QOL-D; Albert, Del Castillo-Castaneda, Sano, et al., 1996), Quality of Life in Alzheimer’s Disease (QOL-AD; Logsdon, Gibbons, McCurry, and Teri, 2000), Alzheimer’s Disease Related Quality of Life (ADRQL; Rabins, Kasper, Kleinman, et al., 2000), and the Dementia Quality of Life (DQoL; Brod, Stewart, and Sands, 2000). Since staffing measures are not the focus of this report, we did not systematically search for instruments on staffing; however, those that were identified using the stated search strategy were included.¹ In addition, instruments in which the developer did not share the instrument with the scan team were excluded.

¹ For additional details on long-term care staffing measures beyond those in this document, see the report *Measuring Long-Term Care Work: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcomes* (Kiefer, Harris-Kojetin, Brannon, et al., 2005).

Chapter 3. Assisted Living Defined

Introduction

The term “assisted living” denotes a type of residential long-term care setting known by nearly 30 different names (Hawes, Mor, Wildfire, et al., 1995; Hawes, Rose, and Phillips, 1999; InterRAI, 2005). Assisted living settings offer various levels and combinations of services, care, and privacy. This wide array of assisted living terminology and structure is accompanied by similar variations in definitions. In a report to the United States Senate Special Committee on Aging, the Assisted Living Workgroup (2003) noted that:

- Assisted living provides or coordinates oversight and services to meet residents’ individualized scheduled needs, based on the residents’ assessments and service plans and their unscheduled needs as they arise (p.12).
- The Assisted Living Federation of America (ALFA) defines assisted living as: “...a special combination of housing, personalized supportive services, and health care designed to meet the needs—both scheduled and unscheduled—of those who need help with activities of daily living” (see <http://www.alfa.org/public/articles/details.cfm?id=126>).
- A report for the U.S. Department of Health and Human Services describes it as: “...a basic level of services provided in an assisted living environment to include 24-hour staff oversight, housekeeping, provision of at least two meals a day, and personal assistance with at least two of the following: bathing, dressing, or medications” (Hawes, Rose, and Phillips, 1999; available at <http://www.aspe.hhs.gov/daltcp/reports/facres.htm>).

Experts consider that the key tenets of assisted living include 24-hour service and oversight, services that meet scheduled and unscheduled needs, and care/services that promote independence, with an emphasis on dignity, autonomy, choice, privacy, and home-like environment (Hawes, Rose, and Phillips, 1999).

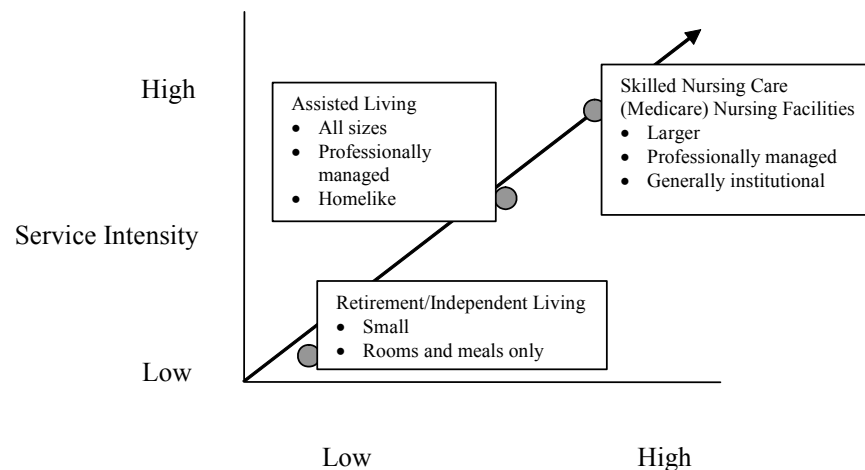
The popularity of assisted living increased considerably in the early 1990s, and by 1996, it accounted for over half of all senior housing construction in the United States (Applebaum, Straker, and Geron, 2000). The first licensure requirements for assisted living were developed in 1989 in Oregon (Hawes, Rose, and Phillips, 1999). While the lack of a standard definition of assisted living makes it difficult to measure the size of the market precisely, the most widely accepted definition provides a count of approximately 36,000 assisted living residences in the United States serving more than 900,000 people (GAO, 2004) and fueling a multi-billion dollar industry. The *MetLife Market Survey of Assisted Living Costs* (2003) cites a 48 percent increase in the number of assisted living facilities in the United States between 1998 and 2002, showing continued popularity of this type of housing. However, in recent years the top assisted living chains have faced an oversupply of beds and lower occupancy rates (Vickery, 2004). In addition, the growth rate in the number of licensed facilities was flat between 2002 and 2004 (Mollica and Johnson-Lamarche, 2005). Even so, a study done in 1998 documented an undersupply of facilities in rural areas, where typically fewer services are offered (Hawes, Phillips, Holan, et al., 2005).

For the most part, expenses associated with assisted living services are not covered by insurance and must be paid for privately by individuals and their families (GAO, 1999). While monthly charges vary by facility and location, the *Met Life Market Survey* (2003) estimates an average monthly cost for 2004 of \$2,524, representing a \$145 increase over the 2003 estimate. Extra fees are often assessed for services such as medication management, dementia care, laundry, and transportation (Hawes, Phillips, and Rose, 2000b).

As of 2004, a total of 41 States reimbursed for assisted living services through the Medicaid Home and Community Based Waiver (Mollica and Johnson-Lamarche, 2005). The purpose of the Medicaid waiver is to help those who need long-term care services to remain in a community setting, such as an assisted living facility. This program pays for services that are typically covered in a nursing home, such as nutritionist services, emergency care, and transportation. The number of beneficiaries receiving Medicaid funds for assisted living grew more slowly from 2002 to 2004, from 102,000 to approximately 121,000 (Mollica and Johnson-Lamarche, 2005). Although this Medicaid waiver option exists, assisted living housing remains largely unaffordable for elderly individuals of moderate or low income (Hawes, Rose, and Phillips, 1999).

Differences Between Assisted Living and Nursing Home Care

The National Center for Assisted Living (NCAL) depicts assisted living (see Figure) on a continuum of long-term care as a step between total independent living and skilled nursing home care (Kraditor, Dollard, Hodlesky, et al., 2001). In contrast to a nursing home, which is based largely on a medical model, assisted living is considered a social model that combines personal services with health care in a home-like setting (Marsden, 2001; Thayer, 2003).



Source: Kraditor K, Dollard KJ, Hodlesky R, et al. *Facts and Trends: The Assisted living Sourcebook*. Washington, DC: National Center for Assisted Living; 2001. Used with permission.

Figure. Resident level of need

In recent years, there has been a trend toward higher acuity levels in assisted living facilities. Market changes that have affected nursing homes, such as changes in entitlement systems and

managed care policies, have forced higher levels of acuity, which in turn filters down to assisted living facilities (Moore, 2001). Despite the differences between assisted living and nursing home care—including regulatory environment, staffing, and underlying philosophy (Franks, 2004)—examining instruments and tools used to measure nursing home resident perspectives of care and satisfaction (which are included in this report) can help inform the development of tools for consumer choice in assisted living.

Resident Characteristics

The typical assisted living resident is a white female, 80+ years old, who is mobile but requires assistance with some activities of daily living (ADLs) (ALFA, 2005; NCAL, 2005). Generally, residents of assisted living facilities are less impaired than those in nursing home facilities, who typically require more assistance with ADLs and need daily nursing care or monitoring (Applebaum, Straker, and Geron, 2000; Hawes, Phillips, and Rose, 2000b).

The majority of assisted living residents move directly from their homes or from other settings of less formal care, such as retirement apartments or other assisted living settings, while relatively few are admitted directly after a hospital stay (Reinardy and Kane, 2003). The reported average length of stay for assisted living is 1.5 to 3 years (Golant, 2004). Residents typically move from assisted living to a higher level of care such as a nursing home (Phillips, Munoz, Sherman, et al., 2003), although some assisted living facilities accommodate a range of residents' needs, including services typically delivered in a nursing home.

Assisted living residents have better perceived health and lower prevalence of chronic diseases than do nursing home residents; however, most residents need help with medications (Wilson, 2003). At the same time, they have some significant health concerns. Moderate to severe cognitive impairment, usually associated with Alzheimer's disease, is the most common serious chronic condition and affects between one-quarter and one-third of the resident population (Hawes, Phillips, and Rose, 2000b; Sloane, Zimmerman, Hanson, et al., 2003; Spillman, Liu, and McGilliard, 2002). However, some research suggests that the proportion of assisted living residents with cognitive impairment may be higher, since in one study a significant percentage of assisted living residents with cognitive impairment were underdiagnosed (Magsi and Malloy, 2005; Rosenblatt, Samus, Steele, et al., 2004). In a four-State study of more than 2,000 residents in nearly 200 assisted living facilities, 13 percent were classified as depressed (Watson, Garrett, Sloane, et al., 2003). Assisted living residents use hospital care frequently; 32 percent are admitted for inpatient hospitalization, and 24 percent use emergency services annually (Hawes, Phillips, and Rose, 2000a).

Philosophical Framework

Despite the significant variation in terminology and definitions, assisted living facilities are thought to adhere to a universal philosophy that emphasizes choice, dignity, autonomy, independence, privacy, and other “normal life” characteristics (Reinardy and Kane, 2003). In theory, it is this shared notion of a consumer-focused philosophy that sets assisted living apart from other residential long-term care settings (Utz, 2003). In the late 1990s, the Assisted Living Quality Coalition maintained that “assisted living, more than any other type of long-term care service, must be driven by a philosophy that emphasizes personal dignity, autonomy,

independence, and privacy in the least restrictive environment” (Hawes, Rose and Phillips, 1999).²

In reality, despite the philosophy of assisted living and the adherence of facilities to the words, there is tremendous diversity among places known as assisted living. A national study completed in the late 1990s found that nearly four out of five ALFs (57%) offered relatively low services and low privacy environments (Hawes, Phillips, Rose, et al., 2003). Another study conducted in four States also found significant variability among facilities (Zimmerman, Gruber-Baldini, Sloane, et al., 2003). Indeed, this variability among facilities in services and accommodations grew as some States reclassified all residential care facilities as “assisted living” (Mollica, 2002). This variability among places known as assisted living makes improved consumer education and information systems even more critical to assist potential residents and their families in selecting a facility that meets their needs and preferences.

In theory, the basic tenet of creating a home-like environment with a focus on autonomy and individuality (Hawes, Rose, and Phillips, 1999) is designed to provide care based on a social model rather than a medical model. Even the vocabulary used in assisted living reinforces the distinction between a home-like setting and an institutional setting. The marketing terms used by the assisted living industry aim to evoke choice and independence. For example, assisted living terms for admission and discharge are move-in/move-out; their location within the facility may not be a bed or a room but could be an apartment or unit (Carder, 2002). Again, however, the majority of residents live in rooms, not apartments (Hawes, Phillips, and Rose, 2000b; Hawes, Phillips, Rose, et al., 2003).

Aging in Place

An additional concept that is frequently associated with the philosophy of assisted living is that of aging in place. Bernard, Zimmerman, and Eckert (2001) define aging in place as “the phenomenon of growing older within a specific environmental setting” (p. 224). A primary concern for many seniors is whether they must move from one facility to another as they age. It is often difficult for residents to understand what services are provided to match their current needs, as well as how these services will change to adapt to their needs as they age. According to the GAO report (1999), consumers may be provided with marketing materials that promote an aging-in-place philosophy, but they often are not given a true picture of the facility’s ability (e.g., organizational policies and procedures) to accommodate to residents’ changing needs. Frequently cited problems from the GAO report (1999) include issues related to admissions and discharge: less than one-third of assisted living residents were informed about retention and discharge policies (Hawes, Phillips, and Rose, 2000a). Some States, such as Oregon, regulate what has to be disclosed to the residents of assisted living, such as admission, discharge, and transfer criteria and procedures (NCAL, 2004). Only 20 States require facilities to include information about their criteria for admission, discharge, and transfer (Mollica and Johnson-Lamarche, 2005). For a detailed listing of information that states are required to provide in residency agreements, see *State Residential Care and Assisted Living Policy: 2004* (Mollica and Johnson-Lamarche, 2005).

² Available at <http://www.aspe.hhs.gov/daltcp/reports/facres.htm>.

This considerable variation in residents' ability to age in place in an assisted living facility is the result of several factors (Bernard, Zimmerman, and Eckert, 2001). At the community level, the influencing factors include State regulations (Chapin and Dobbs-Kepper, 2001). At the facility level, factors such as the size and accessibility of the facility influence aging in place, since not all facilities can accommodate wheelchairs. Also, the presence of a registered nurse on staff reduces the likelihood of moving to a nursing home (Hawes, Phillips, and Rose, 2000b; Phillips, Munoz, Sherman, et al., 2003). At the individual level, health and socioeconomic status are factors that can determine whether an individual can age in place (Zimmerman, Sloan, Eckert, et al., 2001). In general, once a resident requires assistance with transfers (e.g., from bed to chair) or develops significant cognitive impairment or behavioral problems, the ability to reside in most assisted living facilities is greatly reduced. Under these conditions, most facility policies specify discharge (Hawes, Phillips, and Rose, 2000b; Hawes, Phillips, Rose, et al., 2003).

Having a negotiated risk agreement or liability waiver in place may help a resident remain in an assisted living facility. These contracts allow the resident to remain in the facility by balancing the residents' values of autonomy and control with the provider's protection from risk (Kapp and Wilson, 1995). Although they are included in some States' rules, these liability waivers are controversial from both the legal and the quality of care perspectives (Carlson, 2003; Kissam, Gifford, Mor, and Patry et al., 2003). Fifteen States and the District of Columbia have regulations that allow for the negotiation of such contracts (Mollica and Johnson-Lamarche, 2005). Although States use different terms for the agreement, there are common features in the requirements, one of which is for the contract to be written and signed by the resident (or, in some States, a surrogate or sponsor) and the appropriate facility administrator (Mollica and Johnson-Lamarche, 2005). According to Mollica and Johnson-Lamarche (2005), "State regulations typically require that the agreement describe the possible consequences of the resident's actions, the specific concerns of the facility, and options that will both minimize the risk and respect resident's choices. They also generally require documentation of the negotiation process, and agreement or lack thereof, and the decision reached by the resident after consideration of the facility's concerns" (p.1-17). Among the States that do allow for these agreements, State licensing officials reported that the negotiated risk process is not widely used (Mollica and Johnson-Lamarche, 2005).

These philosophical goals held by many assisted living pioneers are not necessarily embraced by all facilities that self-define themselves as assisted living facilities, nor are all these goals necessarily being met by all facilities in practice. Therefore, it is important to be able to go beyond the rhetoric and to measure how well facilities meet each of these goals, which would help consumers better understand and evaluate the quality of services that the facilities provide.

Facility Characteristics

Most assisted living residences are freestanding facilities, but they can also exist within continuing care retirement communities, independent living complexes, or nursing homes (Utz, 2003). Living spaces can be individual rooms, apartments, or shared quarters, with some States specifying specific square footage and number of bathrooms per a certain number of residents (NCAL, 2004). Hawes, Rose, and Phillips (1999) note that the average assisted living facility has 53 beds with 84 percent occupancy. Facilities have been grouped by the level of privacy offered

(high and low/minimal), with high privacy meaning that 80 to 100 percent of the units are private, which represents approximately 73 percent of all resident units (Hawes, Rose, and Phillips, 1999; Hawes, Phillips, and Rose, 2000a).³

Large for-profit facilities make up only a segment of the market; most assisted living facilities are smaller, independent for-profit and not-for-profit organizations (Newcomer and Maynard, 2002). Some facilities are specialized, such as those that serve Alzheimer's residents.

Assisted living facilities increasingly are viewed as an optimal setting for Alzheimer's care. According to ALFA, nearly 24 percent of facilities have designated Alzheimer's units. There are two models for Alzheimer's units, a residential social model of care and a medical model. The residential social model is appropriate for those residents in early stage dementia, who are in basically good physical health and need low to moderate assistance with ADLs (Moore, 2001). For those Alzheimer's patients who have more advanced disease and complex health problems, a medical model is more appropriate. The aim of these specialized units is to adapt to the residents' changing mental and physical needs, maximize orientation and awareness, including opportunities for socialization, and importantly, ensure a safe and secure environment (Moore, 2001). It is important to note, however, that half of the facilities' stated discharge criteria stipulate moderate to severe cognitive impairment, and the vast majority would not accept or retain residents with any behavioral symptoms, such as wandering (Hawes, Rose, and Phillips, 1999 and Hawes, Rose, Phillips, et al., 2003).

Services Provided in Assisted Living

Assisted living facilities vary in the level of services they provide. States generally specify a minimum level of services that must be provided, but assisted living facilities determine the range of services offered, from those that are extremely limited (offer one meal a day) to comprehensive services that can accommodate a high acuity level (skilled nursing care). Hawes, Phillips, Rose, et al., (2003) differentiated assisted living facilities by the number and type of services provided. In that definition, a high service facility provided 24-hour oversight, housekeeping, at least two meals a day, and personal assistance with at least two of the following: medications, bathing, or dressing. In addition, the facility must have at least one full-time registered nurse (RN) on staff and nursing services provided by staff who are facility employees. However, most (65%) of the places known as assisted living did not meet the criteria of a full-time RN on staff and provision of nursing care or monitoring as needed with staff (Hawes, Phillips, Rose, et al., 2003).

According to the Assisted Living Working Group's (ALWG, 2003) definition of assisted living, the range of services to be offered or coordinated, according to State law requirements and regulation, includes the following:

- A staff on duty 24-hours-a-day to provide oversight and meet scheduled and unscheduled needs.

³ For additional information on State occupancy requirements, see *State Residential Care and Assisted Living Policy: 2004* (Mollica and Johnson-Lamarche, 2005).

- Provision and oversight of personal and supportive services (assistance with activities of daily living and instrumental activities of daily living).
- Health related services, such as medication management.
- Social services.
- Recreation/activities.
- Meals.
- Housekeeping and laundry.
- Transportation.

As a core principle, the ALWG notes that facilities should “provide resident-centered services with an emphasis on the particular needs of the individual and his/her choice of lifestyle incorporating creativity, variety, and innovation” (ALWG, 2003, p.20).

Staffing

A fundamental component of assisted living care is 24-hour-awake staff to provide oversight and meet scheduled and unscheduled needs. For example, according to a GAO report (2004), consumers need to know if a facility provides full 24-hour service to address care needs such as administering medication in contrast to a facility whose staff is available at night only to deal with emergencies. More than half of assisted living facilities surveyed in 1999 had either a full- or part-time RN on staff, and nearly three-quarters had an RN or licensed practical or vocational nurse (LPN/LVN). Approximately 20 percent did not provide any licensed staff (Hawes, Rose, and Phillips, 1999). A national survey cited the median staffing level in assisted living facilities as 14 residents for each caregiver and noted that most staff who provided personal care assistance were also responsible for other tasks, such as meal preparation, housekeeping, and laundry (Hawes, Phillips, and Rose, 2000b). Some States regulate staff-to-resident ratios, as well as the type of staff education and training required (NCAL, 2004).⁴

Personal and Supportive Services

Supportive and personal services typically offered in assisted living facilities include help with bathing and dressing; more than 90 percent of assisted living facilities provide assistance for these early-loss activities of daily living (Hawes, Rose, and Phillips, 1999). Assisted living facilities also provide other supportive services, which include instrumental activities of daily living (such as assistance with medication management and transportation).

Medication Management

According to experts, up to 96 percent of assisted living residents need help with medications (Thompson, 2001). These residents take an average of 5 to 10 different medications (Sloane, Zimmerman, Brown, et al., 2002). Staff in assisted living facilities also have to deal with medicines that have been inappropriately prescribed or medicines proven to decrease morbidity that have not been prescribed (Sloane, Zimmerman, Brown, et al., 2002; Sloane, Gruber-Baldini,

⁴ Refer to *State Residential Care and Assisted Living Policy: 2004* for State-specific assisted living staff training requirements (Mollica and Johnson-Lamarche, 2005).

Zimmerman, et al., 2004; Gray, Hedrick, Rhinard, et al., 2003; Spore, Mor, Larrat, et al., 1996). One State found an overall error rate of 3.62 percent (Hyde, Segelman, Feldman, et al., 1998).

State regulations are unique in defining medication assistance, including who can assist with medications, who can administer medications, and the extent of staff training, supervision, and licensure required (NCAL, 2004). Consequently, assisted living services that are provided in the context of “medication assistance” vary. However, in a 1999 GAO study, the majority of facilities reported providing or arranging for medication reminders (91 percent) and central storage of medication and other assistance (87 percent) (Hawes, Rose, and Phillips, 1999).

In a GAO (1999) report, medication administration was cited as a service that was of “most concern” by researchers, inspector advocates, and residents’ families. According to reports from 46 States and the District of Columbia, 61 percent of respondents noted that problems with medications occur frequently or very often, an increase over a 2-year period from 51 percent in 2002 (Mollica and Lamarche, 2005). The ALWG (2003) cited medication management as an important issue and challenge facing the assisted living industry and noted that the consumer should understand the services provided.

Social Services

The ALWG addressed the social aspects of assisted living services in their core principles by noting that the facility should “foster a social climate that allows the resident to develop and maintain relationships with the facility and the community at large” (ALWG, 2003, p. 20). Carder (2002b) notes that certain practices promote the social model of care in assisted living, such as providing a home-like environment where the resident has choice and independence, as well as respect and dignity for privacy and individuality.

Recreation/Activities

Key components of the assisted living environment are the kind and number of activities that the facility offers. Residents reported that 45 percent were involved in activities most or all of the time, while 55 percent reported that they were involved only some or none of the time (Hawes, Phillips, and Rose, 2000a). For activities sponsored off the campus, only 35 percent of residents reported that they were involved. The researchers considered two contributing factors: (1) that staff asked fewer than half of the residents’ preferences on activities, and (2) the lack of transportation offered for residents to attend off campus outings (Hawes, Phillips, and Rose, 2000a). Suitable daytime activities in residential care have been determined as a resident need (Martin, Hancock, Richardson, et al., 2002).

Meals

Assisted living facilities provide two to three meals a day as a basic service, and in most definitions as noted earlier, must provide at least two meals daily to qualify as an assisted living facility. According to Hawes’ study, few facilities provide private kitchens, so that the resident is dependent on the facility to provide meals (Hawes, Rose, and Phillips, 1999).

Housekeeping and Laundry

Cleaning of personal space, clothing, and linens is typically provided in the base price (monthly fees) of assisted living (MetLife, 2003).

Transportation

Assisted living residents often need transportation such as a van or bus within a defined mileage radius for medical visits, personal care (e.g., beauticians), and recreational activities. A survey of assisted living facilities shows that more than 95 percent of facilities provide transportation for shopping and medical care (Kraditor, Dollard, Hodlewsky, et al., 2001).

The environmental scan revealed a wide variety of services and level of services provided across assisted living facilities. This lack of a uniform set of services, staffing, and facility characteristics inherent in assisted living that could facilitate true objective comparisons poses a key challenge in developing consumer instruments.

Chapter 4. Tools to Help Consumers Evaluate Assisted Living Facilities

Private accreditation organizations, State regulatory systems, consumer advocacy organizations, assisted living providers, and the Federal Government supply information to help consumers navigate the wide range of assisted living offerings. The array of information could help consumers develop a comprehensive system for supporting their decisionmaking. This chapter examines State and private initiatives directed at quality monitoring in assisted living, the availability of consumer-oriented information, and existing government resources designed to inform consumers.

Quality Monitoring

Although there is not a standardized method for assessing the quality of assisted living (Thayer, 2003), this section looks at three means available: State licensing and inspections, investigations and complaint monitoring by State ombudsman programs, and private voluntary accreditation surveys. Quality indicators for assisted living are currently in the development stage through the InterRAI initiative (InterRAI, 2005).

State Licensing

Although States license, certify, and inspect assisted living facilities (Kane and Wilson, 2001), these inspections differ significantly both within and among States, in part because of the lack of a uniform definition of assisted living. The standards reviewed are predominantly process versus outcome oriented (Mollica, 2002; Wilson, 1995). For example, the standard might relate to food preparation and nutrition (process), not how many residents are underweight (outcome). The GAO report (1999) found that State reviews occur every 1 to 2 years, and the results of monitoring activities varied. Twenty-seven percent of assisted living facilities surveyed (200 of 735) were cited for five or more consumer protection or quality of care deficiencies from State agency data (GAO, 1999). A National Academy for State Health Policy (NASHP) survey of State licensing officials noted that the most common areas of deficiencies included medication issues, quality of staff, quantity of staff, inadequate care and recordkeeping, admission/discharge issues, access to medical care, abuse, and billing issues (Mollica, 2002).

Several States have adopted a “level of service licensure model” designed to provide information for consumer choice. These models, established in Idaho, Maryland, and other States, distinguish the levels of health care provided and the type and needs of resident services that the facility can accommodate (Center for Medicare Advocacy, 2003).

State initiatives to systematically measure resident experience in long-term care facilities (including assisted living) are in an early developmental stage (Lowe, Lucas, Castle, et al., 2003). Some States have developed innovative assisted living programs for residents. For example, Florida’s Department of Elder Affairs (2003) sponsors a “find a facility” Web site to allow public access to information (available at <http://www.floridaaffordableassistedliving.org/>). Texas enacted a law that requires assisted living facilities to provide a standardized report of information such as staffing, discharge criteria, charges, etc., which would allow consumers to

compare facilities (GAO, 2004). The Texas Department of Aging and Disability Services (2005) sponsored Web site is <http://facilityquality.dhs.state.tx.us>.

The Virginia Department of Social Services has posted information from reports about care in assisted living facilities at <http://www.dss.virginia.gov/facility/search/alf.cgi>. This Web site provides access to information on licensing, inspections, and violations, as well as the actions taken to correct the violation and whether the violations were related to a complaint (Virginia Department of Social Services, 2005).

For additional State initiatives describing levels of care and offerings that help consumers compare assisted living facilities, refer to the *Assisted Living Compendium*, 2004 (Mollica and Johnson-Lamarche, 2005).

State Ombudsman Programs

The Federal *Older Americans Act* (2000) requires that all States have an Ombudsman Program to advocate for and address complaints from residents in long-term care, including assisted living. According to data from the 2003 National Ombudsman Reporting System, the most frequent complaints involving assisted living (board and care) involve medication administration, menu quality, discharge eviction planning/notice, dignity/respect of staff, and equipment/building problems (Administration on Aging, 2004).

Private Accreditation Programs

The main accrediting bodies for assisted living facilities are the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Both organizations implemented their assisted living programs in 2000 and provide information regarding the results of facility surveys through their Web sites. These organizations evaluate similar areas, e.g., resident rights, continuity and coordination of services, resident education, and health promotion. The JCAHO accreditation process uniquely includes infection control.⁵

These two organizations accredit a small proportion of the total number of assisted living facilities. According to a representative from JCAHO, the organization accredited 115 facilities in 2004 (J. Walsh, Personal Communication, July 26, 2005). Similarly, a CARF representative stated that they have accredited 46 facilities as of 2005, including international facilities (S. Matheson, Personal Communication, July 26, 2005). Based on the GAO estimate of 36,000 U.S. assisted living facilities, less than 1 percent of the total industry is accredited by one of these two private accreditation organizations.

The CARF accreditation standards are divided into three main sections. Several dimensions are covered under each of these sections, as listed below:

- **Business practices.** Information management, resident rights, leadership, and legal requirements.

⁵Note: JCAHO discontinued its accreditation program for ALFs as of January 1, 2006. See the JCAHO Web site for more details (<http://www.jointcommission.org/AccreditationPrograms/AssistedLiving/>).

- **Process of assisted living.** Philosophy and physical environment, continuity and coordination of services, policies and procedures, and resident needs assessments.
- **Assisted living.** Medication administration, smoking policies, transportation, and other aspects of resident life (CARF, 2005).

CARF offers a search function on its Web site that allows consumers to search for accredited providers by location (available at:

<http://www.carf.org/consumer.aspx?content=ConsumerSearch&id=7>.

JCAHO organizes its accreditation standards into 12 sections. The following is a list of the major dimensions covered and a brief overview of the content of each of the standards.

- **Consumer protection and rights and assisted living community ethics.** Improve resident outcomes by recognizing and respecting resident rights; identify the need to recognize residents as individuals with different needs; emphasize dignity, quality of life, and ethical behavior.
- **Continuity of services.** Define, shape, and sequence processes and activities that maximize coordination of services and minimize the need to move; address issues that arise prior to arriving at the assisted living community, during move-in, during time spent in the community, and while transfers take place.
- **Assessment and reassessment.** Determine the services to be provided by the community to meet the needs of the resident; assess each resident's service needs upon move in or when those needs change; collect and analyze data to make these assessments and inform decisions regarding care plans.
- **Resident services.** Provide individualized, planned, appropriate services in settings appropriate to the resident's needs; maintain a resident-specific planning process; implement the planned services; monitor resident response to services; modify the service plan based on reassessment, changes in the type or level of services needed, and the resident's need for further services.
- **Resident education.** Improve resident outcomes by providing information that meets the resident's learning needs, promotes healthy behavior, and allows residents to make informed decisions about services.
- **Health and wellness promotion.** Address maintaining resident's health, maintaining and improving function, preventing injuries, and avoiding or delaying the deterioration of residents' health status associated with chronic and degenerative diseases.
- **Performance improvement.** Systematically monitor, analyze, and improve its performance; monitor performance through collecting data, analyzing current data, and improving and sustaining improvements.
- **Leadership.** Plan, direct, coordinate, provide, and improve services that respond to residents' changing needs and help them to remain in the community.
- **Managing the environment.** Provide a safe, functional, supportive, and effective home environment for residents, staff, and others in the community; conduct ongoing master planning, education, standards development, and implementation plans.
- **Human resources management.** Identify and provide the right number of competent staff to meet the needs of residents served by the community; plan, provide competent

staff, assess and maintain staff competence, and provide an educational work environment.

- **Information management.** Obtain, manage, and use information to improve resident outcomes and individual and community performance; manage resident applications, resident assessments, service-planning documentation, actual services provided, financial information, organization improvement information, billing information, and statistical information.
- **Prevention and control of infections.** Identify and reduce the risks of acquiring and transmitting infections among residents, visitors, employees, and contract services staff (JCAHO, 2005b).

The Joint Commission also highlights safety goals for assisted living (JCAHO, 2006). The 2006 Assisted Living National Patient Safety Goals include the implementation of a standardized approach to “hand off” communications, improve accuracy of resident identification, reduce harm resulting from falls and infections, and facilitate resident and family involvement and reporting of their safety concerns (available at: <http://www.jcipatientsafety.org/show.asp?durki=10291&site=164&return=10289>). The JCAHO also provides a *Quality Report* on specific facilities through its Quality Check[®] search engine, including assisted living facilities, and serves as “one source of accreditation and comparison information that a person can use to determine whether a health care organization will meet his or her needs” (available at: <http://www.qualitycheck.org/consumer/searchQCR.aspx>). The Quality Report site is searchable by ZIP code, and provides information about accreditation status, implementation of specific assisted living safety goals, and a history of accreditation decisions for individual assisted living facilities. In addition, the Quality Check site allows users to compare facilities within a specified geographic region based on their success in meeting their patient safety goals. Importantly, since only JCAHO accredited organizations are featured in the Quality Check database, it does not provide a comprehensive comparison of all assisted living facilities available.

Quality Indicators in Assisted Living

A first set of quality indicators for assisted living has been developed as an extension of the nursing home version of the Resident Assessment Instrument (RAI), which includes information from the Minimum Data Set (MDS) (Hawes, Morris, Phillips, et al., 1997). Process-oriented indicators include providing needed services, good care practices, poor care practices, percentage of residents with little or no activities, and percentage of residents with multiple psychotropic drugs. The only outcome-oriented quality indicator that has been developed is the percentage of residents with falls.

These efforts provide comprehensive objective evaluations of facilities and valuable content that could help consumers make choices. However, from a practical perspective, finding the results of these licensing, accrediting evaluations, and quality measures requires time, effort, and knowledge of their availability. The average consumer likely will not have the experience and skills to access these data. This fact, combined with the undisputed need for consumers to have accessible, comprehensive information for making decisions, supports the current effort to determine consumers’ information needs to make decisions and to develop tools that support decisionmaking.

Consumer-Oriented Information

The materials that are designed to help consumers make decisions—such as marketing brochures, checklists, and referral services—are more readily available, but they may not provide the objective, comparative data necessary for a truly informed choice. The following paragraphs discuss the types of consumer-oriented information that are available, including marketing materials from facilities, consumer checklists, referral services, the results of provider surveys, and government resources.²

Facility Marketing Materials

Marketing materials, which include promotional brochures, provide facility-reported information to consumers and their families. These materials typically focus on the real estate aspects of assisted living, have global terms about their operating principles, and often do not provide information useful for decisionmaking (Lieberman, 2000). For example, in Carder's (2002a) systematic examination of the content of assisted living marketing materials from 63 Oregon facilities, she found that the primary focus of the materials was to support residents' "independence" (that is, the amount of assistance they receive). The majority of the organizations' materials addressed issues of incontinence and cognitive impairment in their marketing information, but they did not include specific criteria for admission. The GAO assisted living study (GAO, 1999) noted that only half of facilities studied in four States (Oregon, Ohio, Florida, and California) provided information on the conditions under which the cost of services may increase, and less than one-half provided discharge criteria.

Consumer Checklists

Several checklists and guides are available to help consumers prospectively assess assisted living facilities. These tools typically are developed by provider facilities, advocacy groups, States, and industry organizations (e.g., AARP, Alzheimer's Association, Yale-New Haven Hospital, Consumer Consortium on Assisted Living, and the Assisted Living Federation of America). The tools recommend that the prospective consumer perform an initial self-assessment of their needs. Based on their needs, the checklists prompt the consumer to evaluate the facility's atmosphere, physical features, required contracts, admission and discharge criteria, costs (both monthly and fee-for-service costs), financing, health care services including medication management and emergency care, other amenity services, unit features, social and recreational activities offered, food services, staff training, management expertise, characteristics of current residents, and any State inspection reports on the facility.

Lieberman (2000), with the editors of *Consumer Reports*, published a guide to help consumers select long-term care services, including assisted living. This guide suggests that the prospective consumer review materials, compile questions, and make observations during site visits to assess the following:

² Since the writing of this report, the Agency for Healthcare Research and Policy has released a report on residential care and assisted living. The report, *Residential Care and Assisted Living: State Oversight Practices and State Information Available to Consumers*, presents a review of information that is available to consumers and family members on State agency Web sites. The report was prepared by Robert Mollica of the National Academy for State Health Policy. The full report can be accessed at <http://ahrq.gov/research/residentcare>.

- Staff rapport with residents.
- Signs of resident life and energy in the facility.
- How well the facility accommodates to the prospective resident's needs.
- Level of oversight.
- Contractual terms/rules.
- Admissions process, application.
- Package of services, including rates and rate increases.
- Staff training based on agency licensing specifications.
- Activities offered.
- Kinds of services offered, such as transportation, housekeeping, laundry, meals, privacy.
- Type of medical care, including ability to see their personal physician.
- Medication administration and care plan.
- Transfer criteria.
- How they accommodate increasing frailty.
- The physical environment.

Internet-Based Referral Services

Companies that advertise a service to help consumers locate assisted living facilities are available through the Internet. These services typically are lead-generation services for facilities that pay a marketing fee to be featured in their networks or for a corporate chain of long-term care providers. Other “find a facility” organizations may charge the consumer user fees to access facility quality reports and ratings and sometimes offer discounts for selecting a provider. The methods and criteria of these ratings often are not specified and, consequently, prompt concerns about the accuracy of the information. Some services supplement the self-reported data from participating providers with publicly available data sources such as licensure status, Medicare sanctions, and results from State inspections.

Comprehensive Provider Surveys

There are also assisted living surveys that examine the facility characteristics that are publicly available, usually through surveys of administrators or walk-through observation studies, and report aggregate information. As with the licensing and accreditation information, these may be difficult for consumers to obtain easily. However, they could provide valuable information for consumer choice by comparing the facility and services that they are considering with the aggregate data.

Hawes and colleagues (Hawes, Rose, and Phillips, 1999; Hawes, Phillips, and Rose, 2000b; Hawes, Phillips, Rose, et al., 2003) present results of the assisted living facility makeup in the United States from data collected from nearly 1,500 facilities during a government-funded study of the industry. The data were collected from surveys (with administrators, staff, and residents) and walk-through observation.

Surveys of facilities include information about the facility location (e.g., urban-rural); facility size (number of residents); ownership status (e.g., private-public); room characteristics (e.g., number, size, type); privacy level (e.g., private entrance rooms, limited access, private

bathrooms); the types of services provided (e.g., with ADL/IADL assistance); the level of services provided (e.g., how much help is given); admittance policies (types of disabilities allowed into facility); retention policies (how much disability a resident can have and remain at the facility); cost; insurance coverage; staffing (number/hours of nurses, doctors, etc.); medication assistance; and food services (e.g., how much, when, choice, cost).

The American Senior Housing Association (ASHA) also sponsors an assisted living facility survey that is targeted to administrators of ASHA member facilities (available at: <http://www.seniorshousing.org/>). The survey collects similar data to the studies by Hawes and colleagues (Hawes, Rose, and Phillips, 1999; Hawes, Phillips, and Rose, 2000b; Hawes, Phillips, Rose, et al., 2003), with more emphasis on financial and operational information about the facility (e.g., labor-related expenses by staff function, revenues, net income, etc.).

The National Center for Assisted Living (2005) is a part of the American Health Care Association (AHCA), which represents the largest federation of long-term care providers. Based on information that they received from a periodic survey of providers, NCAL publishes *Facts and Trends: the Assisted Living Sourcebook* (Kraditor, Dollard, Hodlewsky, et al., 2001). This resource provides aggregate information on finances and physical plant, resident characteristics, services provided, and wages and staffing (see the full report at: <http://www.ahca.org/research/alsourcebook2001.pdf>).

Government Resources

The Eldercare Locator (<http://www.eldercare.gov>) was established in 1991 as a public service of the Administration on Aging, U.S. Department of Health and Human Services, to help users obtain trusted information about local resources and community programs for the elderly, including assisted living facilities. Administered by the National Association of Area Agencies on Aging and the National Association of State Units on Aging, the service is designed to help both the elderly and their caregivers (who may not live in the same area as the person who needs assistance) identify available resources.

The Eldercare Locator provides information by county, city, or ZIP code on programs such as home based meal delivery or transportation, housing options, elder abuse prevention, health insurance counseling, legal assistance, and specialized services for older adults with illnesses such as cancer or Alzheimer's disease. In addition to the online service, which is available 24 hours per day, the Eldercare Locator service provides a toll free number that is staffed Monday through Friday 9 a.m. to 8 p.m. EST (Administration on Aging, 2005).

Another effort sponsored by the Administration on Aging (AOA) and the Centers for Medicare & Medicaid Services (CMS) is a grant program to develop State Aging and Disability Resource Centers (ADRC). These resource centers are designed to provide a single point of access for consumers to help minimize confusion and support informed decisionmaking. By creating formal linkages among existing programs and agencies that provide long-term care, the ADRC's tasks are to integrate information and referral services, provide benefits counseling on options, facilitate access to the public, and provide long-term care services for individuals, their families and caregivers or those planning for future long-term support. The resource centers are also

aimed at improving a State's ability to manage resources and monitor program quality and costs, including reducing unnecessary high cost options such as nursing facility services (AOA, 2005).

Other functions include the following: promoting awareness of public and private long-term support options, especially to underserved populations; providing information and counseling on long-term support; facilitating programmatic eligibility and level of care determinations for Medicaid nursing facility and waiver programs for home and community-based services; providing short-term case management services prior to long-term care support; and providing information about programs and benefits that allow people to remain in their community (AOA, 2005).

All of the current types of information—including consumer checklists, quality indicators, marketing materials, and other resources—can be used to inform additional efforts to provide more objective, comprehensive, and readily acceptable materials to consumers. This information, combined, with the literature-based evidence on what consumers consider important (see Chapter 5 of this report), analysis of current survey instruments used in long-term care (see Chapter 7 of this report), and Appendix A can help bridge the gap between the information currently available to consumers and what they really need to make fully informed decisions about their long-term care.

Chapter 5. Factors Important to Consumers When Choosing Residential Care

This chapter outlines findings from the research on the factors that most influence assisted living residents' and families' satisfaction and potential quality of life. While quality of life and satisfaction are different constructs, many areas overlap. For example, Kane and Wilson (2001) consider quality of life as a three-legged stool: home-like residential environment, a facility's capabilities for providing services, and consumer choice and control. All of these areas affect satisfaction. In addition to factors that affect satisfaction, this chapter also provides information on features that consumers consider to be important in choosing facilities.

Facility Characteristics

Many articles indicate that characteristics of the facility have been found to influence satisfaction. For example, among continuing care retirement community residents, Ejaz et al. (2003) showed that cleanliness of the facility was important to residents. Sikorska (1999) noted that a smaller facility size, greater amount of personal space, and a moderate level of physical amenities were associated with higher levels of satisfaction among assisted living residents. In focus groups conducted to determine the information needs of potential residential care consumers, consumers considered the availability of a private room, the type of facility, and level of care provided as most important (Edwards, Courtney, and Spencer, 2003). In fact, in rating what was important in choosing an assisted living facility, top facility characteristics for respondents included a private room and bath and a safe place (Reinardy and Kane, 2003). Safety and security are also key contributors to overall satisfaction in assisted living communities (ALFA, 1999; Ejaz, et al., 2003; Vital Research, 2005).

Staff

Another important area is staff communication, which accounts for a significant component of overall resident satisfaction (Vital Research, 2005). Chou, Boldy, and Lee (2002) found that satisfaction with the staff's attitude, respect, and timely response had a positive effect on other aspects of resident satisfaction. A higher level of support between assisted living staff and residents led to lower depression levels and higher facility satisfaction on the part of residents; whereas, higher levels of anger and conflict between staff and residents resulted in lower levels of resident satisfaction (Mitchell and Kemp, 2000). In Soberman and Murray's (2000) research, the two domains that correlated most highly with global satisfaction were staff interactions and relationships with residents and dignity of residents as a result of staff interactions. Staff-related issues were strongly associated with satisfaction, including staff working together to care for the resident, confidence in staff, staff assistance, and the care that staff provides (Gesell, 2001). Indeed, management responsiveness and emotional support by aides are among top priorities for assisted living residents (Gesell, 2004).

Services and Activities

Meals and activities are the daily focus of residents. Food services, food/meals, and the mealtime/dining experience consistently influence resident satisfaction with facilities and quality of life (Reinardy and Kane, 2003; Guse and Masesar, 1999; ALFA, 1999). Meaningful activities

also increase quality of life and satisfaction for assisted living residents (Ball, Whittington, Perkins, et al., 2000; Gesell, 2004; Cummings, 2003; Vital Research, 2005; ALFA, 1999; Reinardy and Kane, 2003). Access to emergency services and medical care are also important to assisted living residents (Ejaz, Schur, and Fox, 2003; Reinardy and Kane, 2003).

Independence and Choice

Some assisted living residents may experience a decrease in perceived control, similar to that of nursing home residents, despite the philosophy of independence that defines assisted living facilities (Slivinske and Fitch, 1987). As assisted living residents' perceived control increased, researchers reported an improvement in physical health and quality of socialization (Slivinske and Fitch, 1987). Significant positive correlations were found between the choice residents perceive they have in their self-care and leisure activities and their quality of life (Duncan-Myers and Huebner, 2000). Similarly, resident choice and autonomy also have a positive impact on satisfaction (Duncan-Myers and Huebner, 2000; Ball, Whittington, Perkins, et al., 2000). Respondents who exercised independent choices and had influence over facility policies had more positive ratings of satisfaction (Mitchell and Kemp, 2000). Also, long-term care residents who are involved in their care planning and day-to-day activities report that they are healthier and happier (Blair, 1994). Having the ability to exercise personal control in having one's own furniture and personal visitors is an important influence on satisfaction and quality of life in assisted living (Reinardy and Kane, 2003; Salmon, 2001). Ejaz, Schur, and Fox (2003) noted that "freedom to live one's own lifestyle" was important to residents.

Social Factors

Family and staff involvement also influences resident satisfaction in assisted living. For example, monthly family contact has a positive impact on life satisfaction (Mitchell and Kemp, 2000), and social support and interaction within the facility also relate to quality of life satisfaction and reduced isolation and depressive symptoms (Ball, Whittington, Perkins, et al., 2000; Cummings, 2003; Guse and Masesar, 1999). Social interactions are especially important for independent residents (Chou, Boldy, and Lee, 2002). Residents who are "personally invested" in the facility are more satisfied (Wylde, 2002).

Resident Characteristics

Although the focus of this report is on helping consumers evaluate facilities and services, it is important to note in developing any instrument that the residents' unique characteristics influence satisfaction and quality of life. Therefore, when measures are evaluated they often are adjusted to account for these biases. Also, evaluating service quality based on consumer satisfaction alone is incomplete since resident well-being affects overall satisfaction with services (Duffy and Ketchand, 1998). Researchers found that residents with higher functional competence were more satisfied (Sikorska, 1999; Cummings, 2002), as were those residents who could perform IADLs (Mitchell and Kemp, 2000). Hedrick, Guilhan, Chakpro, et al., (2005) found that assisted living residents were more satisfied than residents in other adult living situations, in part because assisted living residents require less help. Resident age (older) is positively correlated with residents' satisfaction with the care they receive from staff and overall satisfaction (Mitchell and Kemp, 2000; Chou, Boldy, and Lee, 2002). Residents with chronic health problems have lower quality of life satisfaction (Mitchell and Kemp, 2000). In addition,

residents who are less educated have higher levels of satisfaction (Sikorska, 1999; Curtis, Sales, Sullivan, et al., 2005). Being female, increased functional impairment, and lower levels of self-reported health relate to poorer psychological well-being (Cummings, 2002).

Resident's Family Satisfaction

Factors that influence the satisfaction of family members may differ from the factors that influence resident satisfaction. This difference suggests that a family questionnaire and a resident questionnaire may need to be constructed differently to reflect the different points of view. In addition, the differences in perception suggest that family members are not true proxies for residents. Gesell (2001) found that the family members of assisted living residents rated facilities higher than did residents. Further, residents who had a family member help them complete the survey gave higher ratings overall than those than those residents who were assisted by a volunteer, which has implications in survey administration. While what is important to families and residents is sometimes similar, e.g., food services, families often vary in what influences satisfaction. In free standing assisted living facilities, family satisfaction differed from that of the residents—personal care services and staff (including their attitude, knowledge and communication) most influenced the family's satisfaction, in contrast to residents, whose priorities included the friendliness and caring attitude of the administrator and security services (ALFA, 1999). Priority factors for families of assisted living residents include an aide's ability to anticipate residents' needs, managerial responsiveness, value for the money, and well organized activities (Gesell, 2004).

In focus groups with families of assisted living residents with dementia, researchers found that staffing was the most important quality domain (Hawes, Green, Wood, and Woodsong, 1997). The families considered seven staff subcategories as core to quality: staffing level and qualifications; training; attitude of kindness, respect, and affection; communication with the family; low turnover rate; continuity of care; and a shared sense of responsibility among staff members. These family members also viewed specific services as critical areas of quality including activities that helped maintain functioning, physical assistance, Alzheimer's disease specific care, medication supervision, meals/food, transportation, assessment, and individualized care plans. In addition, the families were concerned with safety and security for residents who wander, visual cues to help with memory loss, good lighting, and a homelike setting that avoided potential isolation of residents (Hawes, Green, Wood, and Woodsong, 1997).

In developing instruments that help consumers evaluate assisted living facilities, these studies suggest the importance of including measures to evaluate:

- Facility characteristics, such as cleanliness and an evaluation of personal space and privacy.
- The philosophy of the facility, including attitudes about choice, independence, autonomy, and involvement in decisionmaking in developing facility policies, operations, and care planning.
- Interactions with staff and other residents.
- The services provided by the facility, specifically food services, health-related services, and security.
- The activities provided by the facility.
- Demographics and health status to allow bias adjustments to satisfaction measures.

- Separate surveys for family and residents.

Chapter 6. Overview of instruments Used in Evaluating Residential Care

The instruments included in this review reflect a variety of long-term care residential settings including assisted living, residential care, and continuing care retirement communities because assisted living is defined in several ways. Further, because assisted living encompasses many levels of care, instruments were also reviewed from nursing home and other long-term care settings to potentially inform the development of tools that could help consumers make decisions about assisted living facilities. Nearly all of the instruments included in this scan were developed as a result of research efforts; however, some were produced by commercial vendors who market an assisted living satisfaction instrument and still others were developed by consumer advocacy organizations. Most were developed in the United States.

Because there is such disparity in the services that are offered in assisted living, relying on one source of information to help consumers evaluate facilities is not sufficient. Consumers need information to help them determine if a facility offers services that can meet their needs in the near and long-term, and they need a clear description of the services provided. In addition, the consumer needs to be able to determine the quality of those services. To provide a comprehensive assessment of both the description of what is offered and how facility performance could be evaluated, the researchers reviewed the following categories of instruments:

- Consumer satisfaction tools that evaluate the most important aspects of satisfaction and quality of life from the perspective of the resident or family member or close friend of a resident. The majority of the instruments presented in Appendix A are consumer-reported.
- Observational instruments that allow an objective verification of services offered and the quality provided, similar to the private accreditation and State survey processes. These surveys tend to focus on easily observable features, such as the condition of the physical building and furnishings, cleanliness of rooms, and accessibility of the outdoor grounds, as well as resident behavior and interaction with staff. Observational instruments are included in Appendix A.
- Provider-reported surveys that (1) list programs and services and (2) supply information on the ownership and financial status of the facility, the education and experience level of the administrator and staff in the facility, and broad demographic characteristics of the residents residing in the facility. Provider-reported instruments are also presented in Appendix A.

Consumer-Reported Instruments

Although the consumer-reported instruments are categorized by purpose, e.g., satisfaction of services or quality of life, many of the domains are interconnected and use similar items/questions to measure different domains. Ejaz, Straker, Fox, and Swami (2003) note: “Consumer satisfaction represents a subjective measure of quality of care but it affects overall quality of life.” Accordingly, consumer-reported tools cannot be strictly defined as satisfaction (quality of services) or quality of life tools, nor do they have unique, independent domains.

For example, Kane, Kling, Bershadsky, et al., (2003) use three items on the residents' satisfaction with food at the facility to measure the domain of "enjoyment" in the quality of life tool for nursing homes. Similarly, the satisfaction tools use food service as a domain of satisfaction. Likewise, the administrative tools that are designed to measure the assisted living philosophical environment (Kane, Bershadsky, Kane, et al., 2004; Utz, 2003)—including building a sense of community, integrating residents, and promoting independence—draw a parallel to elements found in resident satisfaction such as involvement and choice.

Although quality of life measures can be used to differentiate facilities based on resident reported information (Kane, Bershadsky, Kane, et al., 2004) and hold promise as a measure for consumers who are deciding on an assisted living facility, they are not typically measured in evaluating assisted living facilities (Wilson, 2003). Three quality of life tools developed for long-term care are presented in Appendix A. First, Kane, Kling, Bershadsky, et al., (2003) distinguished 11 domains of quality of life in long-term care: security, physical comfort, enjoyment, meaningful activities, relationships, functional competence, dignity, privacy, individuality, autonomy, and spiritual well being. Second, the Quality of Life Index (Ferrans and Powers, 1985) subscales include health and functioning, social and economic factors, psychological/spiritual factors, and family situation/support <http://www.uic.edu/orgs/qli>. Third, the Minimum Data Set Version 3.0 (in development) includes a quality of life section that measures 11 domains that are the same as those identified by Kane, Kling, Bershadsky, et al., (2003) with the exception of food enjoyment, which is more specific than the broader enjoyment domain of Kane et al. (Anderson, Connolly, Pratt, and Shapiro, 2003).

Expert Observational Instruments

Some researchers (Aud, Rantz, Zwycart-Stauffacher, and Manion, 2004; Hawes, Rose, and Phillips, 1999; Hawes, Phillips, and Rose, 2000b; Hawes, Phillips, Rose, et al., 2003; Sloane, Mitchell, Weisman, et al., 2002) adapted observational tools for assisted living facilities from those originally designed for nursing homes. Much of the background needed for development of these observational instruments was based in part on work by Moos and Lemke (1984), whose seminal work conceived a framework for observation of physical features in geriatric housing. Rantz, Jensdottir, Hjaltadottir, et al., (2002) provide an example of an observational instrument from the nursing home industry, and it is the tool from which Aud, Rantz, Zwycart-Stauffacher, and Manion (2004) adapted their assisted living observational instrument. The observational tools examine visible indicators of the physical environment (lighting, odors, noise, furnishings), presentation of residents (grooming, services provided), and staff-resident interaction. While observational tools provide an objective third-party interpretation of the facility for consumer choice, large-scale implementation may be prohibitively expensive and has not yet been done.

Provider-Reported Instruments

For instruments in this category, "provider" typically means the facility administrator, but it also can mean facility staff, such as for the National Nursing Home Survey (Jones, 2002; National Center for Health Statistics, 2004). Kane, Bershadsky, Kane, et al., (2004) developed a survey with the intent of determining how the assisted living setting affects the roles of the residents within the community. Other administrator tools, such as those developed by Utz (2003), Hawes, Phillips, and Rose (2000b), and the American Seniors Housing Association (2004), tend

to assess more operational aspects of long-term care facilities, such as ownership status, interpretations of philosophical tenets of assisted living, services offered, facility policies, and financial performance, among others. Although information obtained directly from facility administrators or staff can influence consumer decisionmaking, the main goal in evaluating the provider-reported instruments was to identify services that are offered in the assisted living setting.

Survey Methods

Mode of Administration

The majority of the instruments reviewed for this report collected information directly from the residents; however, several were designed to collect information from family members and administrators or through direct observation. The information was most often collected through self-administered (i.e., mail) questionnaires (SAQ), followed by in-person, interviewer administered surveys. Telephone surveys were used, although infrequently (Ejaz, Schur, and Fox, 2003; Hedrick, Guilhan, Chakpro, et al., 2005). There were also examples of surveys available in paper and pencil and Web-based formats. Incentives were not discussed in any of the studies.

Response Scales

More than 80 percent of the tools analyzed use Likert response scales (see Appendix A for specific scales and reliability information, if available). The majority used a 1 to 5 point scale, though the range was 4 to 20 response options. Response categories included “poor to excellent,” “not met expectations to far exceeded expectations,” “strongly disagree to strongly agree,” “satisfied to dissatisfied,” and “never to always,” “unlikely to likely,” “worst to best”, and “low to high.” Other surveys offered mutually exclusive response options, for example, “yes/no,” “agree/disagree” (Anderson, Connolly, Pratt, and Shapiro, 2003; Ryden, Gross, Savik, et al., 2000; Yee, Capitman, Leutz, and Sceigaj, 1999; Kruzich, Clinton, and Kelber, 1992). The nursing home survey developed by Castle (2004b) used a 10-item visual analogue response scale. A bipolar option such as yes/no or satisfied/unsatisfied arguably may be better in obtaining valid responses from the long-term care population, which is similarly advocated by Ejaz, Schur, and Fox (2003) and Yee, Dapitman, Leutz, and Sceigaj, (1999), and by Kane, Kling, Bershadsky, et al., (2003) in cases of severe cognitive impairment.

Psychometric Properties

The information about the psychometric properties of the scales included in this study is limited. In very few cases were we able to find full analyses using exploratory factor analyses, and no studies report confirmatory analyses. At best, when loadings from factor analyses are provided, the loadings are given for the questions included in the final questionnaire. Therefore, we cannot tell whether the dimensions shown are just the hypothesized dimensions or empirically based dimensions. In addition, most studies provided internal reliability information of scales and subscales. Reliability and validity information in the studies was limited and sporadic, as has been reported previously (Castle, 2004b). Details of information on reliability and validity are included in Appendix A for each instrument when available.

Survey Summary

In developing instruments to help consumers evaluate facilities for choice, all three perspectives—consumer-reported, expert observations, and provider-reported—could provide valuable information for States, case managers, families, and importantly, potential assisted living residents.

Surveys used by State regulatory agencies and accreditation organizations were not included in this report. Tools designed to assess the physical and mental characteristics of residents (e.g., ability to perform ADLs) also were not a focus in this scan, although they may contribute to the analyses of data through case-mix adjustment. The Minimum Data Set is evaluated because of its use as part of the Resident Assessment Instrument and its inclusion of a resident-reported quality of life section in the forthcoming Version 3.0 (Anderson, Connolly, Pratt, and Shapiro, 2003). Also, some instruments reviewed for this report include questions that assess resident characteristics, although such questions were not the primary focus of the instrument. Appendix A provides a summary description of the instruments that were reviewed, including information on their source and purpose, mode of data collection, psychometric properties when available, response options, and item level detail for most of the instruments.

In Chapter 7 investigators take a closer look at the content covered in consumer-reported, observational, and provider-reported survey instruments used in the assisted living field and consider areas that are important to consumers, as identified in the previous chapter, that are addressed by these instruments. Content from surveys in other sectors of long-term care, such as nursing homes, residential care, and board and care homes, is also reviewed to supplement survey content.

Chapter 7. Measures Framework, Gaps, and Overall Summary

Investigators derived the measures framework shown in Table 1 for analyzing content from the assisted living instruments reviewed. It is based on information synthesized for the environmental scan, including core principles of assisted living; operational definitions from experts in the field, such as the Assisted Living Workgroup; public policy concerns; issues important to assisted living consumers; articles from the literature; industry checklists; private accreditation sources; and the existing instruments. The categorization of the specific measures cited in this chapter reflects the opinion of the investigators of this report and may not reflect the original survey developer's domain assignments, which are available in Appendix A.

Table 1. Assisted Living Measures Framework

Services, including:

- Health-related services such as access to medical care, providing safe care, medication management/assistance, emergency care, skilled nursing and other therapeutic services, care monitoring.
- Personal services such as food services, laundry, housekeeping, transportation, and assistance with personal care based on resident need—hygiene, dressing, and bathing.
- Recreational activities offered within and outside the facility that support socialization and wellness, such as special events, educational offerings, and games.
- Amenity services such as shopping and beautician services.

Facility environment and operations including the:

- Descriptive characteristics such as ownership, bed size, and characteristics of residents.
- Physical plant such as private room/bath, availability of public spaces – inside and outside, cleanliness, safety and security, and maintenance.
- Social, cultural atmosphere of the environment, which includes elements of choice of lifestyle, privacy, autonomy, independence, individuality, involvement and respect of rights, home likeness, and fostering a sense of community.
- Staff issues, including their attention, caring interactions, availability, training and knowledge, turnover, job responsibilities, and levels of various types of staff in assisted living, e.g., aides, professional nursing staff, administrators, and food service employees.
- Contractual matters, including providing information on costs for services, admission processes, aging-in-place-related issues such as transfer criteria and discharge policies and negotiated risk agreements.

Using this framework, investigators describe the types of questions and items found in the assisted living instruments that were reviewed including consumer-reported, expert observation, and provider-reported instruments that are relevant to the areas listed above. Based on an evaluation of content gaps, investigators explore items in other instruments used in nursing home and other long-term care settings for potential application.

Services

Health-Related Services, Including Medication Management

As noted earlier, nearly all assisted living residents need assistance with medications and often have medical comorbidities. Further, the level of acuity is rising. A 1999 GAO report described assisted living residents' complaints related to problems in receiving adequate access to medical care and treatment, and problems with medication (GAO, 1999). Easy access to medical care ranked third in importance to assisted living residents in Oregon (Reinardy and Kane, 2003).

Resident-reported assisted living instruments that were reviewed did not address health-related services comprehensively. Some focused on emergency medical care. Ejaz's (Ejaz, Schur, and Fox, 2003) instrument for the continuing care retirement setting measures the residents' "confidence in the facility's response to a medical emergency" and "promptness of emergency response calls." The Chong and Chi (2001) instrument includes "Can you see a doctor quickly when you are sick."

Non-emergency medical care was addressed by instruments from Hawes, Phillips, and Rose (2000b). In a resident survey they asked about the need for additional temporary nursing care, assistance with medication, and purchase of new or different assistive devices.

Health maintenance activities were found in the ALFA/ServiceTRAC (1999) resident instrument featuring an item "monitoring changes in your health." Simmons' (2001) assisted living instrument includes "receiving the medical attention that you need" and staff "make efforts to keep you healthy." Hawes and colleagues' surveys of providers, staff, residents, and families address basic health status monitoring and specialized health services offerings. (Hawes, Phillips, and Rose, 2000b)

Nursing home instruments (Robinson, Lucas, Castle, et al., 2004; Norton, van Maris, Soberman, and Murray, 1996; Kane, Kling, Bershadsky, et al., 2003; Moxey, O'Connor, White, et al., 2002) hold promise for consumers' evaluation of health-related services. For example, items in these surveys included evaluating the "availability of nursing care if needed," "arrangements for medical appointments, if needed," "getting the medical help that you need," and "getting a doctor or nurse quickly." Also, the Medical Expenditure Panel Survey (Agency for Healthcare Research and Quality, 1996) and the Medicare Current Beneficiary Survey (Centers for Medicare & Medicaid Services, 2004) feature a comprehensive series of questions about the availability and variety of health professionals within and outside the facility.

Importantly, assisted living instruments rarely included items related to medication management, which represents a significant measurement gap, given the need for the service, how often it is provided in assisted living, and the level of consumer concern about the service. One exception is the resident interview of Hawes, Phillips, and Rose (2000b), which asked whether the resident takes any prescription or over-the-counter medications and whether they received help. Again, nursing home instruments hold promise for expanding coverage in this area. Robinson, Lucas, Castle, et al., (2004) assess a resident's perception of "the amount of help you get with your medications." Other areas of evaluation for medication, more appropriate for expert observation than resident evaluation, include the effectiveness of medication storage or assisting residents in

self administration (e.g., timely reminders), services that are commonly provided by assisted living facilities (Hawes, Rose, and Phillips, 1999). Although medication issues were not provided in the assisted living observational instruments that were reviewed, provider instruments asked about the availability of medication reminders and assistance with and central storage of medications. Residents were asked about whether they took medications, received help with their medications, and about their opinion of the help they received (Hawes, Phillips, and Rose, 2000b). Other long-term care instruments and consumer experience surveys may evaluate the effectiveness of providing medication, e.g., pain relief and ability to enjoy life (Casarett, Hirschman, Miller, and Farrar, 2002) or whether residents need special help to take medications (for example, set up their pills, put pills in their hand) or go without medications because no one can help them (Galantowicz and Jackson, 2005; Minnesota Department of Human Services, 2005). Also, in this high risk population, instruments that assess vaccination status, e.g., influenza and pneumococcal vaccine, could be of value (National Center for Health Statistics, 2004).

Safety and error prevention in assisted living (JCAHO, 2005b) are important. Lau, Kasper, Potter, et al., (2005) found that, at a minimum, 50 percent of all residents 65 or older with a nursing home stay of at least 3 months experienced at least one prescription in error in 1996. The fact that relatively few instruments assessed avoidable care problems points to an opportunity for further measurement development. Among the instruments that did address the issue, Yee and colleague's resident instrument features patient safety items: "have you had any falls, skin sores or infections in the last 3 months," or "been stuck in the tub or shower" (Yee, Capitman, Leutz, and Sceigaj, 1999) and Hawes' surveys asked about falls sustained in the last year (Hawes, Wildfire, Iannacchione, et al., 1996; Hawes et al., 2000).

Personal Services

Meal and dining services are essential components of assisted living services and influence residents' overall satisfaction and quality of life (ALFA, 1999; Lengyel, Smith, Whiting, and Zello, 2004). The fundamental importance of this service is reflected in the instruments reviewed, since virtually all of them have resident-reported measures that relate to food/meals/dining services. Residents evaluated meals and food services in the study by Hawes and colleagues in the following ways: 54 percent consistently had a choice of entrée, and 40 percent thought the food was tasty and well-seasoned (Hawes, Phillips, and Rose, 2000b). Menu quality is among the most frequent consumer complaints according to ombudsman reports (Administration on Aging, 2004). Gesell (2001) found that three of five issues receiving the lowest satisfaction scores were food related: special diet needs, wait time before being served, and quality of food.

The instruments comprehensively evaluated food services using such items as menu selection and variety/choice, quality, taste, appearance, enjoyment, freshness, amount and temperature of the food, availability of snacks, dining room schedule, dining room cleanliness, and waiting times. Items also evaluated the friendliness of food service staff and responsiveness to complaints. However, review of the assisted living instruments did not show consistent coverage of special diets, which this population may require. Hawes' provider survey features special diet content (Hawes, Phillips, and Rose, 2000b), and Gesell's (2001) resident survey includes this criterion: "the extent to which your food meets special diet needs." One nursing home survey

asks whether the nursing home satisfies the residents' special dietary needs (Davis, Sebastian, and Tschetter, 1997). The provider survey used by Hawes and colleagues uniquely asks about escort services and room service (Hawes, Phillips, and Rose, 2000b). Depending on the acuity of the residents, the nursing home instruments that assess tube feeding may provide additional content for assisted living assessments (Norton, van Maris, Soberman, and Murray, 1996), as would in-depth instruments designed exclusively to evaluate food services in long-term care (Crogan, Evans, and Velasquez, 2004; Lengyel, Smith, Whiting, and Zello, 2004).

Laundry. In evaluating qualitative data from residents in developing a long-term care survey, Soberman and Murray (2000) found that the only area of resident concern related to laundry was the loss of personal belongings. Further, following pilot implementation of this survey, the data analyses showed that laundry did not correlate to satisfaction (Soberman and Murray, 2000) and was deleted from the instrument. From the instruments that were reviewed for this report, few featured laundry related measures (the surveys only asked if the service was provided and if clothing had been lost or damaged) reflecting the findings of Soberman and Murray's research (2000). The provider survey used by Hawes and colleagues asks whether the service includes linens alone or whether it also includes personal clothing and whether additional costs are involved; the resident interview asked whether he or she had purchased more frequent changing of bedding or personal laundry services during the last month (Hawes, Phillips, and Rose, 2000b).

Transportation. As noted earlier, transportation is a service that is commonly provided in assisted living facilities. Instruments that were reviewed provide measures that relate to transportation, with the content addressing if the service "meets residents' expectations/needs, was available" (Ejaz, Schur, and Fox, 2003), if there were "problems encountered," and how much of the time transportation was "offered" (Hedrick, Guilhan, Chakpro, et al., 2005; Hawes, Phillips, and Rose, 2000b). The provider survey used by Hawes, Phillips, and Rose (2000b) differentiates transportation availability for health-related appointments from that provided for social outings. The resident interview asks about whether there is enough transportation on weekends and whether there is transportation to "things you enjoy." Based on the evaluation of research reported earlier, transportation was not a major factor in overall assisted living satisfaction. Similarly, transportation received relatively little attention in the nursing home instruments; however, other long-term care tools, such as the Minnesota Department of Human Services Aging and Adult Services Consumer Experience Survey (2005), ask if clients could get to the places that they need to go such as shopping, church, and other places and asks about van use and the helpfulness of transportation staff (MEDSTAT, 2003).

Assistance with Personal Care. Providing assistance with basic activities of daily living—such as hygiene, dressing, and bathing—is fundamental to assisted living. Some resident-reported instruments have content related to personal care needs, assistance with personal hygiene needs (ALFA, 1999), and needing more help with personal care (Yee, Capitman, Leutz, and Sceigaj, 1999). The Hawes resident interview (Hawes, Phillips, and Rose, 2000b) asks about assistance with ADLs, as well as medications, and asks about unmet needs for each one. Also the provider survey by Hawes Phillips, and Rose (2000a) asks about the provision of personal services (bathing, toileting, toilet assistance). However, many instruments evaluate whether needs are being met in the context of staffing (are staff available to meet "needs"). Rather than specific

reference to hygiene, dressing, or bathing, the observational tool used by Aud and colleagues assesses personal care outcomes, that is, whether residents are well-groomed and clean (Aud, Rantz, Zwyzgart-Stauffacher, and Manion, 2004). The Health and Retirement Survey (Institute for Social Research, 2004) includes a wide variety of items about services available in retirement communities.

Assisted living facilities provide 24-hour services; however, few measures were found that addressed providing 24-hour services or care other than a few examples of staff availability (e.g., weekends), which is further discussed in the staffing section featured below. Hawes and colleagues, in a survey of administrators, ask whether the facility provides “24-hour direct care staff who can respond to residents’ needs for assistance or monitoring” (Hawes, Phillips, and Rose, 2000b)

Assisted living provides services for residents who often require a higher level of care or who have specialized needs, such as residents with dementia who require more orientation cueing. Phillips and Hawes (2005) found that at high levels of cognitive impairment, staff cueing activities decreased, suggesting that it took longer than merely helping the resident perform the task. The provider survey used by Hawes and colleagues asks whether dementia care was offered (Hawes, Phillips, and Rose, 2000b). Hawes’ family telephone survey asks about dementia care, e.g., safety for residents who wander, rating of the environment for people with cognitive impairment, and how often staff members deal appropriately with residents who have behavioral or cognitive impairment (Hawes, Phillips, and Rose, 2000b). The observational nursing home instrument for dementia by Sloane, Mitchell, Weisman, et al., (2002) is designed to evaluate a setting that includes residents who need specialized care, and it could help inform this gap, since cognitive impairment is prevalent in the assisted living population.

Recreational Activities

Meaningful activities enhance satisfaction and quality of life for assisted living residents (Ball, Whittington, Perkins, et al., 2000; Vital Research, 2005; Jenkins, Pienta, and Horgas, 2002). Many of the instruments that were reviewed included activity-related items and domains. Survey questions from the resident and observational tools included overall quality of specific activities, if the number and variety of activities that were offered met the residents’ needs, an evaluation of the time spent in activities, and if there was enough information posted about the schedule of activities. The observational tool used by Aud and colleagues uniquely features activities involving children (Aud, Rantz, Zwyzgart-Stauffacher, and Manion, 2004). As noted earlier, residents often do not participate in activities because of lack of interest; thus several of the instruments reviewed have questions about the relevance of activities to residents, e.g., are they of a variety to reflect residents’ interests (Ejaz, Schur, and Fox, 2003), are they interesting (Simmons, 2001), do they meet residents’ needs (Gesell, 2001), and are they stimulating and enjoyable, that is, things residents like to do (ALFA, 1999; Hawes, Phillips, and Rose, 2000b). Also, included are questions concerning whether staff makes an effort to find out activity preferences (Hawes, Phillips, and Rose, 2000b). Spiritual and religious activities are cited in several of the resident instruments; health promotion and exercise in fewer (Chong and Chi, 2001; Hawes, Phillips, and Rose, 2000b; Yee, Capitman, Leutz, and Sceigaj, 1999). The nursing home instrument used by Moxey and colleagues provides specificity in activities not seen in the assisted living tools (Moxey, O’Connor, White, et al., 2002). Importantly, assisted living

instruments that were reviewed did not address activities for special needs residents, such as those with dementia or those who are cognitively impaired, which represents a gap.

Other Services and Amenities

Items that evaluated other services and amenities—such as hair salons, pet services, and libraries—were found in few instruments and were not universally defined. However, amenities have not been reported as a major factor in overall satisfaction.

Facility Environment

Descriptive Characteristics

The basic descriptive characteristics of an organization are important for potential consumers, that is, ownership and financial viability of the organization, the levels of care provided, and the level of frailty of residents. Provider-reported instruments alone offer an assessment of this information; Hawes, Phillips, and Rose (2000b) and the American Seniors Housing Survey (2004) instruments solicit information from administrators about the corporate structure of the assisted living facility. The instruments address such topics as State or private accreditation status, operational and capital financial status, size of the facility, and how accommodations are described—semiprivate rooms, private bath, etc., average length of stay/turnover, the age range of residents, and the number and kinds of frailties of the facility's resident population. The Medical Expenditure Panel Survey, Nursing Home Component, (AHRQ, 1996) contains many items that categorize and describe facilities that could be adapted to an assisted living situation. These instruments could provide a format for developing tools to help consumers evaluate assisted living facilities at this fundamental level. Also, such tools as the National Nursing Home Survey (NCHS, 2004) could help inform specialty units; for example, does the facility have special, physically distinct or designed clusters of beds or segregated wings or units used exclusively for Alzheimer care or care for cognitively impaired residents?

Physical Plant

Equipment and building problems are a frequent complaint of consumers (Administration on Aging, 2004). Survey content from the instruments that relates to the physical environment was generally well represented and addressed the overall appearance of the grounds and buildings, the facility cleanliness and timely upkeep (items also found in housekeeping/maintenance domains), lighting, odor, noise, decoration, and a sufficient amount of living and storage space. The Hawes, Phillips, and Rose (2000b) facility observation instrument uniquely provides a comprehensive evaluation of the facility, including specific evaluation of community rooms and the neighborhood. Few surveys, however, addressed the design of the facility and accessibility/ease of getting around or the adequacy of storage space (Chou, Boldy, and Lee, 2002; Hawes, Phillips, and Rose, 2000b). Other long-term care questionnaires that may inform this gap would include items such as handicapped access, elevators, and special railings.

An important factor in assessing the assisted living environment is a feeling of safety and security; as noted previously safety and security are extremely important to residents' overall satisfaction (Ejaz, Schur, and Fox, 2003; Vital Research, 2005; Reinardy and Kane, 2003). Having a safe place to live was the second most important issue described in Reinardy and

Kane's (2003) research on assisted living residents. Safety and security are measured in several contexts in the instruments reviewed: safety and security of the building, grounds, and living area (Ejaz, Schur, and Fox, 2003); feeling safe in the place (Moran, White, Eales, et al., 2002; ALFA, 1999); the existence and reliability of emergency procedures and security/alarm systems (ALFA, 1999; Aud, Rantz, Zwygart-Stauffacher, and Manion, 2004; Robinson, Lucas, Castle, et al., 2004); the ability to lock rooms (Hawes, Phillips, and Rose, 2000b) and safety of personal belongings (Gesell, 2001; Chong and Chi, 2001; ALFA, 1999). Hawes, Wildfire, Iannacchione, et al., (1996) asked how safe residents felt their possessions were and how safe they felt in their neighborhood. Walk-through instruments asked researchers to observe and rate facility amenities and the safety of the neighborhood (Hawes, Wildfire, Iannacchione, et al., 1996; Hawes, Phillips, and Rose, 2000b).

Another important element in residents' perception of safety and security is the absence of physical or psychological abuse by the staff. Hawes, Wildfire, Iannacchione, et al., (1996) asked residents about whether they were reluctant to report complaints or had observed a series of actions by staff, some of which constituted physical, verbal, or psychological abuse. A nursing home instrument (Kane, Kling, Bershadsky, et al., 2003) adds another safety dimension related to potential abuse in "afraid because of how you or others are treated," which is further described in a subsequent section. While the issue of security and safety is not a specific content gap, how assisted living residents actually characterize safety and security needs additional clarification.

Social/Cultural Environment

The social and cultural environment/atmosphere is the crux of assisted living philosophy and, as defined earlier, includes concepts of privacy, choice, autonomy, independence, involvement, and home likeness. The surveys that were reviewed feature many measures that relate to these vital concepts.

In these instruments, privacy is considered from both a facility feature context, for example, "you have privacy in your apartment" (Gesell, 2001) and a behavioral context, "staff knock before entering" (Utz, 2003). Measures regarding choice are reflected in having personal furniture (Ejaz, Schur, and Fox, 2003; Hawes, Phillips, and Rose, 2000b), food choice (Chong and Chi, 2001; Hawes, Phillips, and Rose, 2000a), and temperature control of their unit (Hawes, Phillips, and Rose, 2000b). Examples of autonomy measures include having your own schedule, (Ejaz, Schur, and Fox, 2003), deciding if you need assistance, and exercising your own religious beliefs (Chong and Chi, 2001). The Utz (2003) survey features 13 items on autonomy, ranging from assigned seats in the dining room to policies about smoking and alcohol use. The nursing home literature also features measures such as going to bed when you want and choosing what clothing you wear (Kane, Kling, Bershadsky, et al., 2003). Hawes, Phillips, and Rose (2000a) asked about facility policies on pets, furniture, and visiting hours.

Measures of involvement generally reflect residents' involvement in the facility operations, e.g., how willing the manager is to listen to residents' concerns (Curtis, Sales, Sullivan, et al., 2005) and responsive management is to residents' ideas (Gesell, 2001). Chong and Chi (2001) feature items related to keeping residents informed about their health and about orientation programs; Kane, Bershadsky, Kane, et al. (2004) extend the concept of involvement to the external community. Chou, Boldy, and Lee (2002) address resident involvement, including keeping

residents informed and maintaining their freedom to express views and concerns. As noted earlier, long-term care residents who are involved in their care planning and day-to-day activities are healthier and happier (Blair, 1994). Only one observational instrument (Utz, 2003), features an item assessing residents' involvement in care planning, representing a gap.

Social interaction and support affect life satisfaction and the quality of life in assisted living. Items that evaluate social interaction are frequently presented in the context of activities as well as independent domains. The social support subscale of Ejaz and colleagues (2003) has seven items including “having someone to listen to,” “shows love and affection,” and “have a good time with.” Some social support-related questions specifically address roles, e.g., “do you have friends among staff members” (Simmons, 2001; Chong and Chi, 2001) or “what is your relationship with roommate, other residents.” Yee, Capitman, Leutz, and Sceigaj, (1999) ask whether the resident has confidantes, friends, or gives/receives help from neighbors. Kane, Bershinsky, Kane, et al., (2004) and Chou, Boldy, and Lee (2002) extend their social assessment focus to the external community. As noted earlier, monthly family contact showed a positive impact on life satisfaction. While several featured family items—e.g., did they visit, have an area to meet with family, are there family activities, good communication (Moran, White, Eales, et al., 2002; Chong and Chi, 2001; Kane, Bershinsky, Kane, et al., 2004; Aud, Rantz, Zwygart-Stauffacher, and Manion, 2004; Hawes, Phillips, and Rose, 2000a)—the instruments reviewed did not have standardized items to systematically assess family involvement, which represents a gap. The nursing home instruments may provide content to bridge this gap; for example, Tornatore and Grant (2004) ask about family involvement in care planning, and Moxey, O'Connor, White, et al., (2002) address the existence of family councils.

Home-likeness items are also included in Simmons (2001) and Moran, White, Eales, et al., (2002) and are often worded as “do you feel at home.” The Utz (2003) instrument has 15 items that relate to home likeness, such as visitation policies, mail receipt, and having pets; and the Aud, Rantz, Zwygart-Stauffacher, and Manion (2004) observational survey features nine items that range from having pets to having access to computer-based communication. Home likeness also relates to the physical environment; for example in Chong and Chi (2001) an item asks whether the facility “resemble(s) that of a domestic home.” Several different instruments from Hawes, Phillips, and Rose (2000a) have items referring to home likeness (e.g., “can residents control thermostats? Can they rearrange their furniture?”)

Independence measures in Gesell (2001) consider “the extent to which living here maintains your independence.” Yee, Capitman, Leutz, and Sceigaj's (1999) assisted living survey and the nursing home instrument of Robinson, Lucas, Castle, et al., (2004) have subscales related to independence and maintaining an independent lifestyle. The provider survey of Kane, Bershinsky, Kane, et al., (2004) assesses the administrator's strategies for resident connection to the outside community.

Staff

As previously stated, staff is a major influencer in satisfaction and represents a key measurement area in nearly all of the instruments reviewed. Staff roles are differentiated for evaluation in many of the instruments, e.g., nurse aide, nurse, administrator, housekeeper, activities director, and dining room staff. Instruments feature staff items that evaluate interpersonal reactions, such

as whether staff members are caring, courteous, concerned, respectful, helpful, and genuine; take time to listen; show affection; or are trustworthy, friendly, and warm. Aud, Rantz, Zwiygart-Stauffacher, and Manion's (2004) observational instrument asks about staff visibility, cleanliness, and grooming. Also, some items evaluate staff interactions, for example, staff "working together." Hawes, Phillips, and Rose, (2000a) in their resident and family interview instruments asked several questions about residents' views of the staff including (among others) treating residents with dignity and respect and with affection.

Lack of dignity or respect on the part of the staff is a frequent complaint to State ombudsmen (Administration on Aging, 2004). Residents of assisted living facilities are not informed about how to deal with an abusive situation (Wood and Stephens, 2003). Instruments reviewed included the concept of dignity in evaluating staff. Instruments also include items evaluating staff behavior, such as do they "treat residents in a personal manner," promptly, and responsively? However, assisted living surveys rarely feature items about potential abuse, representing a gap. Vital Research (2005) has an item, "staff gets angry with me." As noted earlier, potential abuse represents a safety and security element for the resident. Sources from other long-term care instruments that have specific content about potential abuse could inform items for assisted living. These include being yelled at or hurt by the staff (Minnesota Department of Human Services, 2005), injured by the staff (MEDSTAT, 2003), or being hit, slapped, yelled at, cursed at, threatened, or punished by the staff (Hawes, Wildfire, Iannacchione, et al., 1996).

A key role for the staff is to promote the independence of assisted living residents—that is, not doing things for residents that residents could do for themselves. Several instruments feature content that evaluates staff roles in promoting independence: ALFA (1999) has an item "staff encourages and supports independence"; Ejaz, Schur, and Fox (2003) consider "does the resident have the opportunity to do as much as he/she would like to do for himself/herself"; Vital Research (2005) asks whether the resident is "encouraged to be independent." Hawes, Phillips, and Rose (2000b) asked family members, "How often do staff encourage or help your relative to function as independently as possible?" The nursing home survey by Ryden, Gross, Savik, et al., (2000) explicitly asks "do staff encourage you to maintain your personal independence?"

According to the Hawes, Phillips, and Rose (2000a) study, assisted living residents' greatest points of concern about staff relate to inadequate staffing levels and high staff turnover. The resident survey by Curtis, Sales, Sullivan, et al., (2005) has an item related to evaluating staff turnover: "how much of a problem is staff turnover?" Hawes, Phillips, and Rose (2000a) also feature "how successful is the facility at keeping good staff"? Regarding staffing levels, Ejaz, Schur, and Fox (2003) include content on staff availability and the Hawes, Phillips, and Rose (2000a) and Hedrick, Sales, Sullivan, et al., (2003) surveys ask "how much time including weekends, are there enough staff on to adequately care for all the residents?" Given the importance of staffing to consumers, evaluating staffing levels and turnover presents a gap; however, a consumer survey may not be the most effective way to gather this information. Rather, using data from provider reported instruments (Hawes, Phillips, and Rose, 2000a) that could supply actual hours by staff category and turnover rates may offer a quantitative evaluation of staffing, an understanding of the staff expertise available (e.g., social worker, dietician, activity director), and whether these resources are staff members or subcontractors.

The National Nursing Assistant Survey (NCHS, 2004) provides a comprehensive survey of nursing assistants who in the nursing home setting are often in the closest contact with the residents. Topics covered include their training, support given to them by the facility to carry out their duties, continuing education, time and ability to carry out their assistance tasks (help with ADLs, etc.), number of assigned residents, job satisfaction, and their workplace environment.

In a survey of assisted living facilities, Hawes, Phillips, and Rose (2000b) found that the majority of staff members were almost completely unaware of what constitutes normal aging, which is troubling in a setting of care exclusively devoted to the elderly. In the ALFA (1999) study, 19 percent of assisted living residents expressed concern about the general knowledge of assisted living of staff. Staff training was cited frequently as a quality of care concern in a GAO (1999) report. Hedrick, Guilhan, Chakpro, et al., (2005) features an item “how well trained and supervised do you think staff are at this facility.” The ALFA (1999) survey assesses the “assisted living knowledge of the staff.” Simmons’ (2001) tool addresses residents’ satisfaction with “the skills of nursing assistants,” and Norton, van Maris, Soberman, and Murray (1996) include an item “are the staff skilled and knowledgeable.” The Hawes, Phillips, and Rose (2000b) survey asks “how well trained and supervised are staff?” Assessment of staff’s knowledge, training, skills, and abilities represents a gap; however, as with staffing levels and turnover, this information may be more appropriately obtained from sources other than residents, e.g., provider surveys that detail the number of hours and the content of training provided to staff (Hawes, Phillips, and Rose, 2000b). In developing CAHPS[®] instruments, cognitive testing “showed that most consumer respondents find it easier to report on their experiences than to make judgments that go beyond their experience” (McGee, Kanouse, Sofaer, and Hargraves, 1999, p. MS34).

Contractual Matters

Content that relates to important contractual issues, such as aging in place in assisted living, was not consistently found among the instruments that were reviewed. Discharge eviction planning and notice are among the most frequent complaints against assisted living facilities (Administration on Aging, 2004). Issues related to aging in place—such as transfer criteria, discharge, move out policies, and negotiated risk agreements—were addressed in the Curtis, Sales, Sullivan, et al., (2005) instrument: “If your health deteriorates, how confident are you that the facility will be able to meet your future needs?” The Hawes, Phillips, and Rose (2000a) instruments ask “Do you expect to be able to reside here as long as you want to?” and “Will the facility be able to meet your needs for assistance and health care?” Ejaz, Schur, and Fox (2003) ask in general about the “quality of the information in the resident handbook,” but not about specific policies. Kane (2004) has an item on negotiated risk: “negotiated risk process so residents can take informed risk in apartments and other locations to pursue their own interests.” Provider-reported surveys that specify conditions for admission and discharge (behavior problems, incontinence, transferring assistance), such as Hawes, Phillips, and Rose (2000a), could give consumers a clearer understanding of both short- and long-term needs. Also, other long-term instruments address aging in place in the following ways: “Would the facility allow the resident to continue living in the facility or their unit if they needed substantial care?” (Institute for Social Research, 2004); “What is your usual practice if a resident becomes ill or disabled for a longer period of time (longer than 14 days)?” (Hawes, Wildfire, Iannacchione, et al. 1996)

Evaluation of cost and charge issues also was not consistently found in resident-reported instruments. In an evaluation of the admissions process, Ejaz, Schur, and Fox (2003) ask “How do you rate information about monthly charges?” Gesell (2001) asks if the “bill is easy to understand.” The Hawes, Phillips, and Rose (2000a) instruments feature “Are you aware of the monthly bill on charges from the facility?” “How do charges compare with expectations?” and “Have you been provided written information about the charges for the type of care received?” The nursing home instruments offer content that may apply to assisted living: Robinson, Lucas, Castle, et al., (2004), Castle (2004b), Castle, Lowe, Lucas, et al., (2004), and Ejaz, Schur, and Fox (2003) nursing home resident instruments have items related to costs such as “Are you getting good value for the money?” “Rate the information you were given about payments,” and “Did you get clear information on the daily rate, additional charges, and how to pay for care?” Again, uniform facility-reported data about monthly charges and what constitutes the rates may provide better data for consumers, such as the Hawes, Phillips, and Rose (2000a) provider survey.

Summary

As assisted living continues to emerge as a major source of elderly housing, the need for a better understanding of what consumers need to know and how they evaluate services will grow. Investigators in the nascent field of research on assisted living and its potential impact on consumers have begun to develop methods and tools to document and examine facility characteristics that the residents consider “homelike” and that influence quality of life and satisfaction.

Based on this environmental scan of assisted living instruments, investigators found that most assisted living instruments are resident-reported and few are observational or provider-reported, although all potentially can inform the development of an instrument for consumer choice. Instruments are not standardized, and there is no standardized set of domains, which reflects the ambiguous definition of assisted living. The tools are largely research oriented; however, proprietary tools exist in the industry.

Content-related gaps from the assisted living instruments reviewed include:

- Medication management.
- Patient safety concerns, avoidable problems in care.
- Special diets.
- Meeting needs for specialized care and activities, e.g., dementia patients.
- Ease of resident physical accessibility in the facility.
- Clearer definition of safety and security from a resident’s perspective.
- Assessment of residents’ understanding of how to address potential elderly abuse.
- Residents’ involvement in their care planning.
- Family involvement.
- Staff issues, including—
 - The promotion of resident independence in cognitively impaired residents;
 - Staffing levels and turnover; and
 - Staff’s knowledge, training, skills and abilities.

In preparing this report, we explored the burgeoning literature in the field to examine what features are considered important by researchers, facilities, and most importantly, consumers. Further, the report presents the measures that have been created to capture and evaluate information on these features. Literature and measures from nursing home instruments, which are more developed, also help inform how to examine what is important to residents. The research shows that, although there are a number of tools examining various aspects of assisted living and nursing home care using different methodologies, there is still much room for growth. A number of gaps exist in both the content that is collected and the methods used to collect the data. Research to fill these gaps will contribute to the ability to inform consumers.

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Appendix A

Reviewed Surveys and Tools

Appendix A presents a matrix of tools reviewed, including the source, setting, respondent and mode, and general content as described by the source. This matrix is organized based on the following order:

- Setting used, with assisted living first, followed by nursing home and other residential settings.
- Year of publication, with the most recent first and arranged alphabetically by source except when there were multiple instruments from a single source (i.e., National Nursing Home Survey) in which case instruments were grouped together and then listed by year of publication, with the most recent first.
- In some cases, we have not provided all elements of an instrument in the interest of relevance and brevity.

The matrix is followed by brief written evaluations of the individual instruments, including the source and purpose, model of administration, response scales used, psychometric analyses of the instruments, and the survey content with item level detail when available. The page number for each survey can be found in the matrix for easy reference. See Chapter 2 for the criteria used in the selection of instruments described in this report.

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Assisted Living (AL) Facilities				
Curtis, Sales, Sullivan, et al., 2005	Adult Family Home Adult Residential Care (RC) Assisted Living (AL)	Consumer (Resident, In-person interview)	Interpersonal 4 Environmental 4 Global satisfaction 3	A-13
Hedrick, 2005; Hedrick, Sales, Sullivan, et al., 2003	AL, Adult family homes, Adult RC Veterans' version provided in this analysis	Consumer (Resident, In-person interview) Observational	Resident experiences 10 Overall satisfaction 2	A-15
Vital Research, LLC, 2005 (Assisted Living Resident Satisfaction Survey)	AL	Consumer (Resident, Self-administered)	Activities 5 Autonomy 7 Clinical Care 2 Communication 4 Companionship 5 Dining 6 Environment 4 Safety 6 Assistance 5	A-17
Maine Department of Health and Human Services (2005) (Minimum Data Set – Assisted Living Services)	AL	Observational	Activity Pursuit Patterns 19	A-20
Aud, Rantz, Zwiygart-Stauffacher, et al., 2004 (Observable Indicators of Nursing Home Care Quality Instrument – Residential Facility version)	RC	Observational	<u>Version 5</u> Communication 5 Care 8 Environment 14 Staff 5 Home/Family 9 <u>Version 9</u> Items not divided into domains 34	A-21

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Crystal, Lowe, Lucas, et al., 2004 (Assisted Living Consumer Satisfaction Survey)	AL	Consumer (Resident/Family, Mail survey)	<u>Resident Version</u> Personal / assistive services 5 Food and meals 4 Environment 5 Autonomy / tenant rights 3 Activities 3 <u>Resident Family Version</u> Communication and involvement with staff 8 Activities and social interaction 6 Food / meals 4 Environmental characteristics 3 Resident security 2	A-24
Kane, 2004	AL	Provider	Ways residents might maintain relationships with external community 13 Ways residents might be integrated into internal AL community 9 Barrier to involvement with outside community 8 Barrier to involvement inside residence 5 Strategies to promote involvement 19	A-27

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Ejaz, Schur, Fox, 2003a (Consumer Satisfaction in Continuing Care Retirement)	Continuing Care Retirement Communities	Consumer (Resident/Family (proxy), Telephone interview)	ADL 13 Choices 8 Cleanliness 3 Depression 11 Dining 8 Emergency 2 Expectations of care 12 General satisfaction 6 Maintenance 5 Management 7 Move in 7 Importance of care 11 Physical environment 7 Programs 9 Safety/security 3 Social support 7 Staff interaction 7	A-29
Utz, 2003	AL	Provider (Self-administered mail survey)	Philosophical performance: Autonomy 13 Home likeness 15	A-34
Moran, White, Eales, 2002	Residential continuing care settings (Canada)	Consumer (Resident, In-person interview)	Expectations of Care 18 Performance 18 Confirmation/ Disconfirmation 18 Satisfaction/ Dissatisfaction 18	A-36

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Chong and Chi, 2001 (Scale on Domains of Residential Satisfaction)	RC (Hong Kong)	Consumer (Resident, In-person interview)	Psycho social care 7 Staff attitude 5 Cleanliness 3 Communal living 6 Resident's relationships 2 Food choice 1 Autonomy 2 Privacy 1 Home-like environment 1	A-39
Gesell, 2001 (Press Ganey/ Assisted Living Residents Survey)	AL	Consumer (Resident/Family, Self-administered mail survey)	Activities 3 Aides 4 Meals 5 Apartment 8 Facility 10 Management 7 Personal issues 6	A-41
National Center for Assisted Living, 2001	AL	Provider (Self-administered mail survey)	Question topics: Resident demographics 9 Operations: 9 Financing 3 Supply and Demand 3	A-44

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Simmons, 2001 (Resident Satisfaction Index)	AL	Consumer (Resident)	Health care 5 Housekeeping 4 Physical environment 4 Relationships with staff 8 Social life/activities 6	A-46
Sloane and Zimmerman, 2001; Sloane, Zimmerman, Walsh, 2001; Zimmerman, Scott, Park, et al., 2003				A-48
Therapeutic Environment Screening Survey for Nursing Homes and Residential Care (TESS-NH/RC)	NH/RC	Observational	Maintenance 1 Cleanliness 1 Odors 1 Safety 5 Lighting 4 Physical Appearance/Homelikeness 6 Orientation 1 Privacy 4 Noises 2 Plants 1 Outdoor Areas 2 Residents' Appearance 1 Access 1 Impression 3	A-49
Assisted Living- Environmental Quality Scale (AL-EQS)	AL/RC	Observational	Items not divided into domains 15	A-56
Assisted Living Social Activity Scale (AL-SAS). AL-EQS	AL/RC	Observational	Personal activities 4 Group activities 4 Outing 3	A-56
Mitchell and Kemp, 2000	AL	Resident (Interview)	Satisfaction 10 Function and health Status Social activities Facility opportunities for resident autonomy	A-57

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
ALFA ServiceTRAC, 1999	Independent Living, AL, Nursing Care Facilities	Consumer (Resident/Family, Self-administered mail survey)	Staff 7 Activities 4 Food 9 Housekeeping 5 Maintenance3 Home/community environment 5 Security 6 Assisted living services, including health monitoring & personal needs monitoring 9 Administration 4 Amenities 5	A-58
Hawes, Phillips, and Rose, National Study of Assisted Living for the Frail Elderly, 2000 [US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation]				A-61
Facility Screening Questionnaire	AL	Provider (Telephone interviewer)	Items not divided into domains 28	A-61
Resident Questionnaire	AL	Consumer (Resident/Proxy, In-person interview)	Items not divided into domains 39	A-65
Administrator (Facility) Questionnaire	AL	Provider (Self administered)	Items not divided into domains 54	A-71
Facility Walk-through Survey	AL	Observational	Administrator questions 7 Community questions 16 Exterior Building 18 General Impression 9	A-81
Discharge Resident Telephone Interview	AL	Resident (Telephone interviewer)	Items not divided into domains 19	A-87
Yee, Capitman, Leutz, and Sceigaj, 1999	AL	Consumer (Resident/Family, In-person interview)	Independent lifestyle 15 Avoidable care problems 9 Community participation 8	A-92

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Nursing Homes (NH)				
Castle, 2004 (Nursing Facility-Family Satisfaction Survey)	NH	Consumer (Family, Self-administered)	Admission 3 Activities 3 Autonomy/privacy 3 Physical environment 3 Safety/security 3 Caregivers 3 Meals 3 General satisfaction 3	A-94
Crogan, Evans, and Velasquez, 2004 (FoodEx LTC Questionnaire)	NH	Consumer (Resident, Self or interviewer administered)	Enjoying food and food service 11 Exercising choice 8 Cooking good food 7 Providing good food service negative view 5 Providing good food service positive view 13	A-96
Lengyel, Smith, Whiting, and Zello, 2004	NH	Consumer (Resident, In-person interview)	Food service 11 Quality of Life 13	A-99
National Nursing Home Survey (NNHS), 2004, 1999 [U.S. Department of Health and Human Services, National Center for Health Statistics]				A-101
NNHS, 1999 Facility Questionnaire	NH	Administrator (In-person interview)	Items not divided in domains 27	A-102
NNHS, 2004 Facility Qualifications (FQ Module) and Facility Characteristics (FC Module)	NH	Administrator (In-person interview)	Type of facility 8 Facility characteristics and services 19	A-105
NNHS, 2004 Facility Staffing	NH	Administrator (self-administered questionnaire hand delivered to administrator)	Facility staffing 24	A-110
National Nursing Assistant Survey (NNAS), 2004 [US Department of Health and Human Services]	NH	Nursing Aide (Telephone interview)	Questionnaire not divided into domains 42	A-115

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Robinson, Lucas, Castle, et al., 2004	NH	Consumer (Resident, In-person interview)	Personal & Health care 8 Independence 4 Management 5 Activities 5 Staff 6 Meals 6 Physical environment 8 Extra services 6 Overall satisfaction 2	A-124
Tornatore and Grant, 2004	NH	Consumer (Family, Telephone interview)	Satisfaction with staff and quality of care 10 Involvement with Nursing Home 1 Involvement with care of patient 2 Expectations of environment 2	A-126
Anderson, Connolly, Pratt, and Shapiro, 2003	NH	Consumer (Resident, In-person interview)	Social Services and Communication 6 Direct Care and Nurse Aides 9 Administration and Professional Nurses 7 Homelike and Spiritual Environment 7 Meals and Dining 5 Activities 6 Admission 5 Choice 5 General Satisfaction 5 Therapy 2 Laundry 2	A-128
Ejaz, Straker, Fox, and Swami, 2003b (Ohio Nursing Home Family Survey)	NH	Consumer (Resident, In-person interview)	Comfort 6 Security 5 Meaningful activity 5 Relationships 5 Functional competence 5 Enjoyment 3 Privacy 5 Dignity 5 Autonomy 4 Spiritual well being 4	A-130

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Kane, Kling, Bershadsky, et al., 2003	NH	Consumer (Resident, In-person interview)	Comfort 6 Security 5 Meaningful activity 5 Relationships 5 Functional competence 5 Enjoyment 3 Privacy 5 Dignity 5 Autonomy 4 Spiritual well being 4	A-133
Casarett, Hirschman, Miller, and Farrar, 2002	NH	Consumer (Resident, In-person interview)	Overall satisfaction and satisfaction with medical therapy 2 Frequency of desirable outcomes 2 Frequency of desirable outcomes from medication 7 Frequency of undesirable outcomes from medication 5 Characteristics associated with overall satisfaction 6 Characteristics associated with residents' satisfaction with medication 7 Perceived frequency of undesirable outcomes 6	A-136
Chou, Boldy, and Lee, 2002 (Resident Satisfaction Questionnaire)	NH and Hostel for aged (Australia)	Consumer (Resident, Self-administered mail survey)	Room 4 Home 4 Social interactions 4 Meals 4 Staff care 4 Resident involvement 4	A-138
Levy-Storms, Schnelle, and Simmons, 2002	NH	Consumer (Resident, In-person interview)	Toileting 4 Walking 4 Pad changes 4 Dressing 4 Bathing/Showering 4 Mealtime or feeding assistance 4 In or out of bed 4	A-140

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Moxey, Connor, White, et al., 2002	NH	Consumer (Resident, In-person interview)	Environment 4 Resident satisfaction 17 Support services 5 Staff satisfaction 5 Activities inside the facility 13 Activities outside the facility 12	A-143
Rantz, Jensdottir, Hjaltadottir, et al., 2002 (Observable Indicator of Nursing Home Care and Quality)	NH	Observational	<u>Version 5</u> Communication 5 Care 9 Environment 16 Staff 6 Home/family 6 <u>Version 9</u> Items not separated into domains 30	A-145
Sloane, Mitchell, Weisman, et al., 2002 (Therapeutic Environment Screening Survey for Nursing Homes [TESS-NH])				A-148
TESS NH	NH	Observational	Unit autonomy 9 Outdoor access 3 Privacy 1 Safety/Exit control 12 Maintenance 4 Cleanliness 6 Safety 6 Stimulation lighting 9 Visual/tactile stimulation 4 Noise 7 Socialization space/seating 5 Personalization/ homelikes/familiarity 5 orientation 13	A-148

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Special Care Unit Environmental Quality Scale (SCUEQS)	NH	Observational	Maintenance 5 Cleanliness 6 Safety 2 Lighting 2 Visual stimulation 1 Noise 2 Home likeness 4 Orientation cueing 2	A-150
Ryden, Gross, Savid, et al., 2000 (Satisfaction with Nursing Home Instrument)	NH	Consumer (Resident, In-person interview)	Respect for resident 9 Information 4 Physical care 3 Psychological care 6 Involvement of family 3 Care providers 8 Environment 11	A-153
Davis, Sebastian, and Tschetter, 1997	NH	Consumer (Resident, In-person interview)	Staff/environmental responsiveness 18 Dependability and trust 9 Resources 8 Personal control 9	A-155
Medical Expenditure Panel Survey (MEPS), 1996 Nursing Home Component [US Department of Health and Human Services, Agency for Healthcare Research and Quality]				A-157
Round 2 Sampled Facility Questionnaire (FQ)	NH	Provider (In-person interview)	Questionnaire not divided into domains Question topics: Type of medical services provided inside or outside the facility 34	A-158
Round 3 Self Administered Questionnaire	NH	Provider (Self-administered questionnaire hand delivered to administrator)	Baseline and one-year follow-up: Nursing staffing level and turnover (RN, LPNs, Aides)	A-165

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Norton, van Maris, Soberman, and Murray, 1996	NH	Consumer (Resident, Interview; Family, Mail survey)	Living environment 10 Food 11 Activities 11 Staff 10 Dignity 10 Autonomy 12 Medical care and treatment 6 Overall satisfaction 3	A-167
Shore, Lerman, Smith, et al., 1995	NH	Observational	Environment 4 Resident condition 4 Resident activity Appropriate social 3 Appropriate nonsocial 4 Inappropriate 3 No activity 1 Staff activity Staff-other interaction 1 Resident care 2 Resident positive interaction 1 Resident negative interaction 1 Nonresident work 1 Off task 1	A-170
Zinn, Lavizzo-Mourey, and Taylor, 1993 (Nursing Home Resident Satisfaction Scale)	NH	Consumer (Resident, In-person interview)	Physician services 3 Nursing services 3 Other services 4 General services 1	A-172
Astrom, Nilsson, Norberg, et al 1991	NH, Psychogeriatric clinic and LTC clinic	Staff (Interview)	Empathy, Burnout, Attitude 21	A-174
Kruzich, Clinton, and Kelber, 1992	NH	Consumer (Resident, In-person interview) Provider (In-person interview)	Organizational factors 17	A-175
Ferrans and Powers, 1985 (Quality of Life Index)	NH version but is “amenable to use in AL”	Consumer (Self-administered or In-person interview)	Health and functioning 13 Social and economic 8 Psychological/ Spiritual 7 Family 5	A-176

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Instruments from Other Residential Settings				
Consumer Experiences Survey, Minnesota Department of Human Services, Aging and Adult Services, 2005	Waiver supported services for elderly and disabled	Consumer (Resident, In-person interview)	General satisfaction and safety 25 Experiences with paid staff 7 Experience with Case Management 6	A-178
American Seniors Housing Association, 2004	Housing for elderly including AL, CCRC, Alzheimer's facility, etc.	Provider (Self-administered)	Ownership and location 10 Size 5 Payment 7 Financial data 53 Average stay 4	A-183
Health and Retirement Study (HRS), 2004 [US Department of Health and Human Services, National Institute of Aging]	All community based housing (i.e., non-nursing home setting)	Sampled person (In-person)	Housing characteristics 26	A-189
Medicare Current Beneficiary Survey (MCBS), 2004 [US Department of Health and Human Services, Centers for Medicare and Medicaid Services]				A-192
MCBS, 2004 Community Component Housing Characteristics Questionnaire	All community based housing (non-institutional setting includes some AL facilities)	Sampled person (In-person)	Physical arrangement of housing and Services 18	A-193
MCBS, 2002 Facility Component Facility Screener Questionnaire & Facility Core Use of Services Module	All facility-based settings (includes NH, CCRC, AL etc.)	Provider (In-person)	Facility Characteristics 15 Facility Characteristics 30	A-194 A-197
Participants Experience Survey (PES) Version 1.0, 2003 [MEDSTAT Group for U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services]				A-203
PES, 2003 Elderly/Disabled Version (E/D)	Long-term care	Consumer (Resident, In-person interview)	Access to care 32 Choice and control 9 Respect/Dignity 7	A-204
PES. 2003 Mentally Retarded/ Developmental Disabled Version (MR/DD)	Long-term care	Consumer (Resident, In-person interview)	Access to Care 35 Choice and control 13 Respect/Dignity 5	A-211
PES, 2003 Brain Injury Version (BI)	Long-term care	Consumer (Resident, In-person interview)	Respect/Dignity 2 Community Activities 4	A-219

Source author name and publication date	Setting used	Source and Mode	General content as described by source	Page num
Hawes, Wildfire, Iannacchione, et al., 1996	Board and Care Homes	Resident and Provider (In-person interview)	<u>Resident</u> Resident Satisfaction, Autonomy, and Choices 37 <u>Provider</u> Facility Policies and Services 32	A-221

Source: Curtis MP, Sales AEB, Sullivan JH, Gray SL, and Hedrick, SC. (2005) Satisfaction with care among community residential care residents. *J Aging Health* 17(1):3-27.

Purpose of tool: The tool was adapted from a national study of assisted living (Hawes, Rose, and Phillips, 1999). Only a subset of the original tool was used. The tool was developed to assess satisfaction in assisted living. The subset selected was chosen to ensure a broad range of resident care experiences and to measure the most salient point within each domain. An advisory committee reviewed the selected items, and the questions were pilot tested. The authors analyzed satisfaction in relation to other characteristics of the facility.

Data collection: The study focused on residents on Medicaid funding who were entering adult family home (AFH), adult residential care (ARC), or assisted living (AL) facilities in a three-county area around Puget Sound, WA. Residents were those placed by Washington State Aging and Adult Services Administration Home and Community Services Division. Cognitively impaired residents were not included. State office staff sent a letter and brochure to the 500 recommended residents. Of these, 349 completed face-to-face interviews, 204 in AFH, 51 in ARC, and 94 in AL.

Scale structure: No factor analysis reported.

Reliability: Cronbach's alpha for the three subscales ranged from .64 to .69.

Validity: No validity measures given.

Response options: The overall satisfaction questions on satisfaction with food, room, and staff were measured on a 0-10 scale (10= most satisfied). The remainder of the questions were measured on a 1-4 scale (4=most satisfied).

Subscale: Interpersonal

1. How often does the staff treat you with dignity and respect?
2. If you had concerns about this place, how willing do you think the manager/owner would be to listen to you?
3. If your health deteriorates how confident are you that the facility will be able to meet your future needs?
4. How often is this place as clean and well-maintained as you would like?

Cronbach's alpha = .64

Subscale: Environmental

1. How much of the time are there enough staff on duty?
2. How much of a problem is staff turnover?
3. How homelike does this place feel to you?
4. How much of the time is the food here something you like?

Cronbach's alpha = .69

Subscale: Global Satisfaction

1. How would you rate the meals and food service here?
2. How would you rate your room or apartment here?
3. How would you rate staff quality here?

Cronbach's alpha = .69

Source: Hedrick SC. (2005). Evaluation of VISN20 Assisted Living Pilot Program (ALPP) MIRB ID# 1210 (Abstract). Funding Period: April 2001 - March 2005.

Hedrick SC, Sales AEB, Sullivan JH, Gray SL, Tornatore J, Curtis M, and Zhou XA. (2003). Resident outcomes of Medicaid-funded community residential care. *Gerontologist* 43(4):473-482.

Purpose of tool: The purpose of this tool is to examine the physical and mental characteristics of the residents, as well as general satisfaction, and the profile of the informal caregivers (family or friends) and providers (facilities) associated with State/Medicaid funded residents. The tool used in this study contains 24 items that are to be administered using face-to-face interviews of the veterans in an AL facility. There are seven open-ended questions for in-depth qualitative analysis on feelings of satisfaction. There are 10 global satisfaction questions dealing with specific areas of the facility (i.e., staff, room, transportation, choice/privacy, food, administration, overall satisfaction). The tool also contains three questions about satisfaction with the Veterans' Assisted Living Program. Satisfaction with ALPP services was measured using both veterans and family caregiver reports for all enrolled, 45 days after program enrollment and 45 days after transition in funding from VA to non-VA funding, and at the time of move out of the AL facility (if moved out). Only a small number of total questions are presented from the survey that come from sections pertaining to resident experiences and satisfaction.

Data collection: All veterans placed by the ALPP program to different vendors were eligible for interview. A total of 789 veterans were placed, and 160 vendors contracted with VA. Veterans were admitted to all types of community residential care programs licensed under State Medicaid-waiver programs. Of the 789 veterans, 56% moved to AL facilities, 28% to adult residential care (ARC) facilities, and 16% to AFH. Analysis is not complete as the study is still in progress.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given

Response options: Responses were on a 1 through 4 scale. The scale anchors varied by item; see individual items for response options.

Subscale: Resident experiences

(1=Never, 2=Sometimes, 3=Usually, 4=Always)

1. How much of the time do you feel staff treat you with dignity and respect?
2. How often do staff take time to talk to the residents?
3. How often do you feel staff show affection and caring for residents?
4. How much time, including weekends, are there enough staff on duty to adequately care for all the residents?
5. How much of the time does [NAME OF THE FACILITY] offer activities that you enjoy?
6. On weekends, how much of the time does the facility offer enough activities and transportation?
7. How much of the time does the facility offer transportation for things you enjoy?
8. How much of the staff at [NAME OF THE FACILITY] makes an effort to find out about your preferences for activities and makes those available?
9. How well trained and supervised do you think staff are at this facility?

(1=Very poorly, 2=Poorly, 3=Adequately, 4=Very well trained)

10. How successful is the facility at keeping good staff?

(1=Very unsuccessful, 2=Somewhat unsuccessful, 3=Successful, 4=Very successful)

Overall Satisfaction

11. Overall, how would you rate the staff at this facility? Use any number on a scale from zero to 10, where zero is the worst staff quality and 10 is the best staff quality possible
____ Score

12. Use any number on a scale from zero to 10, where zero represents the worst activities possible and 10 represents the best. How would you rate the activities available to you here?
____ Score

Source: Vital Research, LLC. (2005). Assisted Living Resident Satisfaction Survey Description and Psychometrics. Los Angeles, CA: Vital Research, LLC, p.1-7.

Purpose of tool: The Assisted Living Resident Satisfaction Survey is currently used in AL facilities for quality improvement, benchmarking, and marketing purposes. The developers first conducted open-ended interviews with 20 residents in a Chicago multilevel retirement facility. Nine domains were identified from these interviews that were deemed important to resident satisfaction and quality of life: activities, autonomy, clinical care, communication, companionship, dining, environment, safety, and assistance. This pilot led to 78 closed-ended questions with three open-ended questions. Additional research led to the addition of two more closed-ended questions. A potential tenth domain—problem resolution—was found, but had low reliability and is not reported. Questions are mostly satisfaction questions, either specific to the domains, or general satisfaction (only domains are reported here).

Data collection: The tool has been used in 35 AL communities across the United States. No specific sampling information of facilities or within facilities is given. A total of 1,781 residents have been surveyed for the benchmark data set of 35 facilities. The tool is a self-administered questionnaire given to residents. The aggregate data reported represent 31-34 facilities.

Scale structure: No factor analysis reported.

Reliability: All Cronbach's alphas ranged between .50 and .91, except assistance, which had an alpha of .34. For the eight domains (minus assistance) overall, Cronbach's alpha was .80.

Validity: Validity was measured as a correlation of the nine domains with questions about whether the resident would recommend the facility and the overall satisfaction with the facility. Correlations with overall satisfaction ranged between .31 (clinical care) and .73 (safety). For the recommendation question, correlations ranged from .37 (communication) to .65 (dining). Predictive validity was also examined, using stepwise regression with the two global satisfaction questions as dependent variables in different models. Using domains of safety, activities, autonomy, dining, and communication as independent measures, the R-square for the overall facility satisfaction model was .85. For the recommendation model, with dining, autonomy, environment, and clinical care retained as independent variables, the R-square was .75.

Response options: Questions were written to elicit a "yes/no" response; however, "don't know" and "not applicable" response options were available. Two global satisfaction questions, not reported here—asking about overall facility satisfaction and likelihood to recommend the facility to a friend—were given three point ordinal response scales: "Very," "Somewhat," and "Not very."

Subscale: Activities

Loadings

1. Variety of activities
2. Activities I like
3. I go to activities
4. Enough people to help during outings
5. I can maintain my hobbies here.

Cronbach's alpha = .69

Subscale: Autonomy

1. Room changed without permission*³

³ * Denotes reverse coding

2. Can decide when to see the doctor
 3. Can decide what to do each day
 4. Encouraged to be independent
 5. Can go wherever I want to
 6. Can be alone if desired
 7. I decided to move to AL
- Cronbach's alpha = .71

Subscale: Clinical Care

1. Staff knows when I need care
 2. Staff checks up on me
- Cronbach's alpha = .72

Subscale: Communication

1. Staff smiles at me
 2. Staff talks with me about my concerns
 3. Staff listens to me
 4. I understand the staff
- Cronbach's alpha = .68

Subscale: Companionship

1. Friends/family visit me
 2. Talk with other residents
 3. I am alone too much*
 4. I'm friends with other residents
 5. I get bored here*
- Cronbach's alpha = .74

Subscale: Dining

1. Fresh food
 2. Variety of food
 3. Meals served on time
 4. Food cooked right
 5. I get enough food here
 6. The menu is repeated too often*
- Cronbach's alpha = .86

Subscale: Environment

1. My room is quiet
 2. My room is the right temperature
 3. My room is too dark*
 4. My room looks like home
- Cronbach's alpha = .50

Subscale: Safety

1. My valuables are safe
 2. Staff asks permission to enter my room
 3. Staff handles me gently
 4. I am physically safe here
 5. Staff gets angry with me*
 6. My clothes are returned from the laundry
- Cronbach's alpha = .83

Subscale: Assistance

1. Staff willing to help
2. Get help right away if needed
3. Maintenance fixes things in my room
4. Get the housekeeping help I need
5. Staff helped me move in

Cronbach's alpha = .34

Source: Maine Department of Health and Human Services. (2005). Bureau of Medical Services (BMS). Available at: <http://muskie.usm.maine.edu/mds>. Accessed October 18, 2006.

Purpose of tool: Minimum Data Set – Assisted Living Services (MDS-ALS) instrument is part of the Resident Assessment Instrument (RAI) which is the assessment tool approved by the State of Maine for use by the provider to obtain an accurate, standardized, reproducible assessment of each resident’s functional capacity. The items presented below are items from General Activity Preferences from the section on Activity Pursuit Patterns. A separate instrument, for use in residential care is also available and shares similar items with the MDS-ALS.

Data collection: No data collection description given.

Scale Structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given

Response options: Items corresponding to the correct response are checked.

Section N. Activity Pursuit Patterns

General Activity Preferences

(Check all preferences whether or not activity is currently available to resident)

- a. Cards/other games
- b. Crafts/arts
- c. Exercise/ sports
- d. Dancing
- e. Music
- f. Reading/writing
- g. Spiritual/religious activity
- h. Trips/shopping
- i. Walking/wheeling outdoors
- j. Watching TV
- k. Gardening or plants
- l. Talking or conversing
- m. Helping others
- n. Doing chores around the house/facility
- o. Cooking/baking
- p. Computer activities
- q. Volunteering
- r. Other (specify)
- s. NONE OF THE ABOVE

Source: Aud MA, Rantz MJ, Zwygart-Stauffacher M, and Manion P. (2004). Developing a residential care facility version of the Observable Indicators of Nursing Home Care Quality Instrument. *J Nurs Care Qual* 19(3):48-57.

Purpose of tool: The purpose of this tool is to identify indicators of quality of care in residential care facilities. This tool is a modification of an existing instrument, the Observable Indicators of Nursing Home Care Quality Instrument. The tool observes the domains of communication, care, staff, environment, odor/cleanliness/condition, lighting/noise/atmosphere, home/family, with a total of 34 items. High scores indicate good/excellent care quality. Some items required asking staff. The article presented here does not reflect the most recent version of the survey; the most recent version, Version 9, was obtained from the author and is appended to the end of the version presented in the article. Psychometric analysis has not yet been done on Version 9, therefore only the survey content will be presented here.

Data collection: There were 15 total residential care facilities recruited by nurses to participate in the study. Ten were centered around metropolitan areas in the state of Missouri, and five were added later in the southeast (more rural) region of the State. The nurses were instructed to stratify their facility choices by size. Nurses were sent in pairs to observe the facilities twice, with 7 to 10 days between visits. There were 140 completed assessment tools.

Scale structure: No factor analysis reported.

Reliability: Cronbach's alpha for the entire scale was .90, and ranged among the subscales between .38 and .96. Test-retest reliability for the entire scale was .94, and ranged among the subscales between .66 and .94. Inter-rater reliability for the entire scale was .73, and ranged among the subscales between .51 and .81.

Validity: Face validity was assessed by a panel of reviewers, who rated each question. The total scale was rated as a 3.426 out of 4 (1 = not at all relevant, 4= very relevant). Changes were made as reviewed. The subscales were similarly assessed, with ratings between 3.00 (for home/family involvement) and 3.90 (for communication).

Response options: All items have response options 1 through 5, with one being the worst rating and 5 being the best.

Observable Indicators of Nursing Home Care Quality Instrument Version 5

Subscale: Communication

1. Were the conversations between staff and residents friendly?
2. Did staff call residents by name?
3. Were interactions between staff and residents comfortable (for example, smile, eye contact, touch, etc.)?
4. Were interactions between staff and residents positive (for example, conversation, humor, touch, eye contact, etc.)?
5. Were staff interactions with confused residents positive (for example, talk, touch, sit with, etc.)?

Cronbach's alpha = .96, Test-retest reliability= .81, Interrater reliability =.76

Subscale: Care

1. Were residents dressed and clean?
2. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?
3. Did staff treat residents as individuals with dignity and respect?
4. Did residents have a variety of foods to choose from at mealtime (Look for posted meal plans; may need to ask staff)?
5. Did residents have access to snacks and other foods at any time (Look for posted signs about access to snacks; may need to ask staff)?
6. Were a variety of activities available for residents (Look for posted schedules, calendars, group meetings, etc.)?
7. Were there activities involving children (Look for posted activity schedules, calendars)?
8. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?

Cronbach's alpha = .71, Test-retest reliability= .88, Interrater reliability =.52

Subscale: Staff

1. Were staff visible?
2. How often is a nurse (RN or LPN) present in the facility? (May need to ask)
3. Did the staff seem to know the residents so that they are able to provide for their care (May need to ask staff)?
4. Did staff appear clean and well-groomed?
5. Did staff appear caring (compassionate, warm, kind)?

Cronbach's alpha = .38, Test-retest reliability= .66, Interrater reliability =.57

Subscale: Environment

Subscale – a: Environment - Odor, Cleanliness, Condition

1. Were pleasant odors noticeable in the facility?
2. Were odors of urine or feces noticeable in the facility?
3. Were other unpleasant odors noticeable in the facility?
4. Were hallways and common areas uncluttered?
5. Were resident rooms, hallways, and common areas clean?
6. Were buildings, grounds, and furniture in good condition?

Cronbach's alpha =.81, Test-retest reliability=.86, Interrater reliability =.81

Subscale – b: Environment Lighting, Noise, Space, Atmosphere

7. Were the hallways well lighted?
8. Were the common areas well lighted?
9. Were resident rooms well lighted?
10. Were loud or disturbing noises noticeable in the facility?
11. Were exit doors equipped with monitoring or alarm systems?
12. Were there outdoor gardens or other outdoor spaces for residents to enjoy
13. Did residents have access to outdoor spaces?
14. Did the facility seem calm?

Cronbach's alpha =.60, Test-retest reliability=.93, Interrater reliability =.66

Cronbach's alpha =.81, Test-retest reliability=.94, Interrater reliability =.79

Subscale: Home/Family Environment

1. Was there a pleasant atmosphere or feeling about the facility?
2. Was there a feeling of life and activity about the facility?
3. Were residents' rooms personalized with furniture, pictures, and other things from their past?
4. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?

5. Were the pets and/or live plants in good condition?
6. Was there a home-like appearance or feeling about the facility?
7. Were visitors visible in the facility (family members, volunteers, community members, etc.)?
8. Did residents have access to telephone communication (May need to ask staff)?
9. Did residents have access to email or other computer-based communication (May need to ask staff)?

Cronbach's alpha =.76, Test-retest reliability=.86, Interrater reliability =.51

Whole Scale:

Cronbach's alpha = .90, Test-retest reliability =.94, Interrater reliability =.73

Observable Indicators of Nursing Home Care Quality Instrument Version 9

1. Were the conversations between staff and residents friendly?
2. When staff talked to residents, did they call them by name?
3. Did residents and staff acknowledge each other and seem comfortable with each other (for example, smile, eye contact, touch, etc.)?
4. Did residents and staff interact with each other in positive ways (for example, conversation, humor, touch, eye contact, etc.)?
5. Did staff appear caring (compassionate, warm, kind)?
6. Did staff treat residents as individuals with dignity and respect?
7. Were staff visible?
8. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?
9. Did staff communicate with confused residents in positive ways (for example, talk, touch, sit with, etc.)?
10. Did residents have a variety of foods to choose from at mealtime (Look for posted meal plans; may need to ask staff)?
11. Did residents have access to snacks and other foods at any time (Look for posted signs about access to snacks; may need to ask staff)?
12. Were a variety of activities available for residents (Look for posted schedules, calendars, group meetings, etc.)?
13. Were there activities involving children (Look for posted activity schedules, calendars)?
14. Were residents dressed and clean?
15. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?
16. Were pleasant odors noticeable in the facility?
17. Were odors of urine or feces noticeable in the facility?
18. Were other unpleasant odors noticeable in the facility?
19. Were hallways and common areas uncluttered?
20. Were resident rooms, hallways, and common areas clean?
21. Were buildings, grounds, and furniture in good condition?
22. Were the hallways well lighted?
23. Were resident rooms well lighted?
24. Were loud or disturbing noises noticeable in the facility?
25. Were there outdoor gardens or other outdoor spaces for residents to enjoy?
26. Did residents have access to outdoor spaces?
27. Did residents have access to email or other computer-based communication (May need to ask staff)?
28. Were residents' rooms personalized with furniture, pictures, and other things from their past?
29. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?
30. Were the pets and/or live plants in good condition?
31. Was there a home-like appearance about the facility?
32. Was there a pleasant atmosphere or feeling about the facility?
33. Was there a feeling of life and activity about the facility?
34. Were visitors visible in the facility (family members, volunteers, community members, etc.)?

Source: Crystal S, Lowe TJ, Lucas JA, Robinson JP, Skarda JS. (2004). Assisted Living Consumer Satisfaction Survey: Phase one results. Prepared for the Department of Health and Senior Services (DHSS).

Lucas JA, Levin CA, Lowe TJ, Gilmore K, Paek EK, and Crystal S. (2004). Assisted Living Consumer Satisfaction Survey: Phase two final report. Prepared for the Department of Health and Senior Services (DHSS).

Purpose of tool: The Assisted Living Consumer Satisfaction Survey (ALCSS) was developed to be used by the State of New Jersey for the purpose of providing quality information to consumers to bolster consumer choice and additional feedback for quality improvement to providers. ALCSS is composed of two instruments: the Resident Satisfaction and the Family Satisfaction Instrument. Resident Satisfaction Instrument has the following domains: personal and health care, independence, management of the facility, activities, staff, meals, physical environment, and services. In contrast, the Family Satisfaction Instrument is composed of the following domains: activities, meals, care, management, staff, safety and security, physical environment, and family involvement. Domains presented below reflect only those that were retained after factor analysis.

Data Collection: Seven facilities participated in the pilot study, 155 residents and 198 family members returned questionnaires. Both instruments were implemented by mail. Facilities distributed the surveys to the residents and mailed the family surveys to the person they believed to be most involved in the resident's care and life. "Family member" was broadly defined to include blood relatives, neighbors, and friends. A reminder postcard was sent 1 week following the initial mailing.

Scale structure: There were eight domains included in the assisted living resident instrument. Five factors were retained. Loadings for each retained item ranged from 0.63 to 0.90 on the respective factors.

There were eight domains included in family member instrument. Five factors were retained. Loadings for each retained item ranged from 0.55 to 0.88 on the respective factors.

Reliability: On the resident questionnaire, internal consistency measures for the eight content domains were high, ranging in value from a low of 0.77 to a high of 0.89. Internal consistency measures for the eight content domains were also high on the family questionnaire, ranging from a low of 0.84 to a high of 0.94.

Validity: Construct validity was identified by estimating correlation of individual resident and family member satisfaction items with global satisfaction items. Correlations were significant, and the correlation ranged from 0.16 to 0.62 for residents and from 0.31 to 0.77 for families. In testing the ability of the individual satisfaction items to differentiate across facilities, the means for 10 of the resident items discriminate between facilities at a $p < 0.05$ level of significance, and 15 resident items discriminate between facilities at a $p < 0.10$ level of significance. For the family instrument means for 28 of the items discriminate between facilities at a $p < 0.05$ level of significance, and 36 items discriminate between facilities at a $p < 0.10$ level of significance.

Response options: Questions used a 5-point scale: Very Dissatisfied, Dissatisfied, Neither Satisfied or Dissatisfied, Satisfied, and Very Satisfied.

Assisted Living Consumer Satisfaction Survey: Residents

	Factor Loading
Subscale: Personal and assistive services	0.65-0.75
Help when needed	
Amount of help	
Quality of help	
Clear rules	
Enough staff	
Subscale: Foods and meals	0.67-0.90
Food amount	
Food choice	
Food quality	
Diversity of menu	
Subscale: Environment (social and physical)	0.63-0.76
Facility cleanliness	
Staff helpfulness	
Staff dignity and respect	
Facility attractiveness	
Relationships with staff	
Subscale: Autonomy/ Tenant rights	0.72-0.83
Freedom to furnish room/apartment	
Privacy	
Independence	
Subscale: Activities	0.70-0.81
Entertainment	
Outings	
Enough activities	

Assisted Living Consumer Satisfaction Survey: Family Member

	Factor Loading
Subscale: Communication and involvement with staff	0.58-0.87
Staff communication	
Staff help with issues	
Staff involved in planning	
Staff notification of changes	
Family council	
Clarity of facility rules	
Staff know needs	
Staff encourages participation	
Subscale: Activities and social interaction	0.55-0.84
Stimulating activities	
Variety of activities	
Range of activities	

Outside programs
Social interaction
Interaction with pets

Subscale: Food / meals 0.83-0.88

Food resident enjoys offered
Food choices
Food quality
Food variety

Subscale: Environmental characteristics 0.72-0.85

Facility attractiveness
Facility cleanliness
Facility homelike

Subscale: Resident security 0.81-0.87

Building security
Resident security

Source: Kane RA . (2004). Assisted living as a long-term care option: Transition, continuity, and community. Funded by the AARP through a subcontract from the Assisted Living Research Institute.

Purpose of tool: The tool was designed to collect data from AL administrators about their views on how to build community and integrate residents within facilities. The tool was developed using previous studies of residents and administrators to ascertain the necessary areas of study. The main objectives were to determine how the assisted living setting affects continuity of meaningful resident roles and activities. Another objective was to identify facilitators, barriers, and best practices in resident involvement.

Data collection: Sixty-four assisted living facilities (n=64) were selected from the membership list of Assisted Living Federation of America (ALFA). Facilities were selected from States that reflected variety in assisted living State policy. Administrators of these facilities were surveyed. No further information was given.

Scale structure: No factor analysis reported.

Reliability: No reliability information provided.

Validity: No validity measures given.

Response options: All items have a 5-point Likert response scale. The anchors for the scale vary by domain; see individual subscales for response options.

Subscale: Ways Residents Might Maintain Relationships with External Community
(5-point scale: 1= Unlikely, 5= Likely)

1. Having family or friends as visitors at the residence
2. Going out with family or friends for day trips
3. Having family and friends as guests for meals at the facility
4. Phone communication with people outside the facility
5. Going on community trips arranged by assisted living
6. Active participation in outside church or religious organizations
7. Taking walks in neighborhood
8. Internet/e-mail communication
9. Active participation in clubs or organizations in the community
10. Participating in volunteer activities outside
11. Being involved in political or social action activity (beyond voting)
12. Participating in work activities outside
13. Traveling/vacation away from assisted living facility

Subscale: Ways Residents Might Be Integrated into Internal AL Community
(5-point scale: 1= Unlikely, 5= Likely)

1. Socializing at congregate meals at the assisted living residence
2. Participating in organized activities at (name of facility)
3. Participating in religious services at the assisted living facility
4. Forming friendships with residents and staff members at (name of facility)
5. Individually initiated socializing with other residents (not previously closely known to the resident)
6. Socializing with family or friends who also live at (name of facility)
7. Becoming active in assisted living community governance, such as resident councils, committees, and the like
8. Having other residents as guests in residents' rooms or apartments
9. Being a volunteer for the assisted living community

Subscale: Perceived Barrier to Involvement with Outside Community
(5-point scale: 1= Not a major barrier, 5= Major barrier)

1. Transportation problem
2. Resident not interested
3. Resident too sick or frail
4. Resident too cognitively impaired
5. Family unavailable or unwilling to assist
6. Liability concerns
7. Resident severed community ties
8. Resident new to geographic area

Subscale: Perceived Barrier to Community Involvement Inside Residence
(5-point scale: 1= Least Important, 5= Most Important)

1. Resident has individual interests
2. Resident too sick or frail
3. Resident too cognitively impaired
4. No interest in group activities
5. Residents feels other residents are too impaired or have nothing in common with them

Subscale: Strategy to Promote Resident Involvement with External Community
(5-point scale: 1= Least Important, 5= Most Important)

1. Encourage families to visit at any time
2. Assess residents' interests and make care plans to help them continue with these interests
3. Provide events that include resident's family or friends
4. Inform residents via newsletter and/or discussion about current events and issues in the larger community
5. Provide residents with transportation to shopping areas; encourage outside groups to meet at (name of facility)
6. Make community involvement a strong part of your mission statement and training of personnel
7. Have a bookmobile or library for larger community co-located on premises
8. Provide transportation in community events
9. Provide/arrange non-medical transportation on an individual basis
10. Organize enjoyable spaces and things for children who visit
11. Encourage residents to use public transportation
12. Use a negotiated risk process so residents can take informed risk in apartments and other locations to pursue their own interests
13. Have preschool, after-school, or youth groups meet on premises
14. Use residents as a group to do community projects or fund-raising
15. Provide escort on one-to-one basis for residents to go into the community
16. Learn and build on residents' former employment
17. Encourage residents to become volunteers
18. Affiliate with universities, community colleges, or other education programs for resident adult education
19. Use the assisted living facility as a polling station

Source: Ejaz FK, Schur D, and Fox K. (2003a). Consumer Satisfaction in Continuing Care Retirement Communities. Margaret Blenker Research Institute, Benjamin Rose funded by the AARP Andrus Foundation.

Purpose of tool: The tool was developed to measure satisfaction of elderly and family members in continuing care retirement communities (CCRC). These included independent and assisted living facilities in Ohio. The tool used was a slightly modified HealthRays Alliance (facility operator) satisfaction instrument. There were 58 questions (including demographics) for those in independent living and 60 for the assisted living version. However, only 48 and 50 of these questions, respectively, were used in factor analyses. Further, while the factors were labeled as admission, appearance of facility, food and dining, maintenance of facility, management of the facility, safety and security, and overall satisfaction, which questions loaded on these factors is unknown. Domains included in the questionnaire presented below are choices, cleanliness of the facility, dining services, emergency services, expectations of care, general satisfaction, maintenance services, management services, moving-in process, perceived importance of care and services, physical environment, programs and services, safety and security, social support, and staff interaction. The family survey included questions similar to the resident survey.

Data collection: Respondents were selected from the eight participating HealthRays Alliance facilities. Residents were selected by some unknown mechanism by the facility. In the second phase, there was an attempt to survey a family member (or other close relation) of a resident who completed the survey. Surveys were completed over the phone after an initial notification. Surveys took approximately 45 minutes. There were 137 resident surveys and 41 family surveys completed. Of the 137 resident surveys, 116 were completed by independent living residents and 21 by assisted living residents.

Scale structure: No factor analysis reported.

Reliability: Cronbach's alpha for the 18 subscales ranged from .67 to .97.

Validity: Criterion validity was measured as a correlation of the six domains that were significantly different from zero with questions about whether the resident would recommend the facility and the overall quality of services. Correlations ranged between .270 and .639.

Response options: Vary by domain. See individual subscales for response options.

Subscale: ADL

(Responses: Completely unable, With some help, Without any help)

1. Use the telephone?
2. Get to places out of walking distance?
3. Go shopping for groceries or clothes (IF YOU HAD TO)?
4. Prepare your own meals (IF YOU HAD TO)?
5. Do your own housework (IF YOU HAD TO)?
6. Take your own medicine (IF YOU HAD TO)?
7. Handle your own money (IF YOU HAD TO)?
8. Eat?
9. Dress and undress yourself?
10. Take care of your appearance (combing your hair and [for men] shaving)?
11. Walk?
12. Get in and out of bed?
13. Take a bath or shower?

Cronbach's alpha = .84

Subscale: Choices

(Responses: 0=No, 1=Yes)

1. Can you bring in personal belongings like a piece of furniture to make your place feel like home?
2. Does the facility respect your privacy?
3. Does the facility interfere in your day-to-day affairs?
4. Do your visitors feel welcome to visit you at the facility whenever they want?
5. Do you have a private place to visit with your family and friends at this facility?
6. Do you have the ability to live your life the way you want to in this facility?
7. Can you plan your own schedule for the day?
8. Can you leave the facility whenever you wish?

Cronbach's alpha = .67

Subscale: Cleanliness of the Facility

(Responses: 1=Poor, 2=Fair, 3= Good, 4=Excellent)

How would you rate the:

1. Cleanliness of the facility?
2. Courtesy and helpfulness of the housekeeping staff, in general?
3. Overall quality of the housekeeping services?

Cronbach's alpha = .81

Subscale: Depression

(Responses: 1=Hardly ever/never, 2=Sometimes, 3=Most of the time)

1. Not feel like eating; your appetite was poor?
2. Feel depressed?
3. Feel that everything that you did was an effort?
4. Sleep restlessly?
5. Feel happy?*
6. Feel lonely?
7. Feel that other people were unfriendly?
8. Enjoy life?*
9. Feel sad?
10. Feel that people disliked you?
11. Not seem to be able to "get going?"

* These responses were reverse coded.

Cronbach's alpha = .80

Subscale: Dining Services

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Taste of the food?
2. Appearance of the food?
3. Variety of menu items?
4. Food choices as being healthy?
5. Temperature of the food (hot foods are served hot, cold foods are served cold)?
6. Dining room environment?
7. Courtesy and helpfulness of food services staff?
8. Overall quality of the dining services?

Cronbach's alpha = .89

Subscale: Emergency Services

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Promptness of emergency response calls?
2. Your confidence in the facility's response to a medical emergency?

Cronbach's alpha = .90

Subscale: Expectations of Care

(Responses: 1=Definitely did not meet your expectations, 2=Somewhat met your expectations, 3=Definitely met your expectations)

1. Physical environment such as the grounds, parking, appearance of community
2. Security and safety of apartment grounds
3. Maintenance services such as maintenance and appearance of buildings maintenance requests
4. Cleanliness of the facility and housekeeping services in general
5. Move in process such as the admission process, information on staff and services
6. Food and dining services
7. Programs and activities
8. Transportation services
9. Emergency services
10. Overall management
11. Freedom to live your own lifestyle
12. Overall care and services at the facility

Cronbach's alpha = .97

Subscale: General Satisfaction

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Friendliness of the staff?
2. Friendliness of the other residents?
3. Freedom to live your own lifestyle?
4. Satisfaction regarding your decision to move to this facility?
5. Feeling of being welcomed when you moved into this facility?
6. Overall quality of life?

Cronbach's alpha = .81

Subscale: Maintenance Services

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Maintenance of the building?
2. Process for handling work requests?
3. Timeliness of maintenance services?
4. Courtesy and helpfulness of the maintenance staff?
5. Overall quality of maintenance services?

Cronbach's alpha = .97

Subscale: Management Services

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Concern of the management staff toward your well-being?

2. How well the management staff listens to you?
3. Process for handling your concerns and requests?
4. Reputation of the facility?
5. Communication about facility issues?
6. Quality of information in the resident handbook?
7. Overall management of the facility?

Cronbach's alpha = .91

Subscale: Moving in Process

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Information you received concerning the services and amenities when you moved in?
2. Information of where everything was located?
3. Information of who the different staff members were?
4. Information on how to get services?
5. Information about the monthly charges?
6. Courtesy and helpfulness of the marketing staff?
7. Overall move-in process?

Cronbach's alpha = .91

Subscale: Perceived Importance of Care and Services

(Responses: 0=Not important at all, 1=Somewhat important, 2=Very important)

1. Physical environment such as grounds, parking, appearance of community?
2. Security and safety of apartments and grounds?
3. Maintenance services such as maintenance and appearance of buildings, maintenance requests?
4. Cleanliness of facility and housekeeping services in general?
5. Move in process such as the admission process, information on staff and services
6. Food and dining services?
7. Programs and activities?
8. Transportation services?
9. Emergency services?
10. Overall management?
11. Freedom to live your own lifestyle?

Cronbach's alpha = .84

Subscale: Physical Environment

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Appearance of the grounds?
2. Appearance of buildings?
3. Lighting in the grounds?
4. Maintenance of sidewalks?
5. Maintenance of streets within the complex?
6. Availability of parking?
7. Overall appearance of the facility and grounds?

Cronbach's alpha = .85

Subscale: Programs and Services

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Variety of activities to reflect your interests?
2. Number of activities?
3. Courtesy and helpfulness of activities staff?
4. Availability of activities to meet your spiritual needs?
5. Programs and services here that promote health and wellness?
6. Overall, quality of all activities?
7. Availability of transportation?
8. Courtesy and helpfulness of the transportation staff?
9. Overall quality of transportation services offered?

Cronbach's alpha = .88

Subscale: Safety and Security

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How would you rate the:

1. Safety and security of your living area?
2. Safety and security of the facility and grounds?
3. Availability of information about emergency procedures?

Cronbach's alpha = .68

Subscale: Social Support

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

How often is the following support available to you if you need it?

1. Someone to help you if you were confined to bed?
2. Someone you can count on to listen to you when you need to talk?
3. Someone to take you to the doctor when you need it?
4. Someone who shows you love and affection?
5. Someone to have a good time with?
6. Someone to help with daily chores if you were sick?
7. Someone to share your private fears and worries with?

Cronbach's alpha = .84

Subscale: Staff Interaction

(Responses: 1=Poor, 2=Fair, 3=Good, 4=Excellent)

Staff in general at this facility:

1. Are polite when they speak to me?
2. Ignore me? *
3. Smile and greet me when they see me?
4. Are warm and caring?
5. Do a good job caring for residents?
6. Are trustworthy?
7. Are sensitive to my feelings?

Cronbach's alpha = .77

Source: Utz RL. (2003). Assisted living: The philosophical challenges of everyday practices. *J Appl Gerontol* 22(3):379-404.

Purpose of tool: The tool was developed to collect data from assisted living administrators to assess the “philosophy” of assisted living and whether it promotes autonomy/independence as it should. The philosophical points of interest are derived from ALFA’s 10-point philosophical statement. The tool was further developed based on in-depth interviews with a small number of facility administrators or marketing/admission directors. The developed tool was influenced in design by the Multiphasic Environmental Assessment Procedure (MEAP) (Moos and Lemke, 1983) and an unpublished dissertation. The tool was field tested in three facilities to assess usability. Although the tool had a number of facility demographic items, it was developed to measure philosophical performance (i.e., subscales on autonomy and home-likeness). The overall scale of interest consisted of 35 items. Some of the facility data for analysis came from the *1998 Directory of Assisted Living Residences in Ohio*. Two questions appear on both scales and are based on dichotomous codings of the response categories (which are mark all that apply). There are further measures for the home-likeness scale (not included in the tool), which are collected from external (i.e., directory) sources. They are whether the resident’s apartment has a private shower, private bathtub, microwave, stove, refrigerator, telephone hookup, and/or cable TV outlet.

Data collection: There were 200 facilities identified in the *1998 Directory of Assisted Living Residences in Ohio*. Mail surveys were sent to all facilities, and 100 facilities responded. Most often the survey was filled out by administrators, but in some cases the admissions/marketing director, the director of nursing, or the facility owner filled out the survey.

Scale structure: No factor analysis reported.

Reliability: Cronbach’s alpha for the whole scale is .85; for the two subscales, .65 (autonomy) and .76 (home-likeness).

Validity: No validity measures given.

Response options: The questions in this tool are open-ended in format. Many items require a “yes/no” response, while others require further input from the respondent.

Construct: Philosophical Performance

Subscale: Autonomy of Residents

1. If the facility has any double or multi-occupancy units, how are roommates assigned?
(Staff/administrators decide by themselves; Staff/administrators decide, but residents have input; Residents decide, but staff has input; Residents decide by themselves.)
2. Are individual temperature controls ever locked, meaning that residents are not free to control the heat and/or air conditioning as they please in their units?
(No, temperature controls are never locked. Yes, temperature controls are always locked. Yes temperature controls are sometimes locked.)
3. Do residents have the option to participate in their own care planning meetings?
4. Do resident have access to the outside?
5. Is there a time when residents are expected to be back in the evening?
6. Is there a fairly set time at which residents are awakened in the morning?
7. Is there a fairly set time at which residents should be in bed in the evening?
8. Do residents have a choice in where they eat meals?
9. Do residents have a scheduled time for bathing?
(Staff/administrators decide by themselves; Staff/administrators decide, but residents have input; Residents decide, but staff has input; Residents decide by themselves.)
10. Are residents expected to eat meals in the dining room on a regular basis?

11. Do residents have assigned seats in the dining room?
(Staff/administrators decide by themselves; Staff/administrators decide, but residents have input; Residents decide, but staff has input; Residents decide by themselves.)
12. What is the facility's policy on resident smoking?
(Resident smoking is not permitted (inside or outside); resident smoking is allowed outside only; resident smoking is allowed in designated areas inside (i.e., smoking lounge); residents may smoke in their unit; staff must supervise residents when they want to smoke; other.)
13. What is the facility's policy on residents drinking alcoholic beverages?
(Drinking alcoholic beverages in the assisted living facility is not permitted; residents can drink alcoholic beverages in common areas of the assisted living facility; residents may drink alcoholic beverages in their unit; staff supervise and/or control the amount of alcoholic beverages residents drink; other.)

Cronbach's alpha = .65

Subscale: Home-likeness

1. How many total units/apartments are in the assisted living facility?
(How many units are currently double-occupancy? How many units are currently single-occupancy?)
2. How many of the units have individual temperature controls?
(None of the units have individual temperature controls; some of the units have individual temperature controls; all of the units have individual temperature controls)
3. Do all units have locking front doors?
(If yes, approximately what percentage of staff has a master key?)
4. Are there laundry facilities that residents can use to do personal laundry?
(If yes, when are they available for resident use?)
5. How do residents receive their personal mail?
(Mail is delivered to residents at least once a day; residents do not have mailboxes, staff delivers mail to residents; residents do not have mailboxes, residents pick up mail from a designated spot; each resident has a mailbox; mailboxes are locked, and each resident has a key; mailboxes are located outside each unit; mailboxes are located outside the facility; mailboxes are located in a common area inside the facility; other.)
6. Describe how the emergency-response system works. For example, do staff carry silent beepers alerting them of emergencies or do lights and buzzers alert staff to a resident's request for help?
7. Describe the placement and physical appearance of the "nurse's station," the place where the nurse, aides, and staff work?
8. When entering a resident's unit, staff members usually:
(Enter without knocking; knock, then immediately enter; knock, then wait for the resident to answer the door or say "come in.")
9. Do personal care aides/nursing assistants wear uniforms?
10. What is the facility's policy on pets?
11. What is the facility's policy on resident smoking?
(Resident smoking is not permitted (inside or outside); resident smoking is allowed outside only; resident smoking is allowed in designated areas inside (i.e., smoking lounge); residents may smoke in their unit; staff must supervise residents when they want to smoke; other.)
12. What is the facility's policy on residents drinking alcoholic beverages?
(Drinking alcoholic beverages in the assisted living facility is not permitted; residents can drink alcoholic beverages in common areas of the assisted living; residents may drink alcoholic beverages in their unit; staff supervise and/or control the amount of alcoholic beverages residents drink; other)
13. May residents bring their own bedspreads and/or curtains from home?
14. May residents bring large furniture such as bureaus and beds from home?
15. Are there set visiting hours in the facility?
(No. Visitors may come anytime; no, but visits must be made by appointment; yes, what are visiting hours?)

Cronbach's alpha = .76

Overall Cronbach's alpha = .85

Source: Moran L, White E, Eales J, Fast J, and Keating N. (2002). Evaluating consumer satisfaction in residential continuing care settings. *J Aging Soc Policy* 14(2):85-109.

Purpose of tool: This tool was developed in Canada with the goal of measuring client-centered care resident satisfaction. The data will be used to evaluate the models of continuing care. Satisfaction is grounded in resident experiences, and development was based on past research and in-depth interviews with a small number of residents in adult family care and assisted living (n=19). Domains were identified through the literature review to include care needs/attitudes of the client, caregivers' attitudes/behaviors, physical setting, and the organizational/social characteristics of the facility. These were measured originally through 44 items. Through in-depth interviews with 19 residents, information led to revision of the tool. This led to a final 72 items. The tool can be seen in detail in the appendix of the journal article.

Data collection: A convenience sample of 19 residents in Canada completed interviews to identify content; 15 of these 19 completed the finished questionnaire and followup.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: All measures are coded on a 5-point Likert scale, "always" to "never" for questions on expectation and performance sets, "much better to better than you expected" to "much worse than you expected" for the confirmation/disconfirmation sets, and "very satisfied" to "very dissatisfied" on the satisfaction/dissatisfaction set.

Subscale: Expectation of Care

1. You expect to use the telephone whenever you want to.
2. You expect the staff/home operator/car provider to keep the place clean.
3. You expect to get fresh air.
4. You expect to bring with you things from home like pictures, a favorite chair, or other things that have always had a special meaning to you.
5. You expect to have privacy.
6. You expect to trust the staff/home operator/car provider.
7. You expect to feel safe in this place.
8. You expect to feel at home in this place.
9. You expect to keep in touch with family and friends.
10. You expect the staff/care provider to involve your family in meeting your needs.
11. You expect to have the same quality of care.
12. You expect to get the help you need.
13. You expect to get timely responses to your requests for help from the staff/care provider.
14. You expect the staff/care provider to be kind and gentle.
15. You expect to have staff/care provider(s) who will know and understand you.
16. You expect the staff/care provider to care about your comfort.
17. You expect that the staff/care provider will take your likes/dislike into consideration.
18. You expect the staff/care provider to treat you with respect.

Subscale: Performance Questions

1. Over the last week, you used the telephone whenever you wanted to.
2. Over the last week, the staff/[name of home operator/care provider] kept this place clean.
3. Over the last week, you got fresh air.

4. Over the last week, you had with you things from home like pictures, a favorite chair, or other things that have special meaning for you.
5. Over the last week, you had privacy.
6. Over the last week, you trusted the staff/[name of home operator/care provider].
7. Over the last week, you felt safe in this place.
8. Over the last week, you felt at home in this place.
9. Over the last week, you kept in touch with your family and close friends.
10. Over the last week, the staff/[name of home operator/care provider] involved your family in meeting your needs.
11. Over the last week, you had the same quality of care.
12. Over the last week, you got the help you needed.
13. Over the last week, you got timely responses to your requests for help from the staff/[name of home operator/care provider].
14. Over the last week, the staff/[name of home operator/care provider] was kind and gentle.
15. Over the last week, you felt that the staff/[name of home operator/care provider] here knew and understood you.
16. Over the last week, the staff/[name of home operator/care provider] cared about your comfort.
17. Over the last week, the staff/[name of home operator/care provider] took your likes and dislikes into consideration.
18. Over the last week, the staff/[name of home operator/care provider] treated you with respect.

Subscale: Confirmation/Disconfirmation Questions

1. The extent to which you use the telephone whenever you want to is.
2. The extent to which the staff/[name of home operator/care provider] keeps this place clean is.
3. The extent to which you get fresh air is.
4. The extent to which you have brought with you things from home like pictures, a favorite chair, or other things that have special meaning for you is.
5. The extent to which you have privacy is.
6. The extent to which you trust the staff/[name of home operator/care provider] is.
7. The extent to which you feel safe in this place is.
8. The extent to which you feel at home in this place is.
9. The extent to which you keep in touch with your family and close friends is.
10. The extent to which the staff/[name of home operator/care provider] involves your family in meeting your needs is.
11. The extent to which you have the same quality of care at all times is.
12. The extent to which you get the help you need is.
13. The responses of the staff/[name of home operator/care provider] to your requests for help are timely.
14. The extent to which the staff/[name of home operator/care provider] here is kind and gentle is.
15. The extent to which you feel that the staff/[name of home operator/care provider] here know(s) and understand(s) you is.
16. The extent to which the staff/[name of home operator/care provider] here care(s) about your comfort is.
17. The extent to which the staff/[name of home operator/care provider] here take(s) your likes and dislikes into consideration is.
18. The extent to which the staff/[name of home operator/care provider] here treat(s) you with respect is.

Subscale: Satisfaction/Dissatisfaction Questions

1. When it comes to using the telephone here, you feel.
2. When it comes to the way the staff/[name of home operator/care provider] keep(s) this place clean, you feel.
3. When it comes to the fresh air you get here, you feel.
4. When it comes to the extent to which you have brought with you things from home like pictures, a favorite chair or other things that have special meaning for you, you feel.
5. When it comes to having privacy here, you feel.
6. When it comes to trusting the staff/[name of home operator/care provider], you feel.
7. When it comes to being safe in this place, you feel.
8. When it comes to being at home in this place, you feel.

9. When it comes to keeping in touch with your family and close friends, you feel.
10. When it comes to the way the staff/[name of home operator/care provider] welcome(s) the involvement of your family in meeting your needs, you feel.
11. When it comes to having the same quality of care at all times, you feel.
12. When it comes to getting the help you need here, you feel.
13. When it comes to the timely responses of the staff/[name of home operator/care provider] to your requests for help, you feel.
14. When it comes to the way the staff/[name of home operator/care provider] is kind and gentle, you feel.
15. When it comes to the way the staff/[name of home operator/care provider] here know(s) and understand(s) you, you feel.
16. When it comes to the way the staff/[name of home operator/care provider] care(s) about your comfort, you feel.
17. When it comes to the way the staff/[name of home operator/care provider] take(s) your likes and dislikes into consideration, you feel.
18. When it comes to the way the staff/[name of home operator/care provider] here treat(s) you with respect.

Source: Chong AML, and Chi I. (2001). The construction and validation of a scale for consumer satisfaction of residential care in Hong Kong.” *J Interprof Care* 15(3):223-234.

Purpose of tool: The Scale on Domains of Resident Satisfaction (SDRS) tool is developed to measure consumer satisfaction of old age homes in Hong Kong. In particular, the study is designed because of the dearth of studies of satisfaction among the elderly population in non-Western countries. Focus groups and literature searches were employed to more narrowly define the domains of interest. Experts in the field of gerontology reviewed the indicators selected and narrowed the field further. In-depth face-to-face cognitive interviews were conducted with 20 residents of old age homes. This left 55 indicators that were pre-tested on 98 residents, and after analysis, the indicators were cut to 35. Of these, 28 are reported as psychometrically sound and ‘valid.’ The three broad areas of satisfaction are conceptualized as context of care, process of care, and outcomes of care. The indicators used are analyzed and are found to load on nine factors. The factors are labeled as psychosocial care, staff attitude, cleanliness, communal living, residents’ relationships, choice of food, autonomy, privacy, and home-like environment.

Data collection: The 78 care and attention homes in Hong Kong were stratified into two categories based on size. Facilities and residents were randomly selected from the two strata. Heavily impaired residents were excluded from the study, and all potential respondents were tested for cognitive ability using Pfeiffer’s Short Portable Mental Status Questionnaire; 405 face-to-face interviews were completed out of 474 eligible respondents selected.

Scale structure: Loadings for each retained item ranged from .40 to .79 on the respective factors.

Reliability: Cronbach’s alpha for the entire scale was .81. For the six subscales with more than one measure, Cronbach’s alpha ranged from .30 to .67.

Validity: Convergent validity was estimated by correlating the scale to the Resident Satisfaction Scale (McCaffree and Harkin 1976) and found a correlation of 0.47 ($p < .01$).

Response options: A 20-point response scale was used (1- Dissatisfied, 20-Satisfied).

	Loadings
Subscale: Psychosocial Care	
1. Systematic orientation programs are organized to promote the adjustment of newcomers	.66
2. Sufficient family activities are organized for residents and their family members	.60
3. Purchase service can help you buy food or daily necessities	.57
4. Many social and recreational programs are organized for residents	.56
5. Arrangements are made to enable residents to engage in their own religious beliefs	.54
6. You are regularly informed of what is happening in the home	.50
7. You are welcome to give suggestions to the management	.48

Cronbach’s alpha = .62

Subscale: Staff Attitude	
1. Staff are polite and respect you	.70
2. Staff show you concern	.60
3. Some of your personal belongings have disappeared	.54
4. Staff are nice and careful in taking care of residents who lack self-care abilities	.48
5. You can see a doctor quickly when you are sick	.48

Cronbach’s alpha = .67

Subscale: Cleanliness

- | | |
|---|-----|
| 1. Your room is tidy and clean | .79 |
| 2. Toilet is clean, without unpleasant odor | .76 |
| 3. Food and cutlery are clean | .57 |

Cronbach's alpha = .58

Subscale: Communal Living

- | | |
|---|-----|
| 1. Facilities and physical environment of the home meet the older person's need | .70 |
| 2. You have limited space in the home and you stay in your room/sitting room most of the time | .50 |
| 3. Food is good | .50 |
| 4. Life is routinized and boring here * | .44 |
| 5. Health talks and exercises organized by the home are effective in promoting your health | .42 |
| 6. There are a lot of restrictions here* | .40 |

Cronbach's alpha = .56

Subscale: Residents relationships

- | | |
|--------------------------------------|-----|
| 1. Relationship with roommates | .76 |
| 2. Relationship with other residents | .74 |

Cronbach's alpha = .64

Subscale: Choice of food

- | | |
|-----------------------------------|-----|
| 1. There are choices of main dish | .77 |
|-----------------------------------|-----|

Cronbach's alpha = NA

Subscale: Autonomy

- | | |
|---|-----|
| 1. Sufficient assistance is provided for residents to seek consultation on non-Western medication | .67 |
| 2. You can decide whether staff assistance is needed in taking your bath | .52 |

Cronbach's alpha = .30

Subscale: Privacy

- | | |
|--|-----|
| 1. Staff will seek your consent before tidying up your personal drawer | .71 |
|--|-----|

Cronbach's alpha = NA

Subscale: Home-like environment

- | | |
|--|-----|
| 1. Physical environment of the institution resembles that of a domestic home | .69 |
|--|-----|

Cronbach's alpha = NA

Cronbach's alpha for all items = .81

Source: Gesell SB. (2001). A measure of satisfaction for the assisted-living industry. *J Healthc Qual* 23(2): 16-25.

Assisted Living Resident Survey. (1999). As described in the National Quality Measures Clearinghouse (Assisted Living version). Search on “Gesell” and “Assisted Living.” Available at: <http://www.qualitymeasures.ahrq.gov>. Accessed October 18, 2006.

Purpose of tool: This tool was developed to measure overall consumer satisfaction with an assisted living facility. It measures satisfaction with several subdomains to capture overall satisfaction: activities, personnel (aides and personnel issues), meals, apartment, facility, and management. Surveys were administered to both residents and family members. The survey only changed for family members by changing terms to third person, i.e., from ‘your’ to ‘the resident,’ and by adding one question to the Personal Issues subscale (“Extent to which our employees keep you informed about the resident’s health”). Residents gave lower overall ratings than family members. Residents assisted by a family member completing the survey gave overall higher ratings than those than those assisted by a volunteer. Although no difference was found in overall ratings between residents who completed the survey unassisted and those who received assistance, the author warns that statistical power to find a difference if it exists was too low and that it is too premature, based on this study alone, to conclude that there are in fact no differences between these groups.

Data collection: Facilities were invited to participate through small random mailings and an advertisement in a national health care periodical. Twelve facilities in eight States agreed. All residents and their families in these facilities were mailed surveys, for a total of 475 residents (42% RR) and 350 family members (38% RR), from whom 825 responses were returned.

Scale structure: There were seven factors retained. Loadings for each retained item ranged from .37 to .78 on the respective factors.

Reliability: Cronbach’s alpha for the seven subscales ranged from .85 to .91.

Validity: Convergent, discriminant, and predictive validity were examined. Convergent and discriminant analyses examined correlations within and between scales, respectively. Convergent measures ranged between .60 and .85 for the subscales, with divergent correlations ranging between .39 and .56. Predictive validity was tested by regressing two separate questions on the survey asking about overall quality and willingness to recommend the facility on all the remaining items of the survey. R-square for the overall quality regression was 0.61; for the recommendation regression it was 0.55.

Response options: Both surveys used a five point scale: 5- very good, 4- good, 3- fair, 2- poor, 1- very poor.

	Loadings
Subscale: Activities	
1. Extent to which activities meet your interests	.74
2. Extent to which activities are well-organized	.76
3. Information about activities	.72

Cronbach’s alpha = .89, Avg. item-scale corr = .78, Avg. item-non-scale corr = .46

Subscale: Aides

- | | |
|--|-----|
| 1. Aides' concern for your well-being | .78 |
| 2. Emotional assistance offered by aides | .77 |
| 3. Helpfulness of aides | .77 |
| 4. Aides' ability to anticipate your needs | .76 |

Cronbach's alpha = .94, Avg. item-scale corr = .85, Avg. item-non-scale corr = .54

Subscale: Meals

- | | |
|---|-----|
| 1. Quality of food | .73 |
| 2. Extent to which food meets your special diet needs | .64 |
| 3. Wait time before being served | .69 |
| 4. Attentiveness of dining staff to your needs | .66 |
| 5. Cleanliness of dining area | .52 |

Cronbach's alpha = .85, Avg. item-scale corr = .66, Avg. item-non-scale corr = .45

Subscale: Apartment

- | | |
|---|-----|
| 1. Amount of living space | .76 |
| 2. Amount of storage space | .70 |
| 3. Bathroom (attractiveness, size, how well things work, etc.) | .61 |
| 4. Condition of your apartment (carpets, walls, heating/air conditioning, etc.) | .55 |
| 5. Noise level around your apartment | .55 |
| 6. Cleaning of your apartment by housekeeping | .42 |
| 7. Privacy in your apartment | .68 |
| 8. Extent to which you feel your belongings are safe in your apartment | .42 |

Cronbach's alpha = .86, Avg. item-scale corr = .60, Avg. item-non-scale corr = .39

Subscale: Facility

- | | |
|---|-----|
| 1. Attractiveness of facility | .70 |
| 2. Cleanliness of facility | .66 |
| 3. Places to socialize inside with other residents | .60 |
| 4. Attractiveness of outside grounds | .72 |
| 5. Places to walk and sit outside | .67 |
| 6. Cheerfulness of the facility | .62 |
| 7. Promptness of repairs by maintenance | .34 |
| 8. Extent to which you feel safe on the grounds | .55 |
| 9. Extent to which you feel safe in your apartment | .51 |
| 10. Emergency call system (portable help button, call button in bathroom, call button in bedroom, etc.) | .37 |

Cronbach's alpha = .90, Avg. item-scale corr = .66, Avg. item-non-scale corr = .47

Subscale: Management

- | | |
|---|-----|
| 1. Extent to which management is accessible | .70 |
| 2. Handling of complaints and grievances | .70 |
| 3. Responsiveness of management to your ideas | .67 |
| 4. Extent to which management provides a well-run and organized operation | .65 |
| 5. Explanation of what is covered in monthly fees | .61 |
| 6. Bill easy to understand | .58 |
| 7. Value for your money | .56 |

Cronbach's alpha = .91, Avg. item-scale corr = .73, Avg. item-non-scale corr = .51

Subscale: Personal Issues

1. Extent to which our employees treat you with respect	.59
2. Extent to which our employees work together to care for you	.61
3. Your confidence in our employees	.56
4. Extent to which living here maintains your independence	.42
5. Response time to requests for help	.45
6. Extent to which our employees keep you informed about the resident's health	.42

Cronbach's alpha = .90, Avg. item-scale corr = .73, Avg. item-non-scale corr = .56

Source: National Center for Assisted Living. (2001). *The Assisted Living Sourcebook Facts and Trends*. National Center for Assisted Living. Available at: <http://www.ahca.org/research/alsourcebook2001.pdf>. Accessed October 18, 2006.

Purpose of tool: The survey was intended to collect data about the state of the assisted living industry and was reported as part of a larger study by National Center for Assisted Living (NCAL). The report uses the survey results, along with other data sources, to compile a “snapshot” of the state of the industry.

Data collection: The survey was mailed to 12,000 randomly selected assisted living providers in October 2000 (3,000 surveys were mailed to each of four cohorts). Each cohort received a different questionnaire. The questionnaires were not included in the report. Lists of assisted living providers were obtained from 43 States that license or otherwise regulate them. The mailing list for NCAL’s monthly newsletter was used for the eight States and the District of Columbia where government lists were not available.

Scale structure: Unknown from the report

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Unknown from the report.

Subscale: Resident Demographics

Subjects of the questions:

1. Resident age
2. Percent of residents using mobility aids
3. Level of resident dependency in activities of daily living (eating, transferring, toileting, dressing, bathing)
4. Assistance needs of residents
5. Level of dependence in instrumental activities of daily living (telephoning, shopping, money management, medication, traveling, homework, meal preparation)
6. Residents’ mental health conditions
7. Residents’ medical conditions
8. Moving in and out of the facility
9. Destinations of those moving out

Subscale: Operations

Subjects of the questions:

1. Levels of care
2. Computerization
3. Personal care and nursing services
4. Services offered
5. Medication assistance
6. Meals
7. Housekeeping and laundry
8. Activities
9. Amenities
10. Rules
11. Staffing
12. Salaries
13. Staff turnover
14. Benefits

Subscale: Financing

Subjects of the questions:

1. Monthly rent and fees
2. Sources of funding for residents
3. Facilities with residents whose care is supported by government programs.

Subscale: Supply and Demand

Subjects of the questions:

1. Number of facilities
2. Number of beds
3. Number of residents

Much of the data in this section came from the U.S. Census.

Source: Simmons ES. (2001). Development of an instrument to measure resident satisfaction with assisted living. *J Appl Gerontol* 20(1):57-73.

Purpose of tool: This tool was developed to measure quality of assisted living from residents' perspective. The Resident Satisfaction Index (RSI) tool was developed in two phases. One, a literature review was conducted, and residents' opinions were obtained, leading to selection of domains: autonomy, health care, provision of services, physical environment, relationships with staff, and social life/activities. Two, items to measure the domains were selected. From the literature, 35 items were identified. A pilot test on 17 residents in Maryland led to wording changes and the selection of eight new items. Of these 43 items, 4 were dropped because they were not applicable to more than 20% of the sample. The 27 remaining items dealt with the domains of interest.

Data collection: Original use of the tool was in 156 residents in 13 assisted living facilities. The 13 facilities were selected from 34 free-standing facilities in Maryland. The facilities were placed into four strata by size. Three or four groups from each stratum were randomly selected to participate. The resident census of each facility served as the frame, which contained a total of 760 residents (of at least 3 months): 375 were randomly selected, 156 agreed to participate (29 refused), and 173 were cognitively/physically unable to participate. Anyone more than moderately intellectually impaired was dropped from the study.

Scale structure: Five factors were retained for the five subscales. Loadings for each retained item ranged from .46 to .83 on the respective factors.

Reliability: Cronbach's alpha for the five subscales ranged from .76 to .92. Correlations between items within each subscale were taken and then averaged.

Validity: Convergent validity was identified by correlating the scale measure to the Affect Balance Scale (ABS).⁴ These measures were collected concurrent to the RSI. There was a correlation between the RSI and ABS of .53. Average inter-item correlations for the five subscales ranged from .41 to .46.

Response options: Questions used a 4-point scale: 3- always, 2- usually/most of the time, 1- rarely/sometimes, 0- never.

	Loadings
Subscale: Health Care	
1. Is the staff making every effort to keep you as healthy as possible?	.67
2. Do you think that you are not receiving the medical attention you need?	.60
3. Are you satisfied with the skills of nursing assistants?	.52
4. Are the nursing assistants nice and courteous?	.51
5. Do you feel like talking to the staff if you have any health concerns?	.46

Cronbach's alpha = .80 Average inter-item correlation = .44

Subscale: Housekeeping Services	
6. Is the cleaning of your apartment done well?	.74
7. Are you satisfied with the skills of people who do the cleaning?	.71
8. Is this facility a well-maintained and clean facility?	.69
9. Are the people who do the cleaning nice and courteous?	.63

Cronbach's alpha = .77 Average inter-item correlation = .46

⁴ Bradburn NM. *The Structure of Psychological Well-Being*. Chicago, IL: Aldine, 1969.

Subscale: Physical Environment

10. Do you feel a lack of personal space?	.83
11. Are you satisfied with your apartment room?	.65
12. Is this facility a comfortable place to live?	.49
13. Do you feel at "home" here?	.46

Cronbach's alpha = .76 Average inter-item correlation = .44

Subscale: Relationships with Staff

14. Is the staff kind and caring?	.77
15. Are the people who serve the food nice and courteous?	.72
16. Are you unhappy with the staff's attitude or behavior?	.69
17. Do you think that you have dependable staff taking care of you?	.66
18. Do you feel that you have friends among staff members?	.63
19. Are you satisfied with personal assistance you are getting here?	.55
20. Do you see some staff treating residents in a rude way?	.57
21. Is the staff slow to respond to your requests?	.46

Cronbach's alpha = .76 Average inter-item correlation = .44

Subscale: Social Life/Activities

22. Do you like the social activities here (are they interesting)?	.83
23. How often do you attend social activities?	.76
24. Do you have opportunities to participate in interesting activities?	.67
25. Do you meet residents here with whom you share similar interests?	.63
26. Do you have enough opportunities to participate in activities outside the facility?	.57
27. Do you like the food here?	.50

Cronbach's alpha = .92 Average inter-item correlation = .41

Source: Sloane PD, and Zimmerman S. (2001). Therapeutic Environment Screening Survey for Nursing Homes and Residential Care (TESS-NH/RC).

Sloane PD, Zimmerman S, and Walsh JF. The physical environment. (2001) In: Zimmerman S, Sloane PD, Eckert JK, eds. *Assisted Living: Needs, Practices and Policies in Residential Care for the Elderly*. Baltimore: The Johns Hopkins University Press; p. 173-197.

Zimmerman S, Scott AC, Park NS, Hall SA, Wetherby MM, Gruber-Baldini AL, and Morgan LA. (2003). Social engagement and its relationship to service provision in residential care/assisted living. *Soc Work Res* 27:6-18.

Purpose of tool: TESS-NH/RC is an observational checklist that can be used to describe the ability of the physical environment of a long-term care institutional setting to address the therapeutic goals of nursing home and residential care residents with dementia. The tool contains 14 domains: maintenance, cleanliness, odors, safety, lighting, physical appearance/homelikeness/personalization, orientation/cueing, privacy, noises, plants, outdoor areas, residents' appearance, access, and impressions.

Two measures are derived from the items recorded in the TESS-NH/RC: the Assisted Living-Environmental Quality Scale (AL-EQS) and the Assisted Living Social Activity Scale (AL-SAS). AL-EQS assesses 15 components relevant to the assisted living environment (e.g., residential autonomy and homelikeness). Each of the 15 components is scored 0-2, with higher scores indicating better environmental quality. AL-SAC is an 11-item scale comprising three factors: private activities, group activities, and outings. Items were assessed as yes/no.

Data collection: Data were collected from a stratified random sample of 193 RCL/AL facilities and 40 nursing homes in Florida, Maryland, New Jersey, and North Carolina. Within the study's sample of RCA/AL facilities, three strata were studied: facilities with fewer than 16 beds, facilities with 16 or more beds constructed since 1987 and containing one or more features associated with new purpose-built models, and other facilities with 16 or more beds.

Scale structure: AL-SAC is composed of three factors: private activities, group activities, and outings.

Reliability:

TESS-NH/RC: The Cronbach's alpha for nine safety items was 0.77, for nine lighting items the alpha was 0.84, and for eight cleanliness and maintenance items the alpha was 0.91.

AL-SAC: The Cronbach's alpha for the private activities was 0.61, for group activities 0.61, and for outing it was 0.59. Alpha for the entire scale was 0.74.

Validity: No validity was reported.

Response options: Responses vary by domain. See individual domains for response options.

**Therapeutic Environment Screening Survey For Nursing Homes and Residential Care
(TESS-NH/RC)**

Maintenance

2. Rate the general maintenance of each of the following areas.

	Activity/ Dining Areas	Halls	Residents' Rooms	Residents' Bathrooms
			# rooms with feature	
Well maintained				
In need of some repairs				
In need of extensive repairs				
Number of rooms observed				

Cleanliness

3. Rate the general cleanliness of each of the following areas.

	Activity/ Dining Areas	Halls	Residents Rooms	Residents' Bathrooms
			# rooms with feature	
Very clean				
Moderately clean				
Poor level of cleanliness				
Number of rooms observed				

Odors

4. To what extent are odors of bodily excretions (urine and feces) present in public areas and in residents' bedrooms?

	Residents' Rooms
	# rooms with feature
Rarely or not at all (0-5%).....	
Noticeable in some areas (6-74%)....	
Noticeable throughout much or all of the area (75-100%).....	
Number of resident rooms observed	

Safety

*5. Rate the floor surface in the halls.

- No slippery and/or uneven surfaces..... 2
- Mostly free of slippery and/or uneven surfaces..... 1
- Slippery and/or uneven surfaces..... 0

6. To what extent are handrails present in this area?

	Hallway	Bathrooms
		# rooms with feature
Extensively		
Somewhat		
Little or none		

7. To what extent are call buttons present in resident rooms and bathrooms? (Count call button as present for both room and bathroom if resident wears a device that summons staff.)

- a. _____ # rooms with call buttons
- b. _____ # bathrooms with call buttons
- c. _____ # rooms observed
- d. _____ # bathrooms observed

8. Exit control:

- a. Total number of exits out of the area _____
(include exits that are controlled or uncontrolled from outdoor areas)
- b. Number of exits that are controlled for unauthorized resident exit _____
(exclude doors that lead to outdoor areas; include any exits from the outdoor areas)

9. Is the front door of the building controlled for unauthorized resident exit?

- No0
- Yes1

Lighting

*10. Rate the light intensity in hallways, activity areas, and residents' rooms.

	Hallway	Activity/Dining area	Bathrooms
			# rooms with feature
Ample			
Good			
Barely adequate/inadequate			
Number of rooms observed			

11. To what extent is glare present in hallways, activity areas/dining, and residents' rooms?

	Hallway	Activity/Dining area	Bathrooms
			# rooms with feature
A little or none			
In a few areas			
In many areas			
Number of rooms observed			
Number of rooms observed			

12. Is lighting even in the hallways, activity/dining areas and in residents' rooms?

	Hallway	Activity/Dining area	Bathrooms
			# rooms with feature
Even throughout the area Mostly even throughout the area Uneven; many shadows			
Number of rooms observed			

13. Assess the following light levels using the light meter held approximately 30 inches from the floor. Take readings in two hallways and two activity/dining areas

Reading

a. Hallway #1:

- 1) Brightest area (no closer than 3' from window)..... _____
- 2) Darkest area..... _____
- 3) Center of hallway..... _____

b. Hallway #2: Check if there was: only one hallway no hallways

- 1) Brightest area (no closer than 3' from window)..... _____
- 2) Darkest area..... _____
- 3) Center of hallway..... _____

c. Activity/dining area #1:

- 1) Brightest area (no closer than 3' from window)..... _____
- 2) Darkest seating spot..... _____
- 3) Center of area..... _____

d. Activity/dining area #2: Check if there was only one activity area

- 1) Brightest area (no closer than 3' from window)..... _____
- 2) Darkest seating spot..... _____
- 3) Center of area..... _____

Physical Appearance/Homelikeness/Personalization

14. Which of the following describes the predominant configuration of the hallways?

- No hallways; rooms open into living (common) area..... 2
- Short hallways..... 1
- Long hallways..... 0

*15. To what extent do the activity/dining areas contain furniture, decorations, and other features that give them a homelike (residential as opposed to institutional) atmosphere?

Very homelike

(75% or more of activity/dining areas are "residential")..... 3

Moderately homelike

(50-74% of the activity/dining areas are "residential")..... 2

Somewhat homelike

(25-49% of activity/dining areas are "residential")..... 1

Not homelike

(less than 25% of the activity/dining areas are "residential")..... 0

*16. Is there a kitchen located within the area that is available for activities and/or for resident/family use? (sink, stove/micro, fridge, countertop)

- Kitchen facility available for use..... 2
- Selected kitchen appliances available for use..... 1
- No access to kitchen appliances or no kitchen available..... 0

*17. To what extent are pictures and mementos present in the residents' rooms?

	# rooms with feature
At least three personal pictures and/or mementos are present for each resident	
Number of resident rooms observed	

18. To what extent is/are the following present in resident rooms?

	# rooms with feature
a. Non-institutional furniture b. Individual heating controls c. Individual air conditioning controls d. Telephone or telephone connection	
Number of resident rooms observed	

*19. Are opportunities for stimulation easily available for residents in activity/dining areas and hallways?

	Tactile	Visual
Extensively Quite a bit Somewhat None		

Orientation/Cueing

20. How many resident bedrooms have the following cues?

a. Entrance to Resident Bedroom:	# rooms with feature
1) doors routinely left open 2) resident name on/near door (2") *3) current picture of resident on/near door *4) old picture of resident on/near door 5) objects of personal significance on/near door	
Number of rooms observed	

b. Bathroom Entrance from Resident Bedroom	# rooms with feature
1) door open and toilet visible from resident bed (or toilet/commode in room and visible from bed)	
2) door open, but toilet not visible from bed	
3) picture, graphic, or sign (to indicate bathroom) visible from bed	
Number of rooms observed	

c. Cue to any Activity/dining Area from Outside Resident Bedroom Entrance	# rooms with feature
1) an area is visible	
2) a visual cue for an area is visible	
Number of rooms observed	

Privacy

21. Number of private bedrooms:

	# rooms with feature
Private bedroom	
Number of rooms observed	

22. What access to a toilet is available to occupants of resident rooms?

Type of access directly from room	# rooms with feature
a) Private toilet	
b) Semi-private toilet	
c) Shared toilet	
d) No direct toilet	
Number of bedrooms observed	

23. Is there a bathtub and/or shower in resident bedroom bathrooms (a-c above)?

	# rooms with feature
a) Yes, there is a bath and/or shower	
b) No bath or shower in bathroom	
Number of bedrooms observed	

24. Are residents routinely able to lock doors to resident rooms, apartments, or suites?

	# rooms with feature
a) Door can be locked from the inside (bolt, hook, etc.)	
b) Door can be locked from the outside (bolt, hook, etc.)	
Number of resident rooms observed	

Noises

25. During the observation interval, what was the status of the television in the main activity/dining area?

- The television was on all of the time for an activity.....4
- No television present.....3
- The television was off all of the time.....2
- The television was on some of the time.....1
- The television was on all of the time.....0

*26. During the observation interval, to what extent did you hear any of the following noises?

	Resident Screaming or Calling Out	Staff Screaming or Calling Out	TV/ Radio Noise	Loud Speaker or Intercom	Alarm or Call Bells	Other Noises (machines, outdoor noises, etc.)
None present						
Some present						
Major distraction						

Plants

27. To what extent are plants present in the area?

	Activity/ Dining Areas	In residents' rooms
Extensively		
Somewhat		
Not at all		
Number of resident rooms observed		

Outdoor Areas

28. Is there an outdoor area that is directly accessible to residents?

- Outdoor area adjacent; residents may go out on their own..... 3
- Outdoor area adjacent; staff must un-secure door and accompany residents 2
- Outdoor area present, but is away from area..... 1
- No outdoor access present..... 0

29. Overall, how attractive and functional is/are any outdoor area(s)?

	Attractive	Functional
Very		
Somewhat		
Not at all		
No outdoor areas		

Residents' Appearance

*30. To what extent does the appearance of ALL residents in public areas reflect attention to individual identity and pride (hair styled/combed; extras such as jewelry, watches, belts; street clothes when up and about)?

- Extensively (75% or more of the residents well dressed and groomed) 2
- Quite a bit (25-74% of the residents well dressed and groomed)..... 1
- Little (fewer than 25% of the residents well dressed and groomed)... 0

Access to Public Toilet from Main Activity Area

31. What access to a public toilet is available from the main activity/dining area?
The main activity area has a public toilet visible from the area..... 2
The main activity area has a public toilet near (within 25' of) the area 1
The main activity areas have no public toilet nearby..... 0

Impressions

a) Note any striking, unique, or unusual features of this facility/area:

b) Note any things that were unusual about the day of your visit (e.g., certification visit, key people absent, unusual weather, holiday, etc.).

c) Other comments:

Assisted Living Environmental Quality Score (AL-EQS)

Components

1. Facility maintenance
2. Facility cleanliness
3. Handrails
4. Call buttons
5. Facility light intensity
6. Facility absence of glare
7. Facility evenness of lighting
8. Minimized hallway length
9. Homelike furniture
10. Room autonomy
11. Phones in resident rooms
12. Tactile stimulation
13. Visual stimulation
14. Outdoor area
15. Privacy

Assisted Living Social Activity Scale (AL-SAS)

	Factor Loading
Subscale: Private Activities	
Writing letters	0.76
Reading	0.65
Working on a hobby	0.62
Talking on the telephone	0.59
Subscale: Group Activities	
Attending arts and crafts	0.80
Playing cards, bingo, games	0.68
Attending religious activities	0.59
Going to movies	0.53
Subscale: Outing	
Going out to eat, drink	0.77
Shopping, browsing in stores	0.74
Going for walks	0.60

Source: Mitchell JM, and Kemp BJ. (2000). Quality of life in assisted living homes: A multidimensional analysis. *J Gerontol* 55B:117-127.

Purpose of tool: The Facility Satisfaction Questionnaire was designed to examine the quality of life of seniors with disabilities living in California residential care facilities. The questionnaire contains 10 items addressing the global environmental features of senior residential facilities. The questionnaire was developed around the four conceptual domains identified by Moos and Lemke (1984)⁵ as representing a comprehensive assessment of social settings in adult residential environments.

Data collection: Stratified random selection based on bed capacity and community income level were used to select licensed residential care facilities for the elderly from the Los Angeles and Orange Counties in California. Cognitively alert residents were randomly selected from the resident rosters and invited to take part in a 1-hour structured interview. The final sample consisted of 210 participants, with 100 from 100 large facilities, 64 from medium facilities, and 34 from small facilities.

Validity: No factor analysis was reported.

Scale structure: The questionnaire uses a 7-point scale: “Very Dissatisfied” to “Very Satisfied.”

Reliability: Alpha coefficient was reported to be 0.76.

Satisfaction

1. Cost
2. Comfort
3. Privacy in one’s room
4. Physical condition of the home as a whole
5. Staff
6. Other residents
7. Personal care services received
8. Availability of transportation
9. Meals and social activities
10. Opportunity of residents to say how the home operates

There were also three sets of independent variables:

- (a) **Health status** variables of function and chronic condition.
- (b) **Social involvement** variables of family contact and participation in social activities.
- (c) **Facility variables** of facility characteristics, opportunities for resident autonomy, and social climate.

⁵ Moos RH, and Lemke S. Multiphasic environmental assessment procedure: Preliminary manual. Palo Alto, CA: Stanford University and Veterans Affairs Medical Center, Palo Alto; 1984.

Source: Assisted Living Federation of America (1999) "The 1999 ALFA National Satisfaction Assisted Living Resident Satisfaction Study," ALFA and ServiceTRAC, Inc.

Purpose of tool: The tool was created jointly by ALFA and ServiceTRAC, Inc., to measure satisfaction with living conditions across elderly populations in independent living, assisted living, and nursing care facilities. The development was guided by a set of objectives for the survey: simplicity, comprehensiveness, differentiation between satisfaction and exceeding of expectations, perspective of which services most define satisfaction, adaptability to different settings, and results that can effect change. Surveys used elsewhere in senior housing were examined and 750 questions on satisfaction from 20 surveys were collected. The domains identified most often in these surveys and used in this survey were staff, activities, food service, housekeeping, maintenance, community environment, security, assisted living services, administration, and other amenities. There were also four global questions on overall assessment of the community. From the 750 questions, 120 were selected and further reduced to 75 (including demographics) in assisted living and nursing care facilities and 66 in independent living, as some questions were not applicable across all the facilities. All questions asked how the residents' expectations were met on the particular aspects of the living situations. Resident and family surveys were identical, with variations in wording for change in relation. No loadings were presented.

Data collection: All residents in 170 volunteer facilities were mailed the survey as were family members. In all facilities, there were 12,601 returned surveys. In assisted living facilities, there were nearly 5,000 returned surveys, with about 3,250 from residents and about 1,650 from family members (more precise numbers were not provided).

Scale structure: No factor analysis reported.

Reliability: Cronbach's alpha for the nine subscales ranged from .90 to .94.

Validity: No validity measures given.

Response options: Responses were on a 5-point Likert scale: 1= (expectations) not met, 2= nearly met, 3= met, 4 = exceeded, and 5= far exceeded.

Subscale: Staff

1. The staff is genuine and caring
2. The staff is responsive to your personal needs
3. Positive attitude from the staff
4. General assisted living knowledge of the staff
5. Communication between you and the staff
6. Respect you receive from the staff.
7. Overall relationship between you and the staff

Cronbach's alpha = .94

Subscale: Activities

1. Activities interesting and stimulating
2. Notification of activities
3. Friendliness of activities employees
4. Activities/recreation department overall

Cronbach's alpha = .90

Subscale: Food/Food Service

1. Nutritional balance of meals
2. Variety in the menu
3. Food temperature
4. Serving size
5. Appearance of meals
6. Atmosphere of the dining room
7. Timeliness of food service
8. Friendliness of food service employees
9. The food service department overall

Cronbach's alpha = .94

Subscale: Housekeeping

1. Cleaning the apartment
2. Housekeeping staff respects your privacy
3. Reliability of housekeeping services
4. Friendliness of housekeeping
5. Housekeeping department overall

Cronbach's alpha = .93

Subscale: Maintenance

1. Problems are fixed in a timely manner
2. Friendliness of maintenance workers
3. Maintenance department overall

Cronbach's alpha = .91

Subscale: Home/Community Environment

1. Convenience of apartment floor plan
2. Safety features of the apartment
3. Absence of odors in the community
4. Cleanliness of common areas
5. Community environment overall

Cronbach's alpha = .90

Subscale: Security

1. Feeling of safety
2. Awareness of security measures
3. Reliability of security systems
4. Security of your personal belongings
5. Friendliness of the front desk employees
6. The security services overall

Cronbach's alpha = .93

Subscale: Assisted Living Services

1. Caring attention provided by staff
2. Needs are addressed in a timely manner
3. Staff encourages and supports independence
4. Staff's prompt response to emergencies
5. Staff knowledgeable of your individual needs

6. Monitoring of health changes
7. Staff's ability to service your individual needs
8. Assistance with personal hygiene needs
9. Overall assisted living/personal care services

Cronbach's alpha = .96

Subscale: Administrator/Administration

1. Friendly and caring Administrator
2. Open communication with Administrator
3. Administrator easy to approach
4. The Administration overall

Cronbach's alpha = .94

Subscale: Amenities and Other Services

1. Laundry service
2. Beauty shop/Barber services
3. Library services
4. Transportation services overall
5. Other amenities/convenience services overall

Cronbach's alpha = .94

Sources: Hawes C, Phillips C, and Rose M. (2000). A national study of assisted living for the frail elderly: Final report, Appendix A. Beachwood, OH: Myers Research Institute: Menorah Park Center for Senior Living.

National Study of Assisted Living for the Frail Elderly (2000). 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 (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov/search/daltcp/Reports/projects2.shtml#RTI2>. Accessed October 18, 2006.

Purpose of tool: The Facility Screening Questionnaire was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the assisted living (AL) industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. The purpose of the surveys were: to screen a group of facilities thought to be assisted living facilities and determine their eligibility for the larger assisted living study; determine the size and nature of the supply of assisted living facilities; describe basic industry characteristics, such as services, accommodations, and price; begin examining the extent to which the industry follows the philosophical tenets of assisted living; and identify facilities for more extensive data collection in the future.

Data collection: The survey was done using a stratified, multistage national probability sample. The first stage was to select random first-stage sampling units (FSUs). At the second stage, project staff identified a sample of facilities. Eligibility criteria included: serve mainly an elderly resident population; have more than 10 beds; and either be a self-described assisted living facility or provide 24-hour staff, housekeeping, at least two meals a day, and help with at least two of the following: medications, bathing, or dressing. From a list of 10,720 candidate facilities, 2,945 facilities were selected for the telephone survey. The survey had several instrument modules. The Facility Screening Questionnaire is described below. Facility administrators were interviewed between January and March 1998.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items for response options.

Facility Screening Questionnaire

1. Is this a facility that provides multiple levels of care, such as nursing home, assisted living, residential care, or independent living at the same location? (Yes/No)

2. Which of the following types or levels of care does your facility offer? (Yes/No)
 - a) licensed nursing home
 - b) assisted living
 - c) congregate apartments/congregate care
 - d) independent living/independent apartments
 - e) board and care/personal care/residential care
 - f) continuing care retirement community or life care community
 - g) designated Alzheimer's Special Care Unit in a residential care or assisted living section of the facility
 - h) designated Alzheimer's Special Care Unit in a licensed nursing home
 - i) rehabilitation hospital/subacute care unit

- j) hospital
- k) Other (SPECIFY)

3. How do you refer to this assisted living section? (Or congregate care, or independent living)
1. Excluding any nursing home beds, do you have 11 or more beds in (the) NAME OF TYPE OF CARE SPECIFIED ABOVE (section)? Yes/No
3. Excluding any nursing home residents, are at least half of the residents 65 years of age or older? (Yes/No)
4. Do you refer to (the) (SECTION NAME FILL) (section) as an assisted living facility or do you advertise that you provide assisted living services in that section? This includes such things as having the phrase assisted living in the name of the facility or in any advertisements about what the (section/facility) provides. (Yes/No)
- 5a. Do you *regularly* provide or arrange... (Yes/No)
IF THE RESPONDENT SAYS "YES" FOR A SERVICE, ASK:
 - 5b. Do you *provide* this service with staff who work for the facility or do you *arrange* the service with an outside agency?
 - a. housekeeping
 - b. at least two meals per day
 - c. three meals a day
 - d. 24-hour direct care staff who can respond to resident's needs for assistance or monitoring
 - e. medication reminders to residents
 - f. central storage or assistance with self-administration of medications
 - g. assistance with bathing
 - h. assistance with dressing
 - i. any care or monitoring by a licensed nurse (i.e., an RN or LPN/LVN)
 - j. any therapy services (e.g., speech, physical, occupational therapy)
6. How long has (the) (FACILITY NAME FILL) (section) been in operation?
- 9a. How many beds are currently in operation or available for residents in the (SECTION NAME FILL) (section)?
- 9b. How many residents are currently living in (the) (SECTION NAME FILL) section?
11. Do any of the resident bedrooms (including those in apartments) house more than 2 unrelated people? (Yes/No)
- 12a. Now, I'd like to ask you about the type of accommodations you provide in (the) (SECTION NAME FILL) (section). By "apartment," we mean a bathroom, bedroom, living room, and kitchen or kitchen area. A studio apartment is also included. Are any apartments in (the) SECTION NAME FILL (section)? (Yes/No)
- 12b. What is the total number of apartments in your facility?

12c. Please tell me the number of your accommodations that are described by the following:

Apartment Type	Number
One bedroom apartment, single occupancy	
One bedroom apartment, shared occupancy	
Studio apartment (one room w/living and sleeping area) single occupancy	
Studio apartment, shared occupancy	
Two bedroom apartment, single occupancy	
Two bedroom apartment, shared occupancy	
Other type of apartment (DESCRIBE) _____ _____	

12d. Do all apartments have a full bath, by which we mean sink, toilet, and either a tub or shower? (Yes/No)

13a. Are any of the living units in (the) (SECTION NAME FILL) (section) only bedrooms (rather than apartments)? (Yes/No)

13b. What is the total number of bedrooms (not counting those in apartments)?

13c. Please tell me the number of your accommodations that are described by the following: (semi-private means shared by only two people.)

Accommodation Type	Number
Single occupancy bedroom and private full bathroom (<i>shower or bath tub</i>)	
Single occupancy bedroom and private ½ bathroom (<i>toilet and sink only</i>)	
Single occupancy bedroom and semi-private full bathroom (<i>shower or bath tub</i>)	
Single occupancy bedroom and semi-private ½ bathroom (<i>toilet and sink only</i>)	
Semi-private bedroom (<i>2 people</i>) and full bathroom shared only by roommates	
Semi-private bedroom (<i>2 people</i>) and ½ bathroom shared only by roommates	
Semi-private bedroom and full bathroom shared by two rooms	
Semi-private bedroom and ½ bathroom shared by two rooms	
Semi-private bedroom and communal bathroom (<i>shared by more than 2 rooms</i>)	
Bedroom shared by three or more unrelated people	
Other bedroom type (DESCRIBE) _____	

15. We would also like to know if you are serving people with moderate to severe cognitive impairment. This means that residents have short-term memory problems or poor ability to make decisions about their daily lives.

This week, approximately what percentage of your residents are cognitively impaired?

Percentage of residents: _____

16a. Do you have a registered nurse (RN) on staff who works at least 40 hours per week? This includes contract staff. (Yes/No)

16b. Do you have an RN on staff who works less than 40 hours per week? (Yes/No)

17. Do you have a licensed practical or vocational nurse on staff who works 40 or fewer hours per week? This includes contract staff. (Yes/No)

Some facilities have policies about the level of disability they can serve. The next questions are about whether you would admit residents with certain problems and whether you would retain residents who develop these conditions.

FOR EACH CONDITION, READ BOTH QUESTIONS.

18a. Will you admit a resident that:

18b. Will you retain a resident that:

1 – YES 2 – NO 3 – DEPENDS

CONDITION	18a. ADMIT YES/NO/DEPE NDS	18b. RETAIN YES/NO/DEPE NDS
a. Has a behavior problem (e.g., wandering, socially inappropriate behavior)		
b. Has urinary incontinence		
c. Needs nursing care or monitoring by an RN or LPN		
d. Uses a wheelchair to get around		
e. Receives help getting around the facility (walking or using a wheelchair)		
f. Receives help transferring from bed to chair or wheelchair		
g. Has moderate to severe cognitive impairment		

19. Will you retain a resident who requires temporary nursing care, for example for a condition like flu that is expected to last less than 14 days? (Yes/No/Depends)

20. Will you retain a resident who needs longer term nursing care (e.g., for more than 14 days)? (Yes/No/Depends)

21. In the last 6 months, have any residents been discharged because they needed nursing services? (Yes/No)

Source: Hawes C, Phillips CD, and Rose M. (2000). *High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results From a National Survey* (Rep. No. HHS-100-94-0024; HHS-100-98-0013). Washington, DC: U.S. Department of Health and Human Services.

National Study of Assisted Living for the Frail Elderly (2000). 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 (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov/search/daltcp/Reports/projects2.shtml#RTI2>. Accessed October 18, 2006.

Purpose of tool: The Resident Questionnaire was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the assisted living industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. The purpose of this study was to collect data from residents on a number of topics pertinent to understanding the composition of assisted living and its operations. The residents were interviewed only in Tier 3 facilities, defined as having high privacy and/or service assisted living. The survey asked a large set of questions about physical and cognitive abilities that for parsimony are not reported here. There were also a number of questions asked of residents about their interactions with and perceptions of staff, their response to the food and activities offered, and the residents' understanding and beliefs about their ability to "age in place." The Resident Proxy Respondent Interview was similar in content to the Resident Questionnaire (but differed in the mode of data collection). Only the Resident Interview is presented below.

Data collection: The sampling design for the study was a stratified, three-stage, national probability sample. The First-Stage Sampling Units (FSUs) were counties or county equivalents; second-stage units were geographic addresses within selected FSUs that contain one or more candidate assisted living facilities (ALFs); and, third-stage units were residents and their family members (as well as staff members) of selected Tier 3 ALFs. A total of 705 Tier 3 facilities were identified in the 60 FSUs originally selected for the facility eligibility screening and initial telephone survey. Limited resources led to 40 FSUs being selected from these 60 FSUs for subsequent on-site data collection. The subsample of 40 FSUs was selected with equal probabilities using systematic sampling. A total of 482 Tier 3 facilities were associated with the subsample of 40 FSUs and were the ALFs. The administrators of the Tier 3 facilities were recruited by telephone in order to secure permission for a field representative to conduct in-person interviews. From counts obtained from the administrator, six residents were selected using a random number generator. If there were only eight residents in a facility all were selected. Where residents were unable cognitively or physically to respond, a family member was used as proxy. Of facilities selected, 62% participated; 88% of the residents selected for interviews from in-person interviews with residents or their proxy respondent provided information. Instruments for resident and proxy respondents are similar hence only the resident instrument is shown below.

Scale structure: Not available

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Many questions were asked with a 4-point Likert scale, although many were asked in yes/no format as well. There were some questions asking for a rating on a 0-10 scale, with factual questions being forced-choice format.

Resident Interview

1. How long have you lived at _____ [NAME OF FACILITY]?
Months _____
Years _____

2. During the last 5 years, have you been a resident in ...[EXCLUDING THE CURRENT FACILITY] CIRCLE ALL THAT APPLY
A different assisted living or residential care facility?
A retirement home/independent apartment/congregate apts?
A nursing home?

3. Before moving to this facility, how many other facilities have you lived in?
_____ Number

4. Which of the following statements describe the reasons why you left that (those) facility (facilities)? CIRCLE ALL THAT APPLY
Became acutely ill and required hospitalization.
Preferred location closer to family or friends.
Required more care than the facility could provide.
Exhausted resources in paying for care in that facility and had to leave because of money.
Dissatisfaction with the quality of care.
Dissatisfaction with the price of charges.
Dissatisfaction with some other aspects of the facility.
Facility request/decision or reason unknown
Other (Specify) _____

5. When you moved to that (those) facility (facilities), did you expect that you would be able to remain in that facility as long as you wanted to? This is sometimes referred to as “aging in place.”
YES
NO

6. Immediately before moving here, where did you live?
Own home/apartment.
Relative’s home.
Nursing home.
Inpatient rehabilitation or subacute care center.
Another group residential setting, such as another assisted living facility, personal care home, or retirement home
Other (Specify) _____

7. Did someone else help you decide to move here?
YES
NO

8. Who helped you decide to move here? Did...
A family member?
A physician?
Someone else? (Specify) _____

9. All in all, how much control did you have over the decision to move here?
 Complete or almost complete control.
 Some control.
 Little or no control.
56. How much of the time do you feel the staff treat you with dignity and respect? Would you say
 Never
 Sometimes
 Usually
 Always
57. How often do staff take the time to talk with and listen to residents?
 Never
 Sometimes
 Usually
 Always
58. How often do you feel staff show affection and caring for residents?
59. How much of the time, including weekends, are there enough staff on duty to adequately care for all the residents?
 Never
 Sometimes
 Usually
 Always
60. How well-trained and supervised do you think staff is at this facility? Would you say their training and supervision are...
 Very poor
 Poor
 Adequate
 Very good
61. How successful is the facility at keeping good staff? Would you say...
 Very unsuccessful; there is a lot of staff turnover.
 Somewhat unsuccessful.
 Successful; staff retention is good.
 Very successful; most staff have worked here a long time
62. Overall, how would you rate the staff at this facility? Use any number on a scale from zero to 10, where zero is the worst staff quality and 10 is the best staff quality possible.
 _____ SCORE
65. On average, how much of the time are you involved in activities? This includes activities done by yourself, such as reading or listening to music, and activities done with others. Would you say you are involved in activities.
 None of the time
 Some of the time
 Most of the time
 All of the time

66. During the past 14 days, how often have you left the facility for any reason other than to go to the hospital or to a doctor's office? This would include going out to a meal, shopping, or a movie, visiting with family or friends, and so on. Would you say
- Never
 - Once or twice
 - Three to five times
 - Every day or every other day
67. How often does _____ [NAME OF FACILITY] offer activities that you enjoy?
- Never
 - Sometimes
 - Usually
 - Always
68. On weekends, how much of the time does the facility offer enough activities and transportation?
- Never
 - Sometimes
 - Usually
 - Always
69. How much of the time does the facility offer transportation for things you enjoy?
- Never
 - Sometimes
 - Usually
 - Always
70. How much of the time do staff at _____ [NAME OF FACILITY] make an effort to find out your preferences for activities and make those available?
- Never
 - Sometimes
 - Usually
 - Always
71. Use any number on a scale from zero to 10, with zero being the worst activities possible and 10 being the best. How would you rate the activities available to you here?
- _____ SCORE
84. How adequate is the storage space in your room or apartment? This can include your closet and any storage lockers or other spaces the facility provides. Would you say this space is.
- Very limited
 - Limited
 - Adequate
 - Very good
85. Do you have individual control over the heating or cooling in your apartment?
- Yes
 - No
 - DK
86. Can you lock the door to your room or apartment when you leave?
- Yes
 - No
 - DK

87. Can you arrange the furniture as you want to in your room or apartment?
 Yes
 No
 Partially
 DK
88. Use any number on a scale of zero to 10, with zero being the worst and 10 being the best, how would you rate the personal space and accommodations you have at _____ [NAME OF THE FACILITY]?
 _____ SCORE
89. On a scale from zero to 10, with zero being the worst, how would you rate the area for outdoor activities (such as areas for sitting outside, walking, or gardening)?
 _____ SCORE
90. On a scale from zero to 10, with zero being the worst, how would you rate the cleanliness of the facility?
 _____ SCORE
94. Use a scale from zero to 10 and tell me how confident you are that _____ [NAME OF FACILITY] will be able to meet your needs for assistance and health care services in the future? Assume zero means you have no confidence and that 10 means you have total confidence in the facility.
 _____ SCORE
95. How much of the time is the food tasty and well-seasoned? Would you say...
 Never
 Sometimes
 Usually
 Always
96. How much of the time do you have choices among entrees?
 Never
 Sometimes
 Usually
 Always
97. Use any number on a scale from zero to 10 with zero being the worst food possible food. How would you rate the food at _____ [NAME OF FACILITY]?
98. Has the administrator or anyone at the facility provided written information to you or discussed with you the conditions under which a resident will be charged because of the type of care he or she needs?
 Yes
 No
99. Do you expect to be able to reside at _____ [NAME OF FACILITY] as long as you want to?
 Yes
 No
100. Are you aware of the monthly bill or charges from the facility?
 Yes
 No

101. How do the current monthly charges, including any extras, compare to what you expected when you moved into _____ [NAME OF FACILITY]? Are they...
- About what you expected
 - Lower than you expected
 - Higher than you expected
 - DK
102. Using any number on a scale of zero to 10, with zero being the most negative recommendation possible; and 10 being the best recommendation possible, what kind of recommendation would you give _____ [NAME OF FACILITY] to a friend considering a move to a similar facility?
- _____ SCORE

Sources: Hawes C, Phillips CD, and Rose M. (2000). A National Study of Assisted Living for the Frail Elderly: Final Report, Appendix A. Beachwood, OH: Myers Research Institute: Menorah Park Center for Senior Living.

Hawes, C, Phillips, CD, and Rose M. (2000). *High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results from a National Survey* (Rep. No. HHS-100-94-0024; HHS-100-98-0013). Washington, DC: U.S. Department of Health and Human Services.

National Study of Assisted Living for the Frail Elderly (2000). 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 (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov//search/daltcp/Reports/projects2.shtml#RT12>. Accessed October 18, 2006.

Purpose of tool: The Administrator Questionnaire was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the assisted living industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. As part of the site visit to each of the sampled high-privacy or high-service assisted living facilities, interviews were conducted with facility administrators about their background and experience and about the facility, including questions about ownership, staffing, policies, and services. The administrator was also asked to complete a questionnaire containing some supplemental questions about the facility and its staffing, which can be found below.

Data collection: The basis of the sampled population came from the portion of the Assisted Living study that examined Tier 3, i.e., high privacy and/or service. For the Tier 3 portion of this study, a subset of 40 FSUs were ordered by State prior to facility selection. A total of 482 facilities were associated with this subset and were targeted for recruitment for data collection. About 300 of the 482 eligible facilities participated in the on-site data collection. The Administrator Questionnaire (sometimes referred to as the Facility Questionnaire) was a provider self-administered instrument.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items for response options.

Administrator Questionnaire

1. Is this assisted living facility owned or leased?

Facility is owned
Building/facility is leased
Other (e.g., operator has a management contract)

2. Does the owner of the building own or operate other assisted living facilities or other places that provide housing in a supportive setting to elderly and disabled people (such as board and care homes)?

Yes
No
Don't know

3. How many?

NUMBER

4. What is the name of the parent organization?

(Please Print)

5. Is this facility operated as a for-profit, not-for-profit, or joint-venture between a proprietary and non-profit entity?

For-Profit
Not-for-Profit
Joint-Venture

6. Does the owner of the facility own or operate any nursing homes? Yes/No

7. How many?

NUMBER

9. What is the name of the management firm?

(Please Print)

10. Is this facility part of a multi-facility system or chain of assisted living facilities? Yes/No

11. What is the name of the parent organization/multi-facility system?

(Please Print)

12. Do you have a waiting list for residents? Yes/No

13. How many residents currently live in the facility?

NUMBER

14. What percent of the residents are in the following age categories?

a. 0-18 %
b. 19-65 %
c. Over 65 %

15. What percent of the residents are incontinent of urine that is, they soak through underpants at least twice a week or more often?
- 75-100%
 - 50-74%
 - 25-49%
 - 0-24%
17. What percent of the residents use a wheelchair to get around in the home?
- 75-100%
 - 50-74%
 - 25-49%
 - 0-24%
18. For what percent of the residents do you manage, supervise or store their medications, or provide assistance with self-administration of medications?
- 75-100%
 - 50-74%
 - 25-49%
 - 0-24%
19. For what percent of residents do you provide or arrange assistance with locomotion, that is, helping the resident walk or wheel himself/herself around the facility?
- 75-100%
 - 50-74%
 - 25-49%
 - 0-24%
20. For what percent of residents do you provide or arrange assistance with toileting, including reminders to use the toilet, scheduled toileting, getting on or off the toilet, cleaning him/herself, arranging clothing, changing adult incontinence supplies?
- 75-100%
 - 50-74%
 - 25-49%
 - 0-24%
22. What percent of residents receive help with eating?
- 75-100%
 - 50-74%
 - 25-49%
 - 0-24%

37c. How many hours did each contract/consultant RN work during the last week? (Please use one line for each R34. Add lines if needed.)

<u>Contract/Consultant RNs</u>	Number of Hours <u>Worked</u>
RN #1	_____
RN #2	_____
RN #3	_____

38b. How many hours did each staff LPN/LVN work during the last week? (Please use one line for each LPN/LVN. Add lines if needed.)

<u>Staff LPN/LVN</u>	Number of Hours <u>Worked</u>
LPN/LVN #1	_____
LPN/LVN #2	_____
LPN/LVN #3	_____

38c. How many hours did each contract/consultant LPN/LVN work during the last week? (Please use one line for each LPN/LVN. Add lines if needed.)

<u>Contract/ Consultant LPN/LVN</u>	Number of Hours <u>Worked</u>
LPN/LVN #1	_____
LPN/LVN #2	_____
LPN/LVN #3	_____

39. How many aides or personal care attendants worked in the home during the last week? (Count only staff who provide direct care to residents.)

NUMBER

40. How many of these aides/personal care providers work full-time, that is, 40 hours per week?

NUMBER

41. Do these aides/personal care attendants perform other tasks, such as laundry, housekeeping or preparing of meals? Yes/No

43. What percent of your resident care staff (RNs, LPNs, and aides) has worked here less than 6 months?

Percent of RNs _____%

Percent of LPNs/LVNs..... _____%

Percent of aides/assistants _____%

44. During the last month, have you paid any of the following, either as staff members or consultants?
- | | | |
|--|------------|-----------|
| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
- a. Social worker (MSW, BSW)
 - b. Social service designee
 - c. Activities director
 - d. Activity aides/recreation aides
 - e. Registered dietician
 - f. Physician who serves as Medical Director
 - g. Pharmacist consultant
45. Do you have a contract or other formal arrangement with one or more home health agencies for the provision of skilled nursing services to residents? Yes/No
46. Does the home health agency have the same ownership or management as this facility? Yes/No
48. Are any of your current residents paid for by the Medicaid program, through a Medicaid waiver program? (This is the medical assistance program for people who have low income, it is known as “Medi-CAL” in California, AHCCS/ALTC in Arizona.) Yes/No
49. Are any of your current residents paid for by Supplemental Security Income payment? Yes/No
50. Do you have any units that are a “low-income” set aside, for exam or Federal housing finance funding? Yes/No
51. How many units are “low income” set aside?
- _____
- NUMBER
52. What income range qualifies for this designation of “low income?”
- \$ _____ per year to \$ _____ per year
53. Which of the following factors are associated with variations in your monthly charge?
- Only the type of accommodation (room, apartment)
 Only the type/amount of services provided to resident
 A combination of services and accommodation type
 None of the above
56. Which of the following describes how your rate varies according to the type or amount of services a resident receives: CIRCLE ALL THAT APPLY.
- a. Rate does not vary by amount/type of services
 - b. The rate varies according to the type of services a resident receives (e.g., assistance with bathing and dressing are covered, but assistance with other ADLs are provided only for extra charge)
 - c. The rate varies according to the level of care the resident receives (e.g., we have different levels of care or packages of services)

d. The rate varies according to the amount of time a resident receives services (e.g., a set-number of hours of personal assistance are covered, and more hours are provided at an additional charge)

e. The rate varies by a "point" system
Points are based on:

- the type of services provided
- the amount of time staff spend providing the services
- the frequency with which services are provided.

f. Other (SPECIFY) _____

g. None of the above

57. How many hours of service per week or month are covered by the basic monthly rate? (RECORD THE NUMBER OF HOURS AND CHECK THE APPROPRIATE BOX TO INDICATE TIME PERIOD.)

Number of Hours Covered Per Week

Per Month

COLUMN A: If you do not offer the service, please circle the number "01."

COLUMN B: If you DO offer the service, indicate that you provide it directly with your staff by circling the number "02."

COLUMN C: If you DO offer the service by arranging for its provision with an outside agency rather than providing the service directly with your staff, circle the "03." NOTE: "Arranging" also includes services from staff in another part of the campus, if you are part of a multi-level campus.

COLUMN D: For the services that are provided or arranged, please circle "04" if they are covered by -the basic monthly rate or the lowest monthly rate.

EXAMPLE: If washing windows is a service you provide with your own staff, and it is covered in your base rate, you would circle 02 and 04 for that service.

Services	A. No	B. Yes, Provide	C. Yes, Arrange	D. Covered by Base Rate
a. Weekly (or more frequently, but not daily) housekeeping in resident's room or apartment.....	01	02	03	04
b. Daily housekeeping/maid service in resident's room or apartment.....	01	02	03	04
c. Laundering of sheets and towels	01	02	03	04
d. Laundering of resident's clothing/personal items.....	01	02	03	04
e. One meal a day	01	02	03	04
f. Two meals a day	01	02	03	04
g. Three meals a day	01	02	03	04
h. Escort to meals	01	02	03	04

Services	A. No	B. Yes, Provide	C. Yes, Arrange	D. Covered by Base Rate
i. Special diets (e.g., low salt; diabetic).....	01	02	03	04
j. Meal delivered to resident's room or apartment.....	01	02	03	04
k. Medication reminders.....	01	02	03	04
l. Central storage and assistance with administration of medications.....	01	02	03	04
m. Assistance with bathing.....	01	02	03	04
n. Assistance with dressing.....	01	02	03	04
o. Assistance cutting toenails, minor foot care.....	01	02	03	04
p. Any podiatry services.....	01	02	03	04
q. Assistance with locomotion (walking or wheeling).....	01	02	03	04
r. Assistance with using the toilet.....	01	02	03	04
s. Basic incontinence care (e.g., changing continence aids; sheets).....	01	02	03	04
t. Incontinence supplies.....	01	02	03	04
u. Scheduled toileting program, if needed.....	01	02	03	04
v. One person assistance with transfers (e.g., bed to chair).....	01	02	03	04
w. Assistance with eating.....	01	02	03	04
x. Specialized dementia care, such as task segmentation; redirection; cueing.....	01	02	03	04
y. Basic health status monitoring (e.g., blood pressure, pulse).....	01	02	03	04
z. Temporary nursing care (i.e., supervision, monitoring, care < 14 days).....	01	02	03	04
aa. Overnight companion/sitter service.....	01	02	03	04
bb. Hospice care.....	01	02	03	04
cc. Telephone checking/scheduled staff checking of residents in their rooms or apartments.....	01	02	03	04
dd. Nursing supervision/monitoring/or care as needed throughout the year.....	01	02	03	04
ee. Exercise/health promotion/wellness program.....	01	02	03	04
ff. Transportation to medical/dental appointments.....	01	02	03	04
gg. Transportation to activities, social outings.....	01	02	03	04
hh. Planned recreational activities.....	01	02	03	04
ii. Barber or hairdresser (e.g., washing, styling, cutting hair; shaving).....	01	02	03	04

59. For services you arrange, do you primarily use one agency for a service or do you provide the resident with a list of several possible providers from which to choose?

Mainly use one agency for each service
Give resident a list of several possible providers

61. What do you estimate to be your rate of turnover among residents, on an annual basis? (What percent of residents died or otherwise permanently left the facility during the last 12 months?)

PERCENT

62. What do you estimate to be your rate of turnover among direct care staff who are aides on an annual basis?

PERCENT

63. How many beds are currently in operation or available for residents in this “assisted living” section of the facility?

NUMBER

Sources: Hawes C, Phillips C, and Rose M. (2000). A National Study of Assisted Living for the Frail Elderly: Final Report, Appendix A. Beachwood, OH: Myers Research Institute: Menorah Park Center for Senior Living.

Hawes C, Phillips CD, and Rose M. (2000). *High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results From a National Survey*. (Rep. No. HHS-100-94-0024; HHS-100-98-0013). Washington, DC: U.S. Department of Health and Human Services.

National Study of Assisted Living for the Frail Elderly. (2000). 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 (DALTCP) Research Projects. Available at: <http://aspe.hhs.gov//search/daltcp/Reports/projects2.shtml#RTI2>. Accessed October 18, 2006.

Purpose of tool: The Facility Walk-through Survey was part of the National Study of Assisted Living for the Frail Elderly. Due to growth of the Assisted Living (AL) industry and the lack of knowledge about the facilities or its residents, the U.S. Department of Health and Human Services funded a number of studies to examine the role of assisted living. This structured observation instrument focused on physical characteristics of the facility, such as halls, community room areas, dining rooms, exterior of the building, and general impressions. The survey project staff also made observations about residents' interaction with the physical environment and the safety of the environment.

Data Collection: The basis of the sampled population came from the portion of the Assisted Living study that examined Tier 3, high privacy and/or service. For the Tier 3 portion of this study, a subset of 40 first stage sampling units was ordered by State prior to facility selection. A total of 482 facilities were associated with this subset and were targeted for recruitment for data collection. About 300 of the 482 eligible facilities participated in the on-site data collection. In order to respond to the other surveys within this study, the facilities allowed the survey team to do a walk-through observation.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items for response options.

Facility Walk-through Survey

A. Questions for Administrator

1. Does the facility have a fire sprinkler system? Yes/No
2. Are there smoke detectors present? Yes/No
3. Are there any community room areas (living rooms, lounges, activity rooms) for the use of residents? Yes/No

4. How many community rooms are available to residents?
 _____ number of rooms
5. Are there one or more rooms that residents may reserve and use to prepare and serve a meal to friends or relatives?
- Yes
 No
 All units have kitchens
6. Are there handrails present? Yes/No
7. How adequate is the light in the halls?
- No light
 Inadequate
 Barely adequate
 Good
 Ample

B. Community Room Areas

Response Options: Yes or No

8. Are there writing desks available?
9. Are there card/game tables available?
10. Are comfortable chairs and/or sofas available?
11. Are table lamps and/or floor lamps available?
12. Is there a television available?
13. Is there a radio, phonograph, or cassette available?
14. How adequate is the overall light in the community rooms?
- No light
 Inadequate
 Barely adequate
 Good
 Ample
15. What is the overall condition of the furniture in the community rooms?
- Very Poor
 Fair
 Good
 Like New

16. What are the community room window areas like?
- No windows
 - Little window area
 - Adequate windows
 - Good window area
17. Overall, how clean are the community rooms?
- Very dirty
 - Dirty
 - Average
 - Outstanding
18. Were any residents using the community room area(s) during your visit to the home?
- Several of the home's residents (1/3 or more)
 - Few of the residents were in these areas (less than 1/3)
 - None of the residents were using these areas
19. Is there a communal dining room?
- Yes/No
20. What is the condition of the furniture?
- Very Poor
 - Fair
 - Good
 - Like New
 - No Furniture
21. What are the window areas like?
- No windows
 - Little window area
 - Adequate windows
 - Good window area
22. How clean is the room?
- Very Dirty
 - Dirty
 - Average
 - Outstanding
23. During your visit, what was the general amount of resident activity? (INCLUDE BOTH INDIVIDUAL AND GROUP ACTIVITIES, BASED ON OBSERVATION, BETWEEN 10AM AND 12PM.)
- None:** Most residents were doing nothing – just sitting (e.g., “parked” in halls)
- Low:** Few residents (some, but fewer than 1/3) were involved in either individual or group activities during the day

- Moderate:** Many (between 1/3 and 2/3) of the residents were involved in activities (with others or by themselves) but some were doing nothing
- High:** Most residents (more than 2/3) were involved in some type of activity

E. Exterior of the Building

24. Can a resident enter the facility from the street without having to use any steps or stairs (e.g., there are no stairs or there is a ramp)? Yes/No
25. Is there an outside “communal” area for residents (e.g., patio, deck, open courtyard, gazebo, garden or lawn area)? Yes/No
26. Are chairs available? Yes/No
27. What condition are they in?
Unknown
Very Poor
Fair
Good
Like New
28. Are tables available? Yes/No
29. What condition are they in?
Unknown
Very Poor
Fair
Good
Like New
30. Is there a barbeque area (grill)? Yes/No
31. What condition are they in?
Unknown
Very Poor
Fair
Good
Like New
32. How attractive is this area?
Very unattractive
Below average
Average
Very attractive

33. During your visit, did any of the residents use the outside area?

- Yes, used by several of the facility's residents (1/3 or more)
- Yes, but only a few of the facility's residents (less than 1/3)
- No, not used (even though weather appropriate)
- No, not used but inclement weather

34. Is there an area of sidewalks, paths or other walkways where residents can take a walk? Yes/No

35. Are there benches or chairs along the sidewalks or paths so that a resident could stop and rest? Yes/No

36. Can the walkways be used by residents who use a wheelchair, walker or cane (e.g., wide enough, smooth, easy to navigate surface)? Yes/No

37. What best describes the outside of the facility and its yard?

Very Unattractive: Facility/building(s) in very bad repair (no yard – only dirt; trash in yard or on street in front; some broken windows, missing screens, poorly attached shutters; broken sidewalks or no sidewalks; steps detaching from porch or stoop)

Below average: Facility/building in some disrepair or poorly maintained (e.g., some weeds or litter or yard needs mowing but there is grass/ground cover, house badly in need of paint but not falling apart; sidewalks/steps need some repair)

Average: Fairly clean, orderly, and adequately maintained (e.g., yard may not be extensively landscaped or manicured but is mowed; general appearance of home is clean, for example may need new coat of paint but not extensive blistering/peeling of paint; sidewalks have none or only minor cracks)

Very Attractive: Facility/building(s) and yard area are very clean and exceptionally well-maintained (building, sidewalks, steps, yard)

38. Which of the following categories best describes what the facility looks like?

- Single-story building
- Low-rise buildings (2-3 stories)
- High-rise apartment building (4 or more stories)

39. Which of the following best describes the appearance of the facility?

- Looks institutional (e.g., like a nursing home)
- Looks like a family home
- Looks like an architecturally plain square or rectangular apartment building
- Looks like an architecturally attractive square or rectangular apartment building
- Looks like a cross between a large private home and an architecturally attractive apartment building
- Looks like a converted motel or hotel
- Other (DESCRIBE)

40. What kind of neighborhood/area surrounds the facility?

- Urban area
- Suburban area
- Small town
- Rural area
- Other (DESCRIBE)

41. What best describes the type of neighborhood/area around the facility?
Single family homes
Single family homes and low-rise apartments
Primarily high-rise apartments
Home is in neighborhood of welfare hotels, boarding houses
Combination business and residential
Busy commercial area with few/no other housing in area
Trailer park and single family homes
No nearby neighbors
Other (SPECIFY)

F. General Impressions

42. Overall, how homelike would you say the environment is in this facility?
Not at all homelike
Somewhat homelike
Moderately homelike
Very homelike
43. In the resident rooms or apartments you visited, how much variation was there in the design and decoration of the residents' bedrooms?
No variation
Little variation
Moderate variation
Distinct variation
44. Overall how distinctive are the other/communal living spaces in this facility?
Little distinctiveness
Some distinctiveness
Moderate distinctiveness
Much distinctiveness
45. Overall how pleasant is the facility?
Distinctly unpleasant
Somewhat unpleasant
Pleasant
Very pleasant
46. Overall how attractive is this facility?
Unattractive
Neutral
Appealing
Highly appealing
47. Is the facility air-conditioned?
Yes, central air
Yes, window units in all areas
Yes, window units in some areas
No

48. Did you observe any pests (e.g., roaches, mice) anywhere in the facility? Yes/No
49. Did you encounter any unpleasant odors anywhere in the facility? Yes/No
50. Were these odors localized or pervasive throughout the building?
Localized (e.g., one resident's room or bathroom)
Pervasive
51. How would you describe the odor(s)?
Very objectionable
Somewhat objectionable
No distinct odor
Fresh

Sources: Phillips C, Hawes C, Spry K, and Rose M. (2000). Resident Leaving Assisted Living: Descriptive and analytical results from a national survey (2000) 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 (DALTCP) Research Projects.

Purpose of tool: The Assisted Living Discharge Resident Telephone Interview was part of the National Study of Assisted Living for the Frail Elderly. The purpose of the survey tool was to provide information on departures from assisted living and those resident and facility characteristics that affected the likelihood of various resident outcomes associated with departure.

Data collection: A three-stage stratified sample was used in the selection of a nationally representative sample of nursing home residents. Geographic areas were selected at the first stage. Facilities were the second-stage sampling units, and residents, their families, and facility staff were the third-stage sampling units. The data collection effort included telephone interviews with administrators and on-site data collection by research staff in 300 facilities and 40 geographic areas. The on-site baseline data collection involved an additional in-person interview with the operator or administrator, interviews with a sample of staff members, and resident interviews (or proxy interviews if the resident was unable to respond). Residents who had been discharged between 7 and 11 months after initial interview or their families were contacted by research staff and interviewed by phone. The Discharge Resident Proxy Respondent Telephone Interview was similar in content to the Discharge Resident Telephone Interview. Only the Resident Interview is presented below.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items for response options.

Assisted Living Discharged Resident Telephone Interview

2. Which of the following best describes the place where you are currently staying?

- Acute care hospital 01
- Nursing home 02
- Rehabilitation facility or subacute care unit 03
- Another residential care or assisted living facility 04
- Own home or apartment 05
- Home or apartment of a relative 06
- Some other place (SPECIFY) _____ 07

3. Did you go any place else between leaving _____ [FACILITY] and where you currently are staying?

- YES 01
- NO 02 (SKIP TO Q.5)

4. Which of the following best describes the place (or places) you went between leaving _____ [FACILITY] and where you are currently staying? (CIRCLE ALL THAT APPLY)

- Hospital 01
- Nursing home 02
- Rehabilitation facility or subacute care unit 03
- Another residential care or assisted living facility 04
- Own home or apartment 05
- Home or apartment of a relative 06
- Some other place (SPECIFY) _____ 07

5. Which of the following best describes the decision to leave the facility? Would you say the decision was:

- Mainly mine or my family's decision 01
- Mainly the facility's decision 02
- Mutual 03
- DK 04

6. All in all, how much control did you have over the decision to leave _____ [FACILITY]? Would you say you had....

- Complete or almost complete control 01
- Some control 02
- Little or no control 03

7. Please tell me which of the following statements describe the reasons you left _____ [FACILITY]: (CIRCLE ALL THAT APPLY)

- Required hospital care 01
- Needed nursing home care 02
- Required more care than the facility could provide 03
- Preferred location closer to family or friends 04
- Exhausted my resources and had to leave because of money 05
- Dissatisfied with the quality of care 06
- Dissatisfied with the price or charges 07
- Dissatisfied with some other aspect of the facility 08
- It was the facility's request for unknown reason 09
- Is there any other reason not mentioned here?
(SPECIFY) _____ 10

8. Which of the following statements best describes your feeling about the timing of your departure from _____ [FACILITY]?

- Wish I had left sooner 01
- Wish I had been able to stay there longer 02
- Left at just the right time 03

9. When you moved into _____ [FACILITY], did you expect that you would be able to remain in that facility as long as you wanted to? Sometimes this is called being able to "age in place."

- YES 01
- NO 02

10. When you entered _____ [FACILITY], did someone discuss with you the conditions under which you would be asked to leave or when the facility would no longer be able to meet your care needs?

- YES 01
- NO 02 (SKIP TO Q.12)
- DK -4 (SKIP TO Q.12)

11. Which of the following best describes the facility's policies about discharge?

- Very unclear – what the facility promised and what it actually did were very different 01
- Unclear – you didn't know what to expect because the terms were very vague 02
- Very clear – facility policies were clear, and the facility lived up to what it promised 03

12. Use any number on a scale from 0 to 10, with 0 being the worst and 10 being the best. How would you rate the facility's performance in terms of meeting your need for personal assistance or health care?

- _____ Score
- DK -4

13. Use any number on a scale from 0 to 10, with 0 being the worst and 10 being the best. How would you rate the facility's performance in terms of meeting your expectations about how much it would cost on a monthly basis?

- _____ Score
- DK -4

14. Think back to when you moved in to _____ [FACILITY]. Which of the following were important to you? (CIRCLE ALL THAT APPLY). *(The facility selected may not have had all the things the resident wanted, but the responses should reflect preferences.)*

	<u>YES</u>	<u>NO</u>
Having a private bedroom	01	02
Having a private bathroom	01	02
Being able to bring your own furniture to the facility	01	02
Having access to a place to store and cook food	01	02
The attractiveness and amenities of outside areas	01	02
The attractiveness and amenities of the indoor public spaces	01	02
The availability of monitoring, for example if you fell or needed help with medication	01	02
The quality of the direct care staff (knowledge, training, attitudes, staffing level)	01	02
Whether the facility had a registered nurse on staff	01	02
The ability of the facility to provide more or different services if your needs changed	01	02
The availability of a nursing home on the same campus	01	02
The activities that were available	01	02
Location	01	02
Price	01	02
NONE OF THE ABOVE		77

15. Did your opinion of what was most important to you change over time, as you lived in the facility?

YES 01
NO 02 (SKIP TO Q.17)

16. Which of the following became MORE important to you as you lived at _____ [FACILITY]?
(CIRCLE ALL THAT APPLY) (If the facility did not offer something but the resident wanted it or needed it, the response for that item should be a "YES.")

	YES	NO
Being able to have a private bedroom	01	02
Being able to have a private bathroom.	01	02
Being able to bring your own furniture to the facility	01	02
Having access to a place to store and cook food	01	02
The attractiveness and amenities of the outside areas	01	02
The attractiveness and amenities of the indoor public spaces	01	02
The availability of monitoring, for example if you fell or needed help with medications	01	02
The quality of the direct care staff (knowledge, training, attitudes, staffing level)	01	02
Having a registered nurse on staff	01	02
The ability of the facility to provide more or different services if my needs changed	01	02
The availability of a nursing home on the same campus	01	02
The activities that were available	01	02
Location	01	02
Price	01	02
NONE OF THE ABOVE		77

17. Did you find that charges at _____ [FACILITY] increased at a faster rate than you expected or that there were additional, unexpected charges, over and above the monthly rate?

YES 01
NO 02

18. Which of the following were better than you expected at _____ [FACILITY]? (CIRCLE ALL THAT APPLY)

The accommodations 01
The price 02
The activities 03
The transportation that was offered..... 04
The staff (quality and number)..... 05
The availability of services or assistance you needed 06

19. Which of the following were worse than you expected at _____ [FACILITY]? (CIRCLE ALL THAT APPLY)

- The accommodations 01
- The price 02
- The activities 03
- The transportation that was offered..... 04
- The staff (quality and number) 05
- The availability of services or assistance you needed 06

20. Overall, which of the following statements best describes your experience at _____ [FACILITY]?
Would you say it was

- Better than you expected 01
- Worse than you expected 02
- About the same as you expected 03

21. Would you recommend this facility to a friend who had the same type of needs and interests you had?

- YES 01
- NO 02

Source: Yee DL, Capitman JA, Leutz WA, and Sceigaj M. (1999). Resident-centered care in assisted living." *J Aging Social Policy* 10(3):7-26.

Purpose of tool: The authors developed a tool for resident satisfaction as part of a larger study that examines how resident choice, getting needed care, and a sense of community were enhanced or hindered. This included data collected from program staff and administrators (although no tools). The tool is derived from previous studies, including measures from the literature on social participation, social environment, and negative health outcomes from inadequate home care. The domains (scales) were identified by an advisory committee. The domains identified were independent lifestyle, avoidable care problems, and community participation.

Data collection: The data were collected from 20 AL sites. The 20 sites were selected from a pool of self-nominated facilities. The 20 (from 151 self-nominated sites) were selected to obtain facilities of differing size, region, and ownership. From these 20 sites, up to 40 units (rooms) were randomly selected to participate from the population listing. For residents with cognitive impairment, family members were sought as proxies. Telephone calls and followup letters informed residents (or family members) of the study. Of those selected, 396 residents (or proxies) participated, for a 63% response rate. Face-to-face interviews were conducted at the facilities.

Scale structure: No factor analysis reported.

Reliability: KR-20 reliability for the three subscales ranged from .53 to .68.

Validity: No validity measures given.

Response options: Questions were yes/no choices, unless noted otherwise.

Subscale: Independent Lifestyle

1. Did you have a choice about moving to assisted living?
2. Did you have a choice about moving to this facility?
3. In general, why do you stay here?
(No other choices; Pressured by others or finances; Likes it here)
4. Did you pick this unit?
5. Did you pick (bring) your own furniture and decorations?
6. Do you prepare snacks or hot or cold beverages?
7. Can you play your TV or radio whenever you want?
8. Do you choose when to eat?
9. Do you choose what to eat?
10. Do you choose when to come and go?
11. Do you have problems with transportation?
12. Do you feel you are leading a normal daily life?
13. Do you find (facility name) institutional?*
14. Do you find (facility name) homelike?
15. Do you find (facility name) depressing?*

KR-20 reliability = .63

⁶ Indicates reverse coding

Subscale: Avoidable Care Problems

1. Do you need more help with personal care (6 items asked)?
2. Do you need more help with IADLs (6 items asked)?
3. Do you have problems with dehydration?
4. Do you have any problems with diarrhea or constipation?
5. Have you lost or gained more than 10 pounds in the last 3 months?
6. Have you had any falls in the last 3 months?
7. Have you had any skin sores or infections in the last 3 months?
8. Have you been stuck in the tub or shower in the last 3 months?
9. Would you like more help with transportation than you get?

KR-20 reliability = .53

Subscale: Community Participation

1. Do you choose what activities to attend?
2. During a typical week do you get exercise at least 3 times?
3. Do you know the names of your next door neighbors?
4. Do you speak with other residents almost every day?
5. Have you made friends since you moved in here?
6. Do you have a confidante (to trust in, confide in) in the building?
7. Have you received any help from your neighbors here?
8. Do you give any help to your neighbors?

KR-20 reliability = .68

Source: Castle N. (2004). Family satisfaction with nursing facility care. *Int J Quality Health Care* 16(6):1-7.

Purpose of tool: The Nursing Facility-Family Satisfaction Survey (NF-FSQ) was developed to measure family members' satisfaction with residents' care in nursing homes. This is done as a response to difficulties in collecting data from nursing home residents directly, including cognition problems, low response rates, acquiescent response bias, and lack of response variability. Other similar tools were searched for and collected. An initial survey was mailed to a convenience sample to identify the domains of most interest to families. Seven domains were identified for use: meals, autonomy/privacy, caregivers, activities, physical environment, safety/security, and moving (in/out). Each domain is measured by three questions.

Data collection: All nursing homes in Pennsylvania were included in the sampling frame, excluding those in the initial survey (eight facilities) to identify domains. Seventy administrators (out of 847) were selected at random from the frame and contacted multiple times. Of these, 14 agreed to the survey request. Administrators themselves were instructed to randomly select 40 family members of residents, and each were given 40 surveys to mail. Thirteen mailed all 40, and 1 mailed only 30, for a total of 550 mailed surveys. A total of 387 usable surveys were returned, for a response rate of 70%.

Scale structure: Loadings for the eight subscales for retained items ranged from .62 to .76. General satisfaction was not analyzed as a factor and had only two measures.

Reliability: Cronbach's alpha for the eight subscales ranged between .76 and .93.

Validity: No validity measures given

Response options: A 1-10 visual analogue measurement scale (1= Very Poor to 10= Very Excellent) is used.

	Loadings
Subscale: Admission	
1. Rate the information given to you about the facility	.76
2. Rate the information you were given about payments	.72
3. Rate how satisfied you were with the admission process	.66

Cronbach's alpha = .82

Subscale: Activities	
1. Rate whether your family member has enough things to do in the facility	.70
2. Rate the variety of things to do in the facility	.68
3. Rate the spiritual activities offered in the facility	.65

Cronbach's alpha = .83

Subscale: Autonomy/Privacy	
1. Rate whether your family member has enough privacy	.71
2. Rate how able you are to make your family member's room homelike	.66
3. Rate how able your family member is able to plan daily activities	.65

Cronbach's alpha = .76

Subscale: Physical Environment

- | | |
|--|-----|
| 1. Rate the temperature of your family member's room | .72 |
| 2. Rate how clean the facility is | .70 |
| 3. Rate how homelike the facility is | .67 |

Cronbach's alpha = .81

Subscale: Safety/Security

- | | |
|--|-----|
| 1. Rate the security of the facility | .78 |
| 2. Rate the safety of your family member's belongings | .73 |
| 3. Rate how safe your family member feels in this facility | .65 |

Cronbach's alpha = .77

Subscale: Caregivers

- | | |
|---|-----|
| 1. Rate how staff treat your family member | .81 |
| 2. Rate how promptly staff help your family member | .76 |
| 3. Rate how well staff listen to your family member | .62 |

Cronbach's alpha = .80

Subscale: Meals

- | | |
|--|-----|
| 1. Rate the food in this facility | .76 |
| 2. Rate the variety of food served | .71 |
| 3. Rate whether you think your family member enjoys the food | .68 |

Cronbach's alpha = .93

Subscale: General Satisfaction

- | | |
|--|----|
| 1. Rate if you would recommend this facility | NA |
| 2. Rate your overall satisfaction with this facility | NA |

Cronbach's alpha = .78

Source: Crogan NL, Evans B, and Velasquez D. (2004). Measuring nursing home resident satisfaction with food and food service: Initial testing of the FoodEx-LTC. *J Gerontol* 59A(4):370-377.

Purpose of tool: Malnutrition affects the quality of life and overall health of many nursing home residents. Prior to this effort, no instrument measuring resident satisfaction with food and food service existed in the literature. The authors developed the FoodEx-LTC questionnaire to address this important gap in measuring resident satisfaction.

Data collection: The questionnaire was pilot tested with 61 people in four Southwest nursing homes. It can be self- or interviewer-administered and can be used throughout the long-term care setting. For the pilot test in this study, a nurse interviewed each resident.

Scale structure: No factor analysis reported.

Reliability: Internal consistency reliability ranged from .69 in “exercising choice” to .87 in “providing good food service—negative view.” All alpha coefficients were over .50; four of five scales had coefficients of .70 or higher. Two-week test-retest coefficients ranged from .55 in “providing good food service—positive view” to .89 in “exercising choice.”

Validity: Construct validity was tested using hypotheses derived from the theoretical model. Those hypotheses with their accompanying correlations were as follows:

1. Satisfaction with food/food service is positively related to serum albumin/prealbumin levels: Albumin was positively correlated with the domains “Enjoying food and food service” ($r = .25$; $p = .031$) and “Exercising choice” ($r = .30$; $p = .013$).
2. Satisfaction with food/food service is positively related to BMI: No correlation with subscales.
3. Satisfaction with food/food service is positively related to functional status: No correlation with subscales.
4. Satisfaction with food/food service is negatively related to depression: Depression was significantly negatively correlated with “Enjoying food and food service” ($r = -.48$; $p = .000$) and “Providing good food service—Positive view” ($r = -.32$; $p = .007$). Depression was significantly positively correlated with “Cooking good food” ($r = .39$; $p = .001$) and “Providing good food service-Negative view” ($r = .33$; $p = .005$).

Response options: True, Somewhat True, Somewhat False, False [unless otherwise noted].

Subscale: Enjoying Food and Food Service

Since I came to the nursing home:

1. I have lost my appetite.
2. I am forced to eat with other people.
3. I have to eat things I just hate.
4. I am taken to the dining room too soon.
5. I have to wait to go back to my room.
6. I have food in front of me that I cannot get at.

Over the past week, during mealtime, I have received:

7. Food I dislike.
8. Food that looks or smells bad.
9. Foods cooked wrong.
10. Food always cooked the same way.
11. The same food too often.

Cronbach’s alpha = .81

Subscale: Exercising Choice

Since I came to the nursing home:

12. I worry that I will not get the food I ask for.
13. I feel powerless to change the food or food service.

I enhance my satisfaction with the food and food service at the nursing home by:

14. Complaining about the food.

Here at the nursing home:

15. I have refused food I don't like.
16. I eat because I am hungry.

How important to you is: [1, 2, 3, 4; 1 = Important, 4 = Not Important]

17. Choosing what to eat.
18. Choosing when to eat.
19. Sending outside the nursing home for food.

Cronbach's alpha = .69

Subscale: Cooking Good Food

The staff here at the nursing home:

20. Know how to prepare a meal
21. Make food look presentable.
22. Come up with clever ideas.
23. Have experience in food service.

Here at the nursing home, I get:

24. A variety of foods.
25. Foods that are appetizing.

Over the past week:

26. I have been satisfied with the food.

Cronbach's alpha = .81

Subscale: Providing Good Food Service—Negative View

The kitchen staff here at the nursing home:

27. Do not order or fix enough food.
28. Have trouble cooking for large groups.
29. Sometimes have trouble getting the meal ready.
30. Serve food so late that it affects the next meal.

Since I came to the nursing home:

31. Food is poorly prepared or served because of equipment problems.

Cronbach's alpha = .76

Subscale: Providing Good Food Service—Positive View

Over the past week, during mealtime, I have received:

32. Foods served at the proper temperature.
33. Food freshly cooked and served on time.
34. Plenty of fresh fruits and vegetables.

Here at the nursing home, I get:

- 35. Food that is healthy for me.
- 36. The right amount of food.

The staff here at the nursing home:

- 37. Keep a close eye on what I eat.

The kitchen staff here at the nursing home:

- 38. Work hard to serve food everyone likes.
- 39. Care about the food they serve.
- 40. Are concerned about my health.
- 41. Are friendly and courteous.

The nursing home staff here at the nursing home:

- 42. Get take-out food for me, if I want it.
- 43. Provide help in cutting-up my food.

Since I came to the nursing home:

- 44. I have been satisfied with the food service.

Cronbach's alpha = .87

Source: Lengyel CO, Smith JT, Whiting SJ, and Zello GA. (2004). A questionnaire to examine food service satisfaction of elderly residents in long-term care facilities." *J Nutrition Elderly* 24(2):5-18.

Purpose of tool: The tool was developed to assess the satisfaction of elderly long-term care residents with the meals and food services they receive, as well as to assess quality of life issues related to eating. The tool was developed in the context of three common quality of life determinants: autonomy, security, and interpersonal relations.

Data collection: The study focused on face-to-face interviews with 205 residents of long-term care facilities aged 65 or older in Saskatoon, Saskatchewan, Canada. Eighteen long-term care facilities were included. Residents were eligible to participate in the survey if they were at least 65 years old, had lived in the facility for at least 2 months, and were cognitively able to answer simple, easy to understand questions verbally or nonverbally as determined by food service representatives (food service supervisors, cooks, support service directors, and dietary staff).

Scale structure: No factor analysis reported.

Reliability: Test-retest reliability was measured using a pair sample t-test. Cronbach's alpha measured internal consistency.

Cronbach's alpha for the food service domain was .62 and for the quality of life domain was .60.

Validity: No validity measures given.

Response options: Questions used a 3-point scale: yes, sometimes, no. A 5-point Likert format proved too burdensome for the respondents. The 5-point scale was: strongly disagree to strongly agree. The questionnaire using this scale was pilot tested with 22 residents, 12 of whom completed the survey.

Subscale: Food Service

1. Are your meals served on time?
2. Do you like the foods that are served for holidays or special occasions?
3. Are you satisfied with the amount of food given to you?
4. Is the cold food cold?
5. Are you happy with the service you receive at mealtimes?
6. Do you know ahead of time what foods will be served at meals by a menu board, staff, or a menu?
7. Do you like the types of foods that are served?
8. Is the food served to you tasty?
9. Is the hot food hot?
10. Does the food look appealing?
11. Is there a wide assortment of foods served to you?

Cronbach's alpha = .62

Subscale: Qualify of Life

(Autonomy)

1. Are you satisfied with the meals that you receive?
2. Would you like to have more choice in whom you eat with?^b
3. Do you enjoy mealtimes?
4. Would you like to be given more choice in what you eat?^b
5. Can you have a snack when you want to?
6. Are different meals served for holidays or special occasions?

(Security)

1. Do you like where you eat your meals?
2. Do you like the times the meals are served?
3. Are you given enough time to eat?
4. Is the place where you eat your meals kept clean?

(Interpersonal Relations)

1. Is the staff that serve your meals friendly?
2. Do you feel free to express your concerns or complaints about the food given to you?
3. If you had any concerns or problems about the food would they be taken seriously by staff?

Cronbach's alpha = .60

Source: National Nursing Home Survey (NNHS) for 1999 and 2004.

Jones A. The National Nursing Home Survey: 1999 summary. National Center for Health Statistics. *Vital Health Stat* 13(152):2002.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Proposed Data Collections Submitted for Public Comment and Recommendations, National Nursing Home Survey. *Federal Register*: July 15, 2003 (Volume 68, Number 135 page 41812) and *Federal Register*: February 26, 2004 (Volume 69, Number 38, page 8975).

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics, 2004 National Nursing Home Survey. Available at <http://www.cdc.gov/nchs/about/major/nnhsd/nnhsdpart.htm> accessed October 23, 2006; and <http://www.cdc.gov/nchs/nhs2004.htm> accessed October 12, 2006.

Purpose of tool: The National Nursing Home Survey (NNHS) is a continuing series of national sample surveys of nursing homes and their residents and staff. The survey is designed as a general purpose survey. It is sponsored by the National Center for Health Statistics and has been conducted periodically since 1973; most recently in 2004 (most recently published data are for 1999). Although each of these surveys emphasized different topics, they all provided some common basic information about nursing homes, their residents, and their staff from the perspective of the provider of services and from the perspective of the recipient of services. Data about the facilities include characteristics such as size, ownership, Medicare/Medicaid certification, occupancy rate, services provided and expenses. For care recipients, data are obtained on demographic characteristics, health status and conditions, services received, and sources of payment. Several design changes were implemented in 2004. For this reason, both the 1999 and 2004 versions are presented below.

Data collection: A national probability sample of nursing homes was used in 1999 and 2004. Included were nursing homes with at least three beds, and either certified by Medicare or Medicaid or with a State license to operate as a nursing home. The design was a stratified two-stage probability design; the first stage was the selection of facilities, and the second stage was the selection of people within sampled nursing homes. The second-stage person-based sampling was carried out by the interviewers at the time of their visits to the facilities in accordance with specific instructions given for each sample facility. Survey data collection has been obtained through personal interviews with administrators and staff and occasionally with self-administered questionnaires in a sample of about 1,500 facilities. Prior to 2004, the NNHS was a paper instrument. Beginning with 2004, the instrument was redesigned as a computer-assisted personal interviewer (CAPI) administered instrument.

Data for the 1999 survey were collected between July and December, 1999. The second stage sample consisted of a sample of current residents and a sample of discharges. A random sample of up to six current residents and six discharges per facility was selected. The 1999 version utilized three questionnaires: Facility Questionnaire, Current Resident Questionnaire, and Discharged Resident Questionnaire. Of these, only the Facility Questionnaire, administered by in person interviewers with facility administrators (or designee) is described below.

Data for the 2004 survey were collected between August and December 2004. The second stage sample consisted of a random sample of up to 12 current residents per facility. Several questionnaire modules were utilized including the Facility Qualification Screener, Facility Characteristics Questionnaire, Facility Staffing Questionnaire, two Health Status questionnaires, a Sources of Payment instrument, and a Prescribed Medications instrument. Only the Facility Qualifications, Facility Characteristics and Facility Staffing questionnaires are described below. The latter was a self-administered questionnaire completed

by the Facility Administrator (or designee); the former were administered by in-person interviewers with facility administrators (or designee).

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: See following items.

1999 National Nursing Home Survey (NNHS)- Facility Questionnaire

- 1a. Are any nursing care services routinely provided to residents in addition to room and board?
Yes
No
- 1b. Does this facility provide 24 hour nursing care?
Yes
No
- 2a. What is the type of ownership of this facility as shown on this card?
Proprietary
Nonprofit
State or local government
Federal government
Other
- 2b. Is this facility a member of a chain or group?
Yes
No
3. How many beds are currently available for residents? Include all beds set up and staffed for use whether or not they are in use by residents at the present time. Do not include beds used by staff or owners, or beds used exclusively for emergency purposes, solely day care, or solely night care.
_____ Total available beds
4. What is the total number of residents on the rolls of this facility as of midnight last night?
_____ Number of Residents
5. Does your facility have special, physically distinct or designated clusters of beds, or segregated wings or units, used exclusively for—
(Yes/No, and number of beds for each)
AIDS/HIV care?
Alzheimer care?
Brain injury care?
Children with disabilities?
Cognitively impaired residents?
Dialysis care?
Hospice care?
Huntington disease care?
Rehabilitation care?
Sub-acute care?

Ventilatory/pulmonary care?
Other special care units? Specify.

6. Is this facility certified by both Medicare and Medicaid, Medicare only, Medicaid only, or neither?
Both Medicare and Medicaid
Medicare only—Skip to item 8a
Medicaid only—Skip to item 9a
Neither—Skip to item 10a
7. How many beds are dually certified under BOTH Medicare and Medicaid?
_____ Number of beds certified by BOTH Medicare and Medicaid
- 8a. How many beds are certified under Medicare?
_____ Medicare beds
- 8b. What is the per diem rate that you receive from Medicare for routine services?
\$_____ per diem
- 9a. How many beds are certified under Medicaid?
_____ Medicaid beds
- 9b. What is the per diem rate that you receive from Medicaid for routine services?
\$_____ per diem
- 10a. Do you have any beds that are not certified by either Medicare or Medicaid?
Yes
No—Skip to item 11
- 10b. How many of these beds does your facility have?
_____ Number of beds not certified by Medicare/Medicaid
11. How many admissions were there to this facility during calendar year 1998?
_____ Admissions in 1998
None
12. Does this facility offer any of the following services to residents of this facility? Mark (X) for all that apply.
- Dental services
 - Help with oral hygiene
 - Home health services
 - Hospice services
 - Medical services
 - Mental health services
 - Nursing services
 - Nutrition services
 - Occupational therapy
 - Personal care
 - Physical therapy
 - Podiatry services
 - Prescribed medicines or non-prescribed medicines
 - Sheltered employment
 - Social services
 - Special education
 - Speech or hearing therapy
 - Transportation

Vocational rehabilitation
 Equipment or devices
 Other (Specify)

13. Does this facility provide any of the following services “on-site” or “off-site” to people who are NOT residents of the facility? Mark (X) for all that apply.

None
 Adult day care
 Dialysis
 Home health services
 Home delivered meals
 Homemaker or chore services
 Infusion therapy
 Rehabilitation therapy
 Nursing care
 Other services to non-residents (Specify)

14. Upon admission, does this facility assess each resident’s need for the following clinical preventative services? Mark (X) for all that apply.

None
 Influenza vaccination
 Pneumococcal vaccination
 Tetanus-diphtheria (Td) toxoid booster
 Pap smear
 Clinical breast exam
 Mammogram
 Prostate exam
 Prostate-specific antigen
 Cholesterol check
 Fecal occult blood
 Sigmoidoscopy
 Other (specify)

15. Does your facility have an organized program to offer the following vaccines to all residents: Mark (X) in one box for each program.

(a)	Annual influenza vaccination?	Yes	No	Don't know
(b)	Pneumococcal vaccine (Pneumonia vaccination)?	Yes	No	Don't know
(c)	Tetanus-Diphtheria (Td) Toxoid booster?	Yes	No	Don't know

16. Are staff members required to be vaccinated against influenza?

Yes
 No
 Don't know

17. Are the following vaccines recorded in the resident’s individual medical record? Mark (X) for all that apply.

None
 Annual influenza vaccination
 Pneumococcal vaccination (pneumonia vaccination)
 Tetanus-diphtheria (Td) toxoid booster

18a. Does this facility currently have any residents who are in a PROLONGED AND PROFOUND COMA, and are not arousable?

Yes

No—Skip to item 19

18b. How many residents are in a prolonged and profound coma?

_____ Number of residents

19. How many full-time equivalent (FTE) employees work in this facility for each of the following type of employee?

Administrator/assistant administrator?

Registered nurses (R.N.)?

Licensed practical nurses (L.P.N.) or licensed vocational nurses (L.V.N.)?

Nurses aides/orderlies?

Physicians (M.D. or D.O.), residents and interns?

Dentists?

Dental hygienists?

Physical therapists?

Speech pathologists and/or audiologists?

Dieticians or nutritionists?

Podiatrists?

Social workers?

All others?

20. Do volunteers, that is people serving without pay, provide any of the following services? Mark (X) for all that apply.

None

General office help

Reception

Visiting, general aides

Emotional or mental health counseling

Other (Specify)

21. What is the basic charge for private pay residents at each level of care—

Skilled \$ _____ per Day, Month, Not applicable

Intermediate \$ _____ per Day, Month, Not applicable

Residential \$ _____ per Day, Month, Not applicable

Other (Specify) \$ _____ per Day, Month, Not applicable

2004 NNHS - Facility Qualification and Facility Characteristic Modules

FQ8. What type of place is [facility]?

CCRC OR

Retirement community

Nursing home/ unit within CCRC or retirement center

Hospital

Hospital-based skilled nursing facility

Home office or management office for chain or group of off-site nursing facilities

Other

FQ9. Does the [facility] have any part or unit licensed as a nursing home or a nursing facility by the State health department or some other State agency?

Yes

No

DK

FQ10. Is the [facility] licensed as a nursing home or a nursing facility by State health department or some other State agency?

Yes

No

DK

FQ11. Since the [facility] is not itself a licensed nursing home, is it part of larger complex (e.g., retirement community) or a larger facility (e.g., hospital or assisted living facility) that includes a licensed nursing home or nursing facility?

Yes

No

DK

FQ13. Does this nursing home/ nursing facility have the same name as [facility]?

Yes

No

DK

FQ13. What is the name of this facility?

FQ19. Does the [facility] provide 24-hours a day on-site supervision by an RN 7 days a week?

Yes

No

DK

FQ20. Does [facility] have a waiver?

Yes

No

DK

FC2. Does {facility} have special, physically distinct or designated clusters of beds, or segregated wings or units, used exclusively for conditions or types of care listed on this card?

Alzheimer's and related dementias

AIDS/HIV

Behavior unit (non-Alzheimer's)

Disease-specific (dialysis, brain injury-traumatic or acquired, Huntington's disease)

Children with disabilities, mentally retarded/developmentally disabled

Hospice

Rehabilitation (cardiac, functional)

Respite care

Sub-acute care

Ventilator/pulmonary

Other

No special care units

DK

RF

FC8. Does the {facility} have formal contracts with any of the outside service providers on this card?

- Select all that apply.
- Assisted living facility/organization
- Dental/oral services
- Diagnostic services
- Hearing and vision services
- Home health care agency
- Hospice
- Hospital
- Life care/retirement community(s)
- Managed care organization
- Management group
- Medical center/health system(s)
- Medical director
- Pharmacy
- Physician group
- Podiatry services
- Psychiatric facility/behavioral management
- Psychiatry/psychology services
- Therapy services
- Other
- No formal contracts with outside agencies
- DK
- RF

FC9. Does the {facility} provide any of the services on this card? Include only services provided in the facility.

- Select all that apply.
- Dialysis – hemo
- Dialysis – peritoneal
- Infusion therapy
- Peripherally inserted central lines (pic placement)
- Ventilator/pulmonary therapy
- Bladder scanner
- Blood transfusions
- Parenteral nutrition
- None of the above services
- DK
- RF

FC10. Please tell me if this facility has a special program that has specially trained personnel dedicated to the program for anything listed on this card. This does not include special training that is provided to all personnel.

- Select all that apply.
- Hospice
- Palliative care/end of life (end stage/terminal condition – not hospice)
- Pain management
- Behavior problems
- Skin/wounds
- Continence management
- Dementia (including Alzheimer's disease)
- Restorative care
- Does not have a special program for any of these conditions or types of care
- DK
- RF

- FC11. Does {facility} participate in any of the following end-of-life programs on this card?
Select all that apply.
Five Wishes
POLST (Physician's Orders for Life-Sustaining Treatment)
Last Acts
No end-of-life initiatives
DK
RF
- FC20. Which statements on this card describe how {facility} provides medical services?
Select all that apply.
Private physicians from the community
Contract with one or more physician group practices
Physicians on staff
Health care management company
Other
DK
RF
- FC21. Are dental or oral health services available to residents?
Select all that apply.
Yes, at this facility
Yes, outside this facility
No, services not available
DK
RF
- FC22. Are dental or oral health services available at regularly or routinely scheduled times or on an on-call or as-needed basis only?
Select all that apply.
Regularly/routinely scheduled times
On-call or as needed only
DK
RF
- FC23. Are mental health services available to residents?
Select all that apply.
Yes, at this facility
Yes, outside this facility
No, services not available
DK
RF
- FC24. Are mental health services available at regularly or routinely scheduled times or on an on-call or as-needed basis only?
Select all that apply.
Regularly/routinely scheduled times
On-call or as needed only
DK
RF

FC26B. Does this facility have any lifting devices for staff to use in lifting or transferring residents?

- Yes
- No
- DK
- RF

FC28. Are the following recreational activities on this card offered at {facility }?

Select all that apply.

- Off-site activities
- Evening activities
- Weekend activities
- Outdoor activities
- Gardening
- Pets/pet therapy
- Intergenerational activities
- None of the above
- DK
- RF

FC29. How are food services provided?

Select all that apply.

- Food served on trays
- Point of service food delivery system
- Food services staff who serve meals
- DK
- RF

FC33A. For each of the following vaccines, please indicate which vaccination program {facility} is currently using.

Which vaccination program best describes what is being used in your facility for influenza?

- Facility-wide standing orders
- Pre-printed admission orders
- Advance physician/nurse practitioner orders for all of their patients
- Personal physician order for each resident
- None of the above
- DK
- RF

FC33B. Which additional strategies are being used in your facility for influenza?

Select all that apply

- Written vaccination policy
- Vaccination offered to all residents in the facility during fall vaccination campaign
- Vaccination offered throughout the influenza season (October-March) to all residents admitted during that period
- Verbal consent allowed for vaccinations
- Seasonal vaccination campaigns
- Primary care provider reminder program
- Centralized tracking system for facility-wide rates
- Routine review of facility-wide vaccination rates
- None
- DK
- RF

FC34A. Which type of vaccination program best describes what is being used in your facility for pneumonia?
Please select one.

- Facility-wide standing orders
- Pre-printed admission orders
- Advance physician/nurse practitioner orders for all of their patients
- Personal physician order for each resident
- None of the above
- DK
- RF

FC34B. Which additional strategies are being used in your facility for pneumonia?
Select all that apply.

- Written vaccination policy
- Assessment of each resident's vaccination status upon admission
- Vaccination offered to all residents upon admission
- Verbal consent allowed for vaccinations
- Seasonal vaccination campaigns
- Regularly scheduled year-round vaccination campaigns
- Primary care provider reminder program
- Centralized tracking system for facility-wide rates
- Routine review of facility-wide vaccination rates
- None
- DK
- RF

FC37. Does {facility} do any of the following to encourage employees' influenza vaccinations?

Select all that apply.

- Vaccinations recommended
- Vaccinations offered on-site
- Vaccinations offered for free
- Vaccinations offered at reduced cost
- Staff incentives provided for vaccination
- Proof of vaccination (or contraindication) required as a condition of work/employment
- Furlough or patient restriction policy for employees developing influenza-like illness
- None of the above
- DK
- RF

FC38. What percentage of employees received a flu shot last flu season? Would you say...

- 0%,
- 1 to 20%
- 21 to 40%
- 41 to 60%
- 61 to 80%
- 81 to 99%
- 100%?
- DK
- RF

2004 National Nursing Home Survey (NNHS) – (Facility) Staffing Questionnaire

If no medical director currently on staff, GO TO 8

1. What degree does the Medical Director have?

X box that applies

MD

DO

2. Is the medical director board certified in any of these specialties?

X box(es) that apply

Emergency medicine

Family medicine

Internal medicine

Geriatrics

None of the above

3. Does the medical director have advanced education in any of the following areas?

X box(es) that apply

Geriatrics

Palliative/end-of-life care

Management

None of the above

4. Does the medical director have an American Medical Director's Association (AMDA) certification?

X box that applies

Yes

No

5. About how long has he/she been the medical director at this facility?

Write number in only one box.

Number of weeks

Number of months

Number of years

6. Altogether, about how long has he/she been the medical director at any nursing home or similar type of facility/unit, including this one?

Write number in only one box.

Number of weeks

Number of months

Number of years

7. About how many days a week or month does the medical director spend working in this facility? Please include the time he/she spends on committees, administrative tasks, seeing residents, or charting, etc.

Write number in only one box.

Days a week

Days a month

The following questions are about the director of nursing at this facility.

If no director of nursing on staff, GO TO 13

8. What degree does the director of nursing holds?

- Associate degree
- Diploma
- BS/BSN
- MS/MSN
- BA (not health related)
- BA (administration - not health related)
- BA (health administration - health related)
- MA (non-health related, e.g., business administration)
- MA (health related)
- MBA
- Other (Please Specify) _____

9. What certification(s) does the director of nursing have?

- None
- National Association of Directors of Nursing Administration in Long-Term Care (NADONA)
- American Association of Nurse Assessment Coordinators (AANAC)
- American Nurses Credentialing Center (ANCC)
- OTHER (nursing administration, medical-surgical nursing, etc.,)
- Association of Rehabilitation Nurses- Certified Rehabilitation Registered Nurse (CRRN)
- Association of Professionals in Infection Control and Epidemiology (APIC)
- Other certification

10. Is the director of nursing any of the following?

- X box(es) that apply
- Nurse practitioner
- Geriatric nurse practitioner
- Clinical nurse specialist
- Geriatric clinical nurse specialist
- None of the above

11. About how long has he/she been the director of nursing at this facility?

- Write number in only one box.
- Number of weeks
- Number of months
- Number of years

12. Altogether, about how long has he/she been the director of nursing at any nursing home or similar type of facility/unit, including this one?

- Write number in only one box.
- Number of weeks
- Number of months
- Number of years

Next, we would like to know more about your staff's involvement in resident and patient care planning.

13. How often is at least one certified nursing assistant (CAN) involved in resident or patient care planning meeting?

- X one box.
- Always
- Most of the time
- Some of the time

14. Some nursing homes use permanent assignments as their staff model. At this facility, are CNAs routinely assigned to care for the same group of residents?

- one box.
- Yes
- No

Next, we would like to know about the background and turnover of your staff.

17. Approximately what percentages of RNs currently on staff have the following as their highest education/training?

Write percentage in each box. If none, please enter "0".

Percent of RNs

- % Associate degree
- % Diploma (3 yrs)
- % BS/BSN(4 yrs)
- % MS/MSN or higher

100% Total

18. Do any of the RNs currently on staff have special certifications? (Examples include: gerontological, rehabilitation, nursing administration, medical-surgical nursing, infection control, etc.)

- one box.
- Yes
- No

19. Does this facility have the following personnel on staff?

- Yes No
- Nurse practitioner
- Clinical nurse specialists
- Geriatricians
- Physician's assistants
- Aides or orderlies (excluding CNAs)
- Physicians (excluding medical director)

20b. How many vacancies (unfilled positions) for RNs, LPNs, CNAs, or aides/orderlies do you currently have? Please include vacant positions for employees for which you are actively recruiting, even if for now you are using contract/agency workers.

If no vacant positions GO TO 21

For each employee type, write the number in each
If no vacancies for all type please write "0".

VACANT POSITIONS

FT	PT	FTE
	Or	RNs
	Or	LPNs/LVNs
	Or	CNAs
	Or	Aides/orderlies

21. How many RNs who work in this facility, including contract RNs, are solely devoted to bedside care (i.e., assigned to/responsible for personal, health, and medical care of a group of residents)?

Write number in each

If none please write "0".

Full-time RNs

Part Time RNs

Or

RNs FTE

23. Does this facility have any staff designated as the following?

Yes No

MDS nurse(s)

Case manager(s)

Quality assurance/improvement coordinator(s)

Infection control coordinator(s)

25. Over the past 3 months, how many RNs, LPNs, or CNAs were hired at this facility?

Do not include contract/agency workers.

If none were hired GO TO 26

Write number in each

If none please write "0".

FT PT

RNs

LPNs

CNAs

26. Over the past 3 months, how many RNs, LPNs, and CNAs have terminated employment? Include both voluntary and involuntary termination (e.g., retired, dismissed, resigned)?

Write number in each

If none please write "0".

Full-time RNs

Part-time RNs

Or

RNs FTE

27. About what percent of this facility's current nursing staff have been employed here for more than 1 year?

Write percentage in each box. If none, please enter "0".

% of RNs

% of LPNs

% of CNAs

29. About what percent of this facility's current CNA staff consider English their second language?

None

OR

% of CNAs

Source: National Nursing Assistant Survey for 2004

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2004 National Nursing Assistant Survey. Available at <http://www.cdc.gov/nchs/nnas2004.htm>. Accessed October 23, 2006.

Stapulonis RA, Sinclair M, Clusen N, DesRoches D, and Kasprzyk D. (2003). Sampling and data collection design. Direct care worker component of the National Nursing Home Survey: Final Report. Submitted to U.S. Department of Health and Human Services, Assistant Secretary of Planning and Evaluation, Disability, Aging, and Long-Term Care Policy, Washington, DC, by Mathematica Policy Research, Inc., Princeton, NJ, September 19, 2003, MPR Reference No.: 8922-700.

Purpose of tool: The 2004 National Nursing Assistant Survey (NNAS) is the first national study of nursing assistants working in nursing facilities in the United States. It was designed to provide information needed to recruit, retain, and expand the paraprofessional long-term care workforce. Important goals of the NNAS are to provide a better understanding of “ways to improve the nursing assistant job.” The survey includes collecting information on whether workers plan to continue working in their present positions and what factors affect their decisions, including job satisfaction, nature of the work environment, training, advancement opportunities, benefits, working conditions, and personal or family demands. The survey instruments were designed to help identify priorities of nursing assistants, ways to meet those priorities, and how to prevent staffing shortages in the future. The NNAS was sponsored by the U.S. Department of Health and Human Services’ Office of the Assistant Secretary of Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy, and the Centers for Disease Control and Prevention, National Center for Health Statistics.

Data collection: The National Nursing Assistants Survey was conducted as a telephone interview with a sample of workers who provide nursing home residents with assistance in activities of daily living (ADLs) (eating, transferring, toileting, dressing, and bathing). Data were collected as a supplemental survey to the 2004 National Nursing Home Survey (NNHS). About half of the nursing facilities selected to participate in the NNHS were eligible for the NNAS. The design called for about 6,000 nursing assistants to be chosen from about 800 nursing homes across the country. Nursing assistants were randomly selected from a list of all nursing assistants employed by the nursing facilities participating in the NNAS. Up to eight nursing assistants were selected from each facility.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: See following items.

- Aa2. (Are you/were you) employed directly by the facility, or through an agency?
Employed by facility
Agency
Don’t know
Refused

A3. Are you/were you working as...
a certified nursing assistant or CAN
a CAN II or CAN supervisor
a licensed nursing assistant
a State-tested nursing assistant
a geriatric nursing assistant
a nurse aid, or
something else? (specify)

A5. Did you complete nurse aid training or a course on becoming a nurse aid?
Yes
No
DON'T KNOW
REFUSED

A6. Are you in the process of going through nurse aide training?
Yes
No
DON'T KNOW
REFUSED

A7. When you completed the training course, did you take a final test or competency evaluation>
Yes
No
DON'T KNOW
REFUSED

A8. (Do you/did you) work 16 hrs a week or more as a (Insert job title from A3) at (sampled facility)?
Yes, 16 hours or more
No, less than 16 hours
DON'T KNOW
REFUSED

Education/Training/Licensure

C1. Where did you receive your training?
Was it
At a nursing facility
At a community college
In high school, or
Somewhere else
DON'T KNOW
REFUSED

C5. Next, I'd like to ask you to rate how well your initial nurse aide training prepared you to perform in different areas of your job. For each area, please tell me whether the training you received was excellent, good, fair, or poor. The first area is (Read down list and circle one for each). Would you say your initial training was (Repeat scale as necessary)?

	Circle one for each						
	Excellent	Good	Fair	Poor	Not offered	Don't Know	Refused
Resident care skills such as helping with bathing, eating, dressing, and moving							
Talking with residents							
Working with co-workers							
Working with supervisors							
Straightening out or dealing with problems at work							
Recording residents' information							
Organizing your work tasks so that everything gets done on time							
Dementia care							
Working with residents that act out or are abusive							
Preventing injuries at work							

C6. How well do you feel your initial nurse aid training prepared you for what it is actually like to work in a nursing home? Did you feel...

- well prepared,
- somewhat prepared, or
- not at all prepared
- DON'T KNOW
- REFUSED

C7. Were there any topics that were not covered which you felt would have been helpful to you starting work as a nurse aide?

- Yes
- No
- DON'T KNOW
- REFUSED

C9. Would you describe your initial nurse aide training as ...

- mostly spent doing or observing, hands-on work with residents,
- evenly split between hands-on work and classroom study, or
- mostly spent doing classroom study?
- DON'T KNOW
- REFUSED

C10. In your first job as an aide, were you assigned a mentor or buddy to answer your questions about the work and procedures at the facility?

- Yes
- No
- DON'T KNOW
- REFUSED

C11a. Have you taken any nurse aid continuing education classes in the past 2 years? This would include yearly 12 hour re-certification training, monthly videos, or other training activities.

- Yes
- No
- DON'T KNOW
- REFUSED

C12. Have your continuing education classes covered (read down list and circle one for each)

	Yes	No	Don't know	Refused
Resident care skills such as helping with bathing, eating, dressing, and moving				
Talking with residents				
Working with co-workers				
Working with supervisors				
Straightening out or dealing with problems at work				
Recording residents' information				
Organizing your work tasks so that everything gets done on time				
Dementia care				
Working with residents that act out or are abusive				
Preventing injuries at work				
Has anything else been covered? (Specify)				

C17. What types of topics would you like to see covered in training classes at your current job?

- Medication management
- Working with residents with dementia
- Working with residents with mental illness
- Time management/organizing work tasks
- Working with resident's family members
- Working with supervisors
- Straightening out or dealing with problems at work
- Communicating with residents
- Pain management
- End of life issues/ coping with grief
- Workplace injury prevention
- Other
- None/no topic
- DON'T KNOW
- REFUSED

Job History

D10. The next questions are about the hours you work on your current job at (sampled facility).
Would you prefer to work more or fewer hours on this job, or is the amount of hours you work about right?

- Prefer more hours
- Prefer fewer hours
- About right
- DON'T KNOW
- REFUSED

D11. Are you ever required to work mandatory overtime at (sampled facility)

- Yes
- No
- DON'T KNOW
- REFUSED

D12. How many times in the past month have you been required to work mandatory overtime?

- None
- 1 to 2 times
- 3-5 times
- over 5 times
- DON'T KNOW
- REFUSED

Client Relations

G1. First, I want to ask you about things you do directly with residents such as helping them dress, bathe, get in and out of bed, or use the toilet. During a typical work week, how much time do you have to give individual attention to residents who need this type of assistance? Would you say you have ...

- More than enough time
- Enough time, or
- Not enough time?
- DON'T KNOW
- REFUSED

G2. Again, during the typical work week, how much time do you have to complete other duties that don't directly involve the residents? This would be things like cleaning the tub room, making beds, restocking supplies, or record keeping.

- More than enough time
- Enough time, or
- Not enough time?
- DON'T KNOW
- REFUSED

G3. In general, are you encouraged by supervisors to discuss the care and well-being of residents with their families?

- Yes
- No
- DON'T KNOW
- REFUSED

G4. Are you assigned to care for the same residents on most days you work, or do the residents you re assigned to change each day or week you work?

- Same residents
- Residents changed
- Combination
- DON'T KNOW
- REFUSED

G5. To what degree do you feel residents respect you as part of their health care team? Would you say ...

- A great deal
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

G6. To what degree do you feel residents' families respect you as part of the health care team? Would you say ...

- A great deal
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

G7. To what degree do you feel your supervisor respects you as part of the health care team? Would you say ...

- A great deal
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

G8. In general, how often do the residents you care for let you know when you are doing a good job? Would you sat

- Always
- Sometimes
- Does that never happen?
- DON'T KNOW
- REFUSED

Organizational Commitment /Job Satisfaction

H1. Overall, how satisfied are you with your job? Are you...

- Extremely satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Extremely dissatisfied
- DON'T KNOW
- REFUSED

H2. Please tell me whether or not each of the following items is a reason why you continue to work in your current position.

First, is (item) a reason why you continue to work in your current position? (read down list and circle one for each)

	Yes	No	Don't know	Refused	NNA
Caring for others					
The flexible schedule or hours					
Salary or pay is good					
The benefits					
Coworkers you like					
Your supervisor					
The opportunity for overtime					
Feel good about the work you do					
The work location					
Career advancement					
Any other reasons? (specify)					

H4. Are you extremely satisfied, somewhat satisfied, somewhat dissatisfied, or extremely dissatisfied with the following aspects of your current job? (read down list and circle one for each)

	Circle one for each					
	Extremely satisfied	Somewhat satisfied	Somewhat dissatisfied	Extremely dissatisfied	Don't know	Refused
Workplace morale?						
Doing challenging work?						
The benefits?						
The salary or wages?						
Learning new skills?						

H5. There are usually other things that people like and dislike about their jobs. Please tell me the types of problems or incidents at work that make it difficult for you to work there or cause you to dislike your job.

Circle all that apply

- Problems with supervisor or nurses (acts better than me, talks down to me, ignores my input, no say in what goes on)
- Problems with coworkers (don't do jobs correctly, personality conflicts)
- Lack of respect/appreciation for work (no recognition for good work, no appreciation for hard work from residents, families, organization, community)
- The pay or benefits (poor or unfair raises, salary/benefits not good enough, benefits cost money)
- Problems with schedule (do not like schedule or shift, want to work more/less hours)
- Workload (Too many patients, not enough staff)
- Health or personal issues (emotional attachments to residents and coping with loss, sample member's own physical/mental health problem)
- Nature of job (physically demanding work, not prepared for the reality of the job, difficult clientele)
- Nothing/no complaints
- Other (specify)
- DON'T KNOW
- REFUSED

H8. At the facility, how much turnover among nurse aides would you say there is? By turnover we mean aides quitting or leaving and new aides starting work. Would you say there is ...

- A lot
- Some
- A little, or
- None?
- DON'T KNOW
- REFUSED

H9. How much does this turnover interfere with your ability to do your job? Would you say

- A lot
- Some
- A little, or
- None?
- DON'T KNOW
- REFUSED

Workplace Environment

I2. Now I'd like to ask you a few questions about how you think people view the work you do as a nurse aide.

How much do you think society values or appreciates your work as a nurse aide? Would you say ...

- Very much
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

I3. How much do you think your supervisor values or appreciates your work as a nurse aide? Would you say ...

- Very much
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

I4. How much do you think the organization at (sampled facility) values or appreciates your work as a nurse aide? Would you say ...

- Very much
- Somewhat
- Not at all
- DON'T KNOW
- REFUSED

I5. How important do you think your work is? Would you say ...

- Very important
- Somewhat important
- Not important at all
- DON'T KNOW
- REFUSED

I6. How much do you seek out other nurse aides for help with problems that relate to your current job? Would you say ...

- None
- A little
- Some, or
- A lot?
- DON'T KNOW
- REFUSED

I7. How much do you seek out other employees, beside other nurse aides, for help with problems that relate to your current job? Would you say ...

- None
- A little
- Some, or
- A lot?
- DON'T KNOW
- REFUSED

I8. On your current job, have you ever been discriminated against because of your race or ethnic origin?

- Yes
- No
- DON'T KNOW
- REFUSED

Demographics

K10. How often do you have difficulty communicating with residents because they do not speak the same language as you? Would you say ...

- Always
- Sometimes
- Never
- DON'T KNOW
- REFUSED

K10. How often do you have difficulty communicating with nurses or other nurse aides because they do not speak the same language as you? Would you say ...

- Always
- Sometimes
- Never
- DON'T KNOW
- REFUSED

Facility Leavers

L2. Since you first became a nurse aide, how long have you been doing this kind of work including your time at (sampled facility)? Do not count the time between jobs or time spent on a leave or absence.

- 6 months of less
- more than 6 months
- up to 2 years but less than 2 years
- 2-5 years
- 6-10 years
- 11-20 years
- more than 20 years
- DON'T KNOW
- REFUSED

Source: Robinson JP, Lucas JA, Castle NG, Lowe TJ, and Crystal S. (2004). Consumer satisfaction in nursing homes. *Res Aging* 26(4):454-480.

Purpose of tool: The purpose of this tool is to measure consumer satisfaction in nursing homes. This new tool can be used as a basis for more studies of measurement. A sample of tools was selected from research databases, the Internet, and experts. Open-ended personal interviews were conducted with nursing home residents to further determine domains of interest. Domains from the tools were analyzed using content analysis and those from the personal interviews using qualitative analysis. The broad domains identified as essential are activities, care and services, caregivers, environment, meals, and well-being. (Tool developed is presented below, using subsets of these broader domains, and is untested).

Data collection: Tools were selected from database and Internet searches. There were 121 articles and 47 Web sites identified. Seventy-eight articles were obtained, from which 11 tools were selected. Five non-published tools were also included in the sample, for a total of 16 tools. Fifteen respondents were selected in three nursing homes in New Jersey for the open-ended interviews.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Responses are based on a 5-point Likert-type scale, ranging from 1 = very dissatisfied to 5 = very satisfied. Questions listed below are prefaced with "How satisfied are you..."

Subscale: Personal and Health Care

1. With the amount of personal help you receive?
2. That you will get help when you need it?
3. With the amount of help you get with your medications (such as ordering and bringing them to you)?
4. With the availability of nursing care, should you need it?
5. With the facility arrangements for medical appointments, should you need them?
6. With the help available here in a medical emergency?
7. With the quality of care provided?
8. With the personal and health care overall?

Subscale: Independence

1. With the amount of freedom you have to furnish your room or apartment?
2. That you have the freedom to be as independent as you can be (for example, self care and activities)?
3. With the privacy you have in your room or apartment?
4. With your level of independence, overall?

Subscale: Management

1. That the management is approachable?
2. That the management provides a way for you to be involved in decisions (for example, resident meetings, resident council)?
3. That more care will be available at this facility should you need it in the future?
4. With how management responds to requests or concerns?
5. With the management of the facility, overall?

Subscale: Activities

1. With the entertainment provided (such as, music, discussions, or movies)?
2. With the outings provided (such as shopping, movies, restaurants, or day trips)?
3. With the religious services or clergy visits provided?
4. That there are enough stimulating activities to keep your mind and body active?
5. With the activities, overall?

Subscale: Staff

1. With the amount of dignity and respect that the staff generally gives you?
2. With the helpfulness of the staff?
3. With dining room staff service?
4. That there is enough staff to meet your needs including weekends?
5. With your relationships with staff members?
6. With the staff, overall?

Subscale: Meals

1. With the amount of food you get?
2. With the food choices available at each meal?
3. With the quality of the food (that is attractive, appetizing, and nutritious)?
4. With the diversity of menu selections throughout the week?
5. With the opportunities to socialize with other residents in the dining room?
6. With meals, overall?

Subscale: Physical Environment

1. With the cleanliness of the facility?
2. With how comfortable this facility is?
3. With the size of your room or apartment?
4. With the outdoor areas (for sitting, gardening, walking)?
5. With the places to sit and socialize with others?
6. With the building security here?
7. With the emergency systems available (for example, personal alarms, fire alarms, or staff checking on how you are doing)?
8. With the physical environment, overall?

Subscale: Extra Services

1. With the hairdressing or barber services?
2. With the housekeeping services provided (such as, changing the bed linens, cleaning, and vacuuming)?
3. With the laundry services?
4. With the transportation provided for medical appointments?
5. That transportation services provided meet your needs?
6. With the extra services, overall?

Subscale: Overall Satisfaction

1. That you are getting good value for the money?
2. That your needs are being met?

Source: Tornatore JB, and Grant LA. (2004). Family caregiver satisfaction with the nursing home after placement of a relative with dementia. *J Gerontol* 59B(2):S80-S88.

Purpose of tool: The questionnaire is intended to measure the degree of family caregivers' satisfaction with nursing home care provided to a relative with dementia. Caregiver dissatisfaction has been reported to be associated with problems in family and staff interactions. The questionnaire was designed to help determine what factors contribute to positive family satisfaction and therefore to effective nursing home performance improvement. The questionnaire also measured caregiver involvement with the nursing home, caregiver involvement with hands-on care of the patient in the nursing home, and caregiver expectations of the nursing home before their relative came there. The article did not provide the questionnaire in its entirety; for some domains, only an example of an item was listed.

Data collection: Data for the study were collected as part of a larger study of Minnesota nursing homes. The sample consisted of 100 nursing units in 38 nursing homes. Nursing units were stratified to represent a variety of approaches for the care of dementia. Units ranged from those without any special dementia-oriented features to units geared specifically for the care of patients with dementia. A random sample of residents with dementia was drawn from each type of nursing unit. The most involved family member for each resident was interviewed by telephone. The final sample consisted of 285 of the most involved caregivers. Legal guardians with minimal involvement were excluded from the sample, as were caregivers for whom data were incomplete.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Response options for the satisfaction questions were not given, but they were a four-point Likert-type scale measuring "contentment" with the care the relative received in the nursing facility. Response options for the involvement scales were 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = frequently. The response options for measures of family caregiver expectations were five-point Likert scales ranging from 1 = not at all to 5 = a great deal.

Subscale: Satisfaction

1. If my relative needs help at the nursing home, I feel he or she can get it quickly.
2. The nursing home staff are as thorough as they should be.
3. The nursing home staff are trying to help my relative function to the best of his or her ability.
4. I would highly recommend this nursing home for someone like my relative.
5. Taking into account my relative's current level of function, I would rather he or she be at the nursing home than any place else.
6. My relative has plenty of opportunities to make new friends at the nursing home.
7. I feel like my relative's belongings are safe in the nursing home.
8. If my relative left the nursing home, I would really miss interacting with the staff.
9. I am content with the nursing care being given to my relative.
10. I am content with the medical care being given to my relative.

Subscale: Involvement in the Nursing Home

1. How often in the past month have you engaged in participating in a care plan meeting with staff members?

Subscale: Involvement in Hands-on Care of Patient

1. How often in the past month have you engaged in directly providing care for your relative by assisting with feeding, clothing, toileting, and bathing?
2. How often have you discussed the care of your relative with a staff member of the home?

Subscale: Expectations (of family caregivers)

1. Did you believe or understand that the unit would be a soothing and calming place for your relative to be?
2. Did you believe or understand that this would be a place where your relative would be accepted regardless of his or her behavior?

Source: Anderson L, Connolly B, Pratt M, and Shapiro R. (2003). MDS 3.0 Development Process: Presentation. Department of Health and Human Services, Centers for Medicare & Medicaid Services. MDS 3.0 Update (April 2005). Available at: <https://www.cms.hhs.gov/NursingHomeQualityInits/downloads/MDS30Draft.pdf>. Accessed December 5, 2006.

Purpose of tool: The purpose of this tool is to measure quality of life in order to improve choices for nursing home residents and to solicit resident voices in direct responses. In a 1998-2003 contract with the University of Minnesota, CMS called for the addition to the MDS 3 quality of life section. A 14-item scale with subscales was developed from 54 items. The scale presented below is from a draft version of MDS 3.0 dated April 2, 2003. The field testing of MDS 3.0 was scheduled for Summer 2006.

Data collection: The quality of life items were developed and tested in 100 nursing homes in six States. The data came from interviews with patients, and only comatose patients were excluded based on the MDS—all others were approached for an interview. Residents unable to sustain simple conversation or unable to answer four of the first six questions were excluded. Testing showed that approximately 60% of residents were able to respond. The scales presented below include both the resident self-reported items and provider-reported portion of the quality of life section.

Scale structure: Cronbach's alphas for the scales ranged from .64-.82. Confirmatory factor analysis identified 10 domains.

Reliability: No reliability measures given.

Validity: Measures of concurrent validity showed a high correlation with satisfaction, emotional well-being, and being housed in a private room.

Response options: Questions are answered on a dichotomous "yes/no" scale.

Section F. Quality of Life

F1. Self-Report of Quality of Life

- a. Can you find a place to be alone when you wish?
- b. Can you make a private phone call?
- c. When you have a visitor, can you find a place to visit in private?
- d. Can you be together in private with another resident (other than your roommate)?
- e. Do you participate in religious activities here?
- f. Do the religious observances here have personal meaning for you?
- g. Do you enjoy the organized activities here at the nursing home?
- h. Outside of religious activities, do you have enjoyable things to do at the nursing home during the weekends?
- i. Do you like the food here?
- j. Do you enjoy mealtimes here?
- k. Can you get your favorite foods here?
- l. Do you feel that your possessions are safe at this nursing home?
- m. Do your clothes get lost or damaged in the laundry?
- n. Do you feel safe and secure?

F2. Relationships

- a. Covert/open conflict with or repeated criticism of staff
- b. Unhappy with roommate
- c. Unhappy with residents other than roommate
- d. Openly expresses conflict/anger with family/friends
- e. Absence of personal contact with family/friends
- f. Recent loss of close family member/friend
- g. Regular visits or correspondence with family or friends

F3. Preferred Routine (Check all that apply).

Cycle of daily events

- a. Stays up late at night (e.g., after 9 p.m.)
- b. Naps regularly during the day (at least 1 hour)
- c. Goes out 1+ days a week
- d. Stays busy with hobbies, reading, or fixed daily routine
- e. Spends most of the time alone or watching TV
- f. Moves independently indoors (with appliances, if used)
- g. Use of tobacco products at least daily
- h. None of above

Eating Patterns

- i. Distinct food preferences
- j. Eats between meals all or most days
- k. Use of alcoholic beverage(s) at least weekly
- l. None of above

ADL Patterns

- m. In bedclothes much of day
- n. Wakens to toilet all or most nights
- o. Has irregular bowel movement pattern
- p. Showers for bathing
- q. Bathing in PM
- r. None of above

Involvement Patterns

- s. Daily contact with relatives/close friends
- t. Usually attends church, temple, synagogue, etc.
- u. Finds strength in faith
- v. Daily animal companionship
- w. Involved in group activities
- x. None of above
- y. Unknown

Source: Ejaz FK, Straker JK, Fox K, and Swami S. (2003b). Developing a satisfaction survey for families of Ohio's nursing home residents." *Gerontologist* 43(4):447-458.

Purpose of tool: The Ohio Nursing Home Family Survey was developed to measure family members' satisfaction with residents' care in nursing homes in response to an Ohio State law (Ohio HB 403). The first stage of the design was based on literature searches. Items were selected by an advisory council made up of those involved in nursing home matters. The surveys developed for residents and families were highly similar, with only a few divergent items. Domains measured in the survey include social services and communication, direct care and nurse aides, administration and professional nurses, homelike and spiritual environment, meals, activities, admission, noise, therapy, laundry, choice, and general satisfaction. The family survey is reported below.

Data collection: All nursing homes in one large county in Ohio were eligible for selection. Homes were stratified on ownership and size. Then homes were randomly selected. However, homes were deliberately selected that were nonprofit with high minority populations; 37 homes were selected, but only 23 were contacted. Of these, 11 initially accepted to participate; one site was added later. Family respondents were selected at random from the sites, with an attempt to select equal numbers from facilities. Data were collected through both mail and face-to-face contact. A total of 239 family respondents participated for a response rate of 59%.

Scale structure: Loadings for the subscales range between .38 to .80. General satisfaction was not analyzed as a factor, nor were scales with only two measures.

Reliability: Cronbach's alpha for the 12 subscales ranged between .66 and .91. Test-retest reliability for the 12 subscales ranged between .49 and .88.

Validity: No validity measures given

Response options: Response categories differed on the two surveys, with residents given only a yes/no option, while family members could select from "yes definitely," "yes I think so," "no definitely not," "no I don't think so," and "don't know –not familiar with service."

	Loadings
Subscale: Social Services and Communication	
1. Does the social worker follow up and respond quickly to your concerns?	.71
2. Does the social worker treat you with respect?	.74
3. Does the social worker treat the resident with respect?	.72
4. Overall, are you satisfied with the quality of the social workers in the facility?	.75
5. Are the telephone calls processed in an efficient manner?	.44
6. Is the receptionist helpful and polite?	.49

Cronbach's alpha = .89, Test-retest reliability= .76

Subscale: Direct Care and Nurse Aides

1. Does a staff person check with you to see if the resident is comfortable (needs a drink, a blanket, a change in position)?	.54
2. During the week, is a staff person available to help the resident <i>if</i> he/she needs it (help getting dressed, help getting things)?	.54
3. During the weekends, is a staff person available to help the resident <i>if</i> he/she needs it (help getting dressed, help getting things)?	.48
4. During the evening and night, is a staff person available to help the resident <i>if</i> he/she need(s) it (get a blanket, get a drink, needs a change in position)?	NA ⁷
5. Does the resident look well-groomed and cared for?	.41
6. Are the nurse aides gentle when they take care of the resident?	.60
7. Do the nurse aides treat the resident with respect?	.66
8. Do the nurse aides care about the resident as a person?	.65
9. Overall, are you satisfied with the nurse aides who care for the resident?	.63

Cronbach's alpha = .89, Test-retest reliability= .86

Subscale: Administration and Professional Nurses

1. Is the administration available to talk with you?	.64
2. Does the administration treat you with respect?	.70
3. Does the administration treat the resident with respect?	.62
4. Does the administrator care about the resident as a person?	.55
5. Overall, are you satisfied with the administration here?	.55
6. Do the RNs and LPNs respond promptly to your request?	.38
7. Overall, are you satisfied with the quality of RNs and LPNs in the facility?	.47

Cronbach's alpha = .87, Test-retest reliability= .64

Subscale: Homelike and Spiritual Environment

1. Do you think the facility should be cleaner?	.45
2. Does the facility seem homelike?	.40
3. Are the resident's belongings safe?	.54
4. Can you find places to talk with the resident in private?	.64
5. Are you satisfied with the resident's room?	.71
6. Are you satisfied with the safety and security of this facility?	.56
7. Are there enough comfortable places for residents to sit outdoors?	.62

Cronbach's alpha = .85, Test-retest reliability= .81

Subscale: Meals and Dining

1. Does the resident think that the food is tasty?	.77
2. Are foods served at the right temperature (cold foods cold, hot foods hot)?	.62
3. Can the resident get foods he/she likes?	.61
4. Are there times when the resident doesn't get enough to eat?	.45
5. Overall, are you satisfied with the food in the facility?	.70

Cronbach's alpha = .81, Test-retest reliability= .88

⁷ NA = Not available

Subscale: Activities

- | | |
|---|-----|
| 1. Does the resident have enough to do in the facility? | .71 |
| 2. Are the facility's activities things that the resident likes to do? | .53 |
| 3. Do the activities staff treat the resident with respect? | .50 |
| 4. Do the activities staff care about the resident as a person? | .56 |
| 5. Is the resident satisfied with the spiritual activities in the facility? | .43 |
| 6. Overall, are you satisfied with the activities in the facility? | .72 |

Cronbach's alpha = .77, Test-retest reliability= .75

Subscale: Admission

- | | |
|--|-----|
| 1. Did the staff provide you with <u>adequate</u> information about the different services in the facility? | .59 |
| 2. Did the staff give you <u>clear</u> information about the daily rate? | .79 |
| 3. Did the staff provide you with <u>adequate</u> information about any additional charges? | .73 |
| 4. Did the staff <u>adequately</u> address your questions about how to pay for care (private pay, Medicare, Medicaid)? | .69 |
| 5. Overall, were you satisfied with the <u>admission process</u> ? | .54 |

Cronbach's alpha = .78, Test-retest reliability= .83

Subscale: Noise

- | | |
|--|-----|
| 1. Does the noise in the resident's room bother you? | .80 |
| 2. Does the noise in the public areas bother you? | .77 |
| 3. Are there times when the other residents get you upset? | .69 |

Cronbach's alpha = .76, Test-retest reliability= .81

Subscale: Choice

- | | |
|---|-----|
| 1. Can the resident go to bed when he/she likes? | .51 |
| 2. Can the resident choose the clothes that he/she wears? | .59 |
| 3. Can the resident bring in belongings that make his/her room feel homelike? | .39 |
| 4. Do the staff leave the resident alone if he/she doesn't want to do anything? | .63 |
| 5. Does the resident have the opportunity to do as much as he/she would like to do for himself/herself? | .62 |

Cronbach's alpha = .66, Test-retest reliability= .74

Subscale: General Satisfaction

- | | |
|---|----|
| 1. Are there times when the staff gets you upset? | NA |
| 2. Are you satisfied with the medical care in the facility? | NA |
| 3. Do you get adequate information from the staff about the resident's medical condition? | NA |
| 4. Would you recommend this facility to a family member or friend? | NA |
| 5. Overall, are you satisfied with the quality of care the resident gets in the facility? | NA |

Cronbach's alpha = .81, Test-retest reliability= .86

Subscale: Therapy

- | | |
|---|----|
| 1. Does the physical and/or occupational therapist spend enough time with the resident? | NA |
| 2. Overall, are you satisfied with the care provided by the therapists in the facility? | NA |

Cronbach's alpha = .91, Test-retest reliability= .49

Subscale: Laundry

- | | |
|--|----|
| 1. Do the resident's clothes get lost in the laundry? | NA |
| 2. Do the resident's clothes get damaged in the laundry? | NA |

Cronbach's alpha = .76, Test-retest reliability= .79

Source: Kane RA, Kling KC, Bershadsky B, Kane RL, Giles K, Degenholtz HB, Liu J, and Cutler LJ. (2003). Quality of life measures for nursing home residents. *J Gerontology* 58A(3):240-248.

Kane RA. Quality of Life in Nursing Homes. Final Report - July 2003 (Measures, Indicators, and Improvement of Quality of Life in Nursing Homes). Submitted to Centers for Medicare & Medicaid Services.

Purpose of tool: Quality of life (QOL) measures are incomplete in nursing facilities, where residents are long-term residents. The tool was designed to capture QOL, as contracted by CMS, as an addition to the Minimum Data Set (MDS). QOL in nursing facilities could be captured through a number of observers; however, the authors determine the “gold-standard” is from the resident themselves. Eleven domains were selected as important for measuring QOL through literature searches, expert opinion, focus groups, and discussion with stakeholders. The domains selected are comfort, functional competence, autonomy, dignity, privacy, individuality, meaningful activity, relationships, enjoyment, security, and spiritual well-being. There were 88 items developed and/or selected to capture the domains. Data were analyzed, and a more parsimonious version was attained (shown below), which dropped a number of items as well as the individuality domain ($\alpha = .56$).

Data collection: Nursing facilities were randomly selected in catchments from five States (California, Florida, Minnesota, New Jersey, New York). The facilities were stratified by size and urban-rural location. Facilities with fewer than 50 beds were excluded. In all, 40 facilities were selected, and within them up to five units were selected. Facilities with more than six units had Special Care Alzheimer’s units or Medicare units selected with certainty. Residents under 65 were excluded. Residents’ cognitive capability was determined using Lawton’s cognitive function. The residents were selected to obtain near equal numbers of those between 0-2 (no to low cognitive impairment) and 3-5 (medium to high) on Lawton’s function. Residents who were unresponsive or comatose were dropped. A total of 2,000 residents were selected, 50 per facility, of whom 179 had to be dropped for various reasons. However, the n for each scale varies from 766 (autonomy) to 1,081 (enjoyment) because of cognitive problems and break-offs.

Scale structure: Loadings for the 10 subscales for retained items range from .35 to .80. General satisfaction was not analyzed as a factor and had only two measures.

Reliability: Cronbach’s alpha for the 10 subscales ranged between .53 and .77.

Validity: Criterion validity was measured by correlations of the domains with scales; the questionnaire also asked about emotional well-being and overall satisfaction. The 10 remaining domains used had correlations with emotional well-being ranged between .24 (privacy) and .42 (security) (all significantly different from zero). Correlations with the overall satisfaction scale ranged from .25 (autonomy) to .45 (security).

Response options: Respondents were requested to use a 4-point Likert scale to respond (often, sometimes, rarely, never) However, those who had difficulty answering in this format (after several attempts to obtain an answer in this way), were asked to answer “mostly yes” or “mostly no.”

Loadings**Subscale: Comfort**

1. Too cold	.35
2. So long in same position it hurts	.54
3. In physical pain	.52
4. Bothered by noise in own room	.51
5. Bothered by noise elsewhere in nursing home	.49
6. Get a good night's sleep	.50

Cronbach's alpha = .62

Subscale: Security

1. Possessions are safe	.46
2. Clothes lost or damaged in laundry	.39
3. Confident can get help when needed	.80
4. Can get doctor or nurse quickly	.69
5. Afraid because of how you or others are treated	.47

Cronbach's alpha = .65

Subscale: Meaningful Activity

1. Get outdoors as much as you want	.42
2. How often you get outdoors	.44
3. Enjoyable things to do at the nursing home on weekends	.58
4. Enjoys organized activities at nursing home	.55
5. Gives help to others	.38

Cronbach's alpha = .53

Subscale: Relationships

1. Easy to make friends at nursing home	.63
2. Considers any resident to be close friend	.38
3. Staff stop just to have friendly conversation	.56
4. Consider one or more staff to be a friend	.57
5. Nursing home makes it easy for family and friends to visit	.58

Cronbach's alpha = .64

Subscale: Functional Competence

1. Easy to get around room by self	.67
2. Easily can reach things you need	.69
3. Can get to bathroom quickly anywhere in nursing home	.58
4. Can easily reach toilet articles	.75
5. Take care of things and room as much as wanted	.60

Cronbach's alpha = .77

Subscale: Enjoyment

- | | |
|------------------------------------|-----|
| 1. Like the food here | .77 |
| 2. Enjoy mealtimes at nursing home | .75 |
| 3. Get favorite foods here | .59 |

Cronbach's alpha = .71

Subscale: Privacy

- | | |
|---|-----|
| 1. Can be alone when want to | .62 |
| 2. Can make a private phone call | .48 |
| 3. Can visit with someone in private | .74 |
| 4. Can be together with other resident in private | .73 |
| 5. Staff knock and wait before entering | .44 |

Cronbach's alpha = .70

Subscale: Dignity

- | | |
|--------------------------------------|-----|
| 1. Staff treats you politely | .69 |
| 2. Staff treats you with respect | .73 |
| 3. Staff handles you gently | .70 |
| 4. Staff respects your modesty | .60 |
| 5. Staff takes time to listen to you | .57 |

Cronbach's alpha = .76

Subscale: Autonomy

- | | |
|---|-----|
| 1. Go to bed at the time you want | .55 |
| 2. Get up in the morning when you want | .45 |
| 3. Can decide what clothes to wear | .46 |
| 4. Successful in making changes at nursing home | .47 |

Cronbach's alpha = .59

Subscale: Spiritual Well-Being

- | | |
|--|-----|
| 1. Participate in religious activities | .39 |
| 2. Religious observances have meaning | .41 |
| 3. Feel your life has meaning | .76 |
| 4. Feel at peace | .68 |

Cronbach's alpha = .64

Source: Casarett DJ, Hirschman KB, Miller ER, and Farrar JT. (2002). Is satisfaction with pain management a valid and reliable quality indicator for use in nursing homes? *J Am Geriatr Soc* 50(12):2029-2034.

Purpose of tool: The purpose of the study was to determine whether satisfaction with pain management can be reliably measured in the nursing home setting. Chronic pain is common in nursing home residents and can be responsible for decreases in quality of life and have an impact on activity, independence, and relationships. The study used the following measurements: overall satisfaction with pain management, satisfaction with pain medication, experiences related to pain management, cognitive function, depressive symptoms, and retest reliability of overall satisfaction rating. Items presented below include only overall satisfaction with pain management and satisfaction with medical therapy.

Data collection: Nursing home residents were sampled from two facilities: a 240-bed Veterans Affairs long-term care facility and a 120-bed facility affiliated with the University of Pennsylvania. Sixty-six of the 230 eligible residents of sufficient cognitive capacity agreed to participate in the study. The survey was administered using in-person interviews.

Scale structure: No factor analysis reported.

Reliability: Repeat ratings of overall satisfaction showed moderate agreement ($\kappa = 0.62$; $p < .001$) indicating good retest reliability.

Validity: No validity measures given.

Response options: A 6-point scale (“very dissatisfied” to “very satisfied”) was used for satisfaction items. For individual treatment items, respondents rated frequency of positive and negative experiences (“not at all” to “all of the time”), also a 6-point scale.

Ratings of Overall Satisfaction and Satisfaction with Medical Therapy

1. Overall satisfaction with pain management
2. Satisfaction with medication

Frequency of desirable outcomes (0 = never; 5 = all the time)

3. Staff make an effort to treat pain
4. Staff ask about pain

Frequency of desirable outcomes from medication (0 = never; 5 = all the time)

5. Reduces pain to comfortable level
6. Allows increased activity
7. Relieves pain quickly
8. Improves ability to walk
9. Allows resident to enjoy life more
10. Improves sleep
11. Improves mood

Frequency of undesirable outcomes from medication (0 = never; 5 = all the time)

12. Drowsiness
13. Difficulty concentrating
14. Dry mouth
15. Nausea
16. Constipation

Correlates of Overall Satisfaction and Satisfaction with Medication

Correlation w/ overall Satisfaction

Characteristics associated with overall satisfaction

1. Current pain	-0.28*
2. Pain in past week	-0.27*
3. Staff efforts to assess pain	0.25
4. Staff efforts to treat pain	0.51*
5. Satisfaction with medication	0.73*
6. Geriatric Depression Scale score	-0.50*

Characteristics associated with residents' satisfaction with medication

7. Reduces pain to comfortable level	0.57*
8. Allows increased activity	0.36*
9. Relieves pain quickly	0.66*
10. Improves ability to walk	<0.01
11. Allows resident to enjoy life more	0.37*
12. Improves sleep	0.44*
13. Improves mood	0.46*

Perceived frequency of undesirable outcomes

14. Confusion	-0.04
15. Drowsiness	-0.09
16. Difficulty concentrating	-0.33*
17. Dry mouth	-0.003
18. Nausea	-0.15
19. Constipation	-0.13

* P<0.05

Source: Chou SC, Boldy DP, and Lee AH. (2002) Resident satisfaction and its components in residential aged care. *Gerontologist* 42(2):188-198.

Purpose of tool: The Resident Satisfaction Questionnaire (RSQ) was adapted to measure satisfaction of residents in aged care. The RSQ survey consisted of 24 items measuring 6 domains: room, home, social interaction, meal service, staff care, and resident involvement.

Data collection: Residents were selected from 70 aged care facilities in Western Australia (30 nursing homes and 40 hostels). The survey was a mailed self-administered questionnaire. Of the mailed surveys, 1,146 were completed and returned, for an 83.2% response rate. Further details on administration are found in Chou et al. (2001).⁸

Scale structure: Loadings on the six subscales for retained items range from .57 to .94. General satisfaction was not analyzed as a factor, nor were scales with only two measures.

Reliability: Cronbach's alpha for the six subscales ranged between .86 and .93.

Validity: No validity measures given

Response options: Respondents were given response options on either a 3-point scale (1=no, 2= depends, 3 = yes) or 4-point scale (1=poor, 2= fair, 3= good, and 4 = excellent).

	Loadings
Subscale: Room	
How would you rate the following:	
1. The size of your room	.88
2. The amount of storage space	.74
3. The bathroom	.79
4. How would you rate your room/unit overall?	.91

Cronbach's alpha = .91

Subscale: Home	
Thinking about your home as a whole, how would you rate the following:	
1. Its design, for being able to get around easily	.80
2. The lounge area	.90
3. The dining room	.87
4. The outside areas	.72

Cronbach's alpha = .91

Subscale: Social Interaction	
Thinking about how you spend your time at home:	
1. Is there enough for you to do?	.64
2. As far as having things to do, how would you rate the home?	.89
3. Overall, how would you rate the social life in the home?	.87
4. As far as being able to keep in touch with life outside, how would you rate the home?	.75

Cronbach's alpha = .90

⁸ Chou SC, Boldy DP, and Lee AH. (2001). Measuring resident satisfaction in residential aged care. *Gerontologist* 41(5):623-631.

Subscale: Meal Service

How would you rate the following:

- | | |
|------------------------|-----|
| 1. Variety of food | .88 |
| 2. Amount of food | .87 |
| 3. Temperature of food | .83 |
| 4. Meal times | .77 |

Cronbach's alpha = .91

Subscale: Staff Care

Thinking about the staff now, how would you rate:

- | | |
|---|-----|
| 1. Their attitude toward you? | .66 |
| 2. Their respect for your privacy? | .94 |
| 3. The promptness with which they respond to your calls for help? | .80 |
| 4. How would you rate the help you received from the time you moved in? | .66 |

Cronbach's alpha = .93

Subscale: Resident Involvement

- | | |
|---|-----|
| 1. Does the home keep you informed enough about things that may affect you (e.g., staff changes, changes to services)? | .84 |
| 2. Do you think the residents have enough opportunities to put their views to the management (e.g., via resident meetings)? | .85 |
| 3. Would you feel comfortable about approaching staff yourself to discuss a concern you had about the home? | .58 |
| 4. Do staff ever approach you to ask if you have any concerns you'd like to discuss? | .57 |

Cronbach's alpha = .86

Source: Levy-Storms L, Schnelle JF, and Simmons SF. (2002). A comparison of methods to assess nursing home residents' unmet needs. *Gerontologist* 42(4):454-461.

Purpose of tool: The purpose of this tool was to compare open-ended questions that asked what nursing home residents wanted changed about ADL care compared to (a) direct questions about residents' satisfaction with the frequency or occurrence of ADL care and (b) discrepancy measures based on a comparison of residents' preferences about the frequency or occurrence of ADL care to their perceptions of the care delivered.

Data collection: The target population comprised 111 residents on three floors of a nonprofit skilled nursing facility. To be eligible for the interview, all participants had to pass a simple cognitive screen. The tool had separate interview protocols relevant to assistance in each of seven ADL care domains: walking, mealtime, dressing, showering, getting in and out of bed, toileting, and pad changes. For each domain only those residents who needed assistance in that domain were interviewed. Most residents participated in interviews between about four and seven domains in order to limit the burden on the respondent and interviewer.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: For all domains, direct satisfaction responses were yes/no. Discrepancy measures and open ended questions varied by domain. Open-ended answers and volunteered comments were independently coded by two raters.

Subscale: Toileting

Direct Satisfaction

1. Overall, are you satisfied with how often you get help to use the toilet, bedpan, or urinal?

Discrepancy

2. How many times during the day does someone on the staff help you to use the toilet, bedpan, or urinal?
3. How often would you like to be helped to use the toilet, bedpan, or urinal?

Open-ended question

4. If you could change something about the toileting schedule and/or the way the staff help you to use the toilet/bedpan/urinal, what would it be?

Subscale: Walking

Direct Satisfaction

1. Overall, are you satisfied with how often someone helps you to walk?

Discrepancy

2. How many times during the day does someone on the staff help you to walk?
3. How many times would you like to walk each day?

Open-ended question

4. If you could change something about the walking schedule and/or the way staff help you walk, what would it be?

Subscale: Pad Changes

Direct Satisfaction

1. Overall, are you satisfied with how often your pad is changed?

Discrepancy

2. How many times during the day does someone on the staff (the people who work here) change your pad?
3. How many times during the day would you like for your pad to be changed?

Open-ended question

4. If you could change something about the pad changing schedule and/or the way staff changes your pad, what would it be?

Subscale: Dressing

Direct Satisfaction

1. Overall, are you satisfied with the help you receive to get dressed or get ready for the day?

Discrepancy

2. Do you need help getting dressed or changing clothes?
3. Does someone on the staff help you get dressed or change?

Open-ended question

4. If you could change something about the way staff help you to get ready and/or the things they do for you, what would it be?

Subscale: Bathing/Showering

Direct Satisfaction

1. Overall, are you satisfied with how often you receive a shower or bath?

Discrepancy

2. How often do you have a shower or bath?
3. How often would you like to have a shower or bath?

Open-ended question

4. If you could change something about your shower or bath schedule and/or the way staff help you to take a shower or bath, what would it be?

Subscale: Mealtime or Feeding Assistance

Direct Satisfaction

1. Overall, are you satisfied with how much someone helps you with your food or during meals?

Discrepancy

2. Would you like someone to help you with your food more or less often (than they do now)?

Open-ended question

3. If you could change something about the way staff help you with your food, what would it be?

Subscale: In or Out of Bed

Direct Satisfaction

1. Overall, are you satisfied with when you [get out of bed in the morning or go back to bed at night]?

Discrepancy

2. About what time do you get out of bed in the morning or go back to bed at night?
3. About what time would you like to get out of bed in the morning or go back to bed at night?

Open-ended question

4. If you could change something about your bedtime schedule and/or the way staff help you in and out of bed, what would it be?

Source: Moxey ED, O'Connor JP, White E, Turk B, and Nash DB. (2002). Developing a quality measurement tool and reporting format for long-term care. *Jt Comm J Qual Improv* 28(4):180-196.

Purpose of tool: The tool was developed to be an annual multidimensional, operational measure to measure and improve quality within the system's network of nursing homes. The authors utilized an expert panel and a review of long-term care literature to identify domains of quality, select and adapt validated instruments for measurement within each domain, pilot test a data collection process, and develop an operational quality report for long-term care facilities. After using the literature to create a list of domains, the expert panel agreed to the following four domains for measurement: organizational, clinical, environmental, and social. For the purposes of this scan, the environmental and social domains are most relevant, and their content is listed below. The Environmental domain was measured using the Multiphasic Environmental Assessment Procedure (MEAP), the instrument deemed through the literature review to be used most frequently for environmental assessments.

Data collection: For the pilot study, on-site visits were made to facilities to conduct face-to-face interviews in the residents' rooms. Residents interviewed had little or no cognitive impairment.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items and domains for response options.

Subscale: Environment

1. Physical attractiveness: Ratings of facility grounds and buildings as well as of noise level, odors, illumination, cleanliness, and conditions of facility (9 items)
2. Environmental diversity: Reflects the extent to which the physical environment provides stimulation and variety; includes ratings of window areas, views from windows, variation and personalization of residents' rooms, and distinctiveness of living spaces (5 items)
3. Resident functioning: Summarized evaluations of residents' appearance, activity level, and interaction (5 items)
4. Staff functioning: Reflects the quality of interactions between staff and residents, the organization of the facility, and the amount of conflict among staff members (5 items)

Subscale: Social

Resident Satisfaction

Response options: Yes, No, Not Sure

1. Do you think the food is good here?
2. Do you think your room and the other rooms in the building are clean?
3. Do you have what you want in your room?
4. Do you see a doctor as often as you would like?
5. Do you think that the nursing staff gives you good care?
6. Do you choose what time you go to bed at night?
7. Is the noise level here acceptable to you?
8. When you need help does someone come quickly?
9. Do you have enough privacy here?
10. Do you think this is a cheerful place?

11. Do you choose what clothes you wear each day?
12. When you have a complaint is something done about it?
13. Do you think life is boring here?
14. Do you feel like your personal belongings are safe here?
15. Does most of the nursing staff show a personal interest in you?
16. Is your life better than you expected it to be when you first came?
17. All things considered, are you satisfied with your life here?

Resident/Family Support Services

1. Family satisfaction survey (Yes/No, how often is survey done)
2. Family Council (Yes/No, how often it meets)
3. Ethics Committee (Yes/No, how often it meets)
4. Resident Council (Yes/No)
5. Residents with advance directives (percentage)

Staff Satisfaction

1. Annual turnover rate
2. Staff satisfaction survey (Yes/No, how often survey is done)
3. Volunteers per resident (ratio)
4. Staff orientation (length)
5. On-going training (areas training is provided in, i.e., infection control, safety, protocols)

Activities Inside the Facility

Response Options: Less than once/quarter; Once per quarter; 1-2 times per month; Once per week

1. Exercises or other physical fitness activity
2. Outside entertainment
3. Discussion groups
4. Reality orientation group
5. Self-help or mutual support group
6. Films or movies
7. Club, social group, drama, or singing group
8. Classes or lectures
9. Bingo, cards, or other games
10. Parties
11. Religious services
12. Social hour
13. Arts and crafts

Activities Outside the Facility

Response options: Less than once/quarter; Once per quarter; 1-2 times per month; Once per week

1. Visit friends or relatives
2. Go on a ride or tour
3. Go to a ball game or other sports event
4. Go on a picnic
5. Attend religious services
6. Go shopping
7. Eat in a restaurant
8. Attend a concert or play
9. Go to a movie
10. Go to a party
11. Engage in volunteer or paid work
12. Go on an overnight trip

Source: Rantz M, Jensdottir AB, Hjaltadottir I, Gudmundsdottir H, Gudjonsdottir JS, Brunton B, and Rook M. (2002). International field test results of the Observable Indicators of Nursing Home Care Quality instrument. *Int Nurs Rev* 49:234-242.

Purpose of tool: The Observable Indicators of Nursing Home Care Quality instrument was developed to measure the dimensions of nursing home quality during a brief on-site visit to a nursing home. Thus far instruments that accurately and reliably measure the quality of care in nursing homes have been labor-intensive and time-intensive; consequently they are cumbersome to implement. The Observable Indicators of Nursing Home Care Quality instrument was designed as a broad measure of nursing home care quality to be used and scored after walking through an entire facility.

Data collection: Data collection for this international study comprised three samples, Iceland (Reykjavik), Canada (Ontario), and the United States (Missouri). The Iceland sample included 12 nursing homes in the Reykjavik area; the Canada sample was a very large Veterans home in Ontario; in Missouri, 20 nursing homes participated in the study.

Scale structure: No factor analysis reported.

Reliability: Test-retest and inter-rated reliability using Spearman ranked-based correlations were calculated for each sample, as well as internal consistency.

Test-retest reliability for the entire scale was .90 (Iceland), .36 (Canada), and .80 Missouri. Inter-rater reliability for the entire scale was .92 (Iceland), .83 (Canada), and .85 Missouri. Coefficient alpha for the entire scale was .80 (Iceland), .94 (Canada), and .94 Missouri.

Validity: Four content raters were selected in each country, and an index of content validity was calculated: Iceland = .96 and Canada = .91. In the Missouri sample, weighted Kappa coefficients revealed that 91% of the items attained fair, moderate, or substantial agreement between raters, based on Landis and Koch (1997)⁹ strength of agreement criteria. Seven percent of the items achieved slight agreement and 2% achieved almost perfect agreement.

Response options: Response options were not reported.

Subscale: Communication (5-item subscale)

Note: The psychometric properties reported in this article are based on the Observable Indicators of Nursing Home Care Quality instrument version 5. Currently, there is a revised version of the instrument (version 10). Please see below for version 10 of the instrument.

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.44	.26	.78
Inter-rater reliability	.46	.27	.82
Coefficient alpha	.47	.94	.93

⁹ Landis JR, Koch GG. (1977). The measurement of observer agreement for categorical data. *Biometrics* 33:159-174.

Subscale: Care (9-item subscale)

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.63	.30	.67
Inter-rater reliability	.69	.71	.79
Coefficient alpha	.64	.82	.86

Subscale: Environment (16-item subscale)

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.90	.77	.74
Inter-rater reliability	.67	.82	.85
Coefficient alpha	.60	.85	.83

Subscale: Staff (6-item subscale)

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.30	.21	.62
Inter-rater reliability	.67	.74	.68
Coefficient alpha	.55	.87	.79

Subscale: Home/family (6-item subscale)

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.26	.71	.62
Inter-rater reliability	.73	.78	.73
Coefficient alpha	.62	.86	.85

Total scale (42-items)

	<u>Iceland</u>	<u>Canada</u>	<u>Missouri</u>
Test-retest reliability	.90	.36	.80
Inter-rater reliability	.92	.83	.85
Coefficient alpha	.80	.94	.94

1. Were the conversations between staff and residents friendly?
2. When staff talked to residents, did they call them by name?
3. Did residents and staff acknowledge each other and seem comfortable with each other (for example, smile, eye contact, touch, etc.)?
4. Did residents and staff interact with each other in positive ways (for example, conversation, humor, touch, eye contact, etc.)?
5. Did staff appear caring (compassionate, warm, kind)?
6. Did staff treat residents as individuals with dignity and respect?
7. Were registered nurses (RNs) visible? (Look at name badges of staff to identify RNs. May need to ask staff.)
8. Did registered nurses (RNs) seem to know the residents so that they are able to direct their care? (May need to ask staff)
9. Did staff help residents with food or fluids?
10. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?
11. Were staff helping some residents walk or move about the facility?
12. Did staff communicate with confused residents in positive ways (for example, talk, touch, sit with, etc.)?
13. Were residents dressed and clean?
14. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?

15. Were odors of urine or feces noticeable in the facility?
16. Were other unpleasant odors noticeable in the facility?
17. Were hallways and common areas uncluttered?
18. Were resident rooms, hallways, and common areas clean?
19. Were buildings, grounds, and furniture in good condition?
20. Were the hallways well lighted?
21. Were resident rooms well lighted?
22. Did confused residents have a safe place to wander indoors? (May need to ask staff.)
23. Did confused residents have a safe place to wander outdoors? (May need to ask staff.)
24. Did confused residents have access to outdoor space? (May need to ask staff.)
25. Did other residents have access to outdoor spaces? (May need to ask staff.)
26. Were residents' rooms personalized with furniture, pictures, and other things from their past?
27. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?
28. Were the pets and/or live plants in good condition?
29. Was there a home-like appearance about the facility?
30. Were visitors visible in the facility (family members, volunteers, community members, etc.)?

Source: Sloane PD, Mitchell CM, Weismann G, Zimmerman S, Foley KML, Lynn M, Calkins M, Lawton MP, Teresi J, Grant L, Lindeman D, and Montgomery R. (2002). The Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH): An observational instrument for assessing the physical environment of institutional settings for persons with dementia.” *J Gerontol* 57B(2 Suppl):S69-S78.

Purpose of tool: TESS-NH is a tool that can be used to describe the ability of the physical environment of a long-term care institutional setting to address the therapeutic goals of residents with dementia. The tool contains 84 discrete items and 1 global item covering 13 domains. These domains include: exit control, maintenance, cleanliness, safety, orientation/cueing, privacy, unit autonomy, outdoor access, lighting, noise, visual/tactile stimulation, space/seating, and familiarity/home likeness. Derived from the items recorded in the TESS-NH is the Special Care Unit Environmental Quality Scale (SCUEQS). The SCUEQS is operationalized to measure overall environmental quality equivalent to an overall global rating by an expert. It consists of 18 TESS-NH items. Scores could range between 0 and 41 on the SCUEQS (41 “better” environment).

Data collection: Data were collected for instrument development through teams from seven (of 10) National Institute of Aging funded special care units. They provided information on 204 special care units and 59 non-special care units from nursing home in 10 States. Data for this study were collected by two research assistants in 12 special care units (SCUs) concurrently, and revisited between 103 and 150 days later.

Scale structure: Two factors were retained, highest loading reported, and noted which factor it loaded on. Loadings range from .38 to .82 on factor 1, and .38 to .68 on factor 2.

Reliability: The test-retest reliability for the whole scale is .88, and the inter-rater reliability for the whole SCUEQS scale is .93.

Validity: Convergent validity was tested using the independently conducted Professional Environmental Assessment Protocol (PEAP). The SCUEQS was correlated with the global PEAP assessment, $r = .52$, $p < .01$, showing a moderately strong correlation. The correlation between the global PEAP scores and the TESS-NH global score was very strong at $r = .68$, $p < .01$. Criterion validity was also measured. The outcome of interest was with measures of resident agitation. The TESS (SCUEQS portion) correlated with measures, $r = -.34$, meaning that as environment was rated greater, agitation decreased.

Response options: For the TESS-NH, all items were categorical, except for the global items, which use a 10-point Likert scale (1=worst, 10=best). For SCUEQS, responses vary by domain. See individual domains for response options.

Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH)

Subscale: Unit Autonomy

Unit nursing station presence/type
Nursing station for paper work
Desk for paperwork
Combined work area for paperwork
Enclosed workroom, not in nursing station
Unit use a pathway between other units
Residents eat on/off unit
Formal activities on/off unit
Residents bathe on/off unit

Subscale: Outdoor access

Enclosed courtyard
Attractiveness of courtyard
Courtyard is functional

Subscale: Privacy

Privacy curtain provides only separation between beds on semiprivate rooms

Subscale Safety/security/health Exit control

Doors to rest of facility disguised
Doors to outside disguised
Number of exits off of the units
Number of elevators off of the units
Doors are locked
Locking device triggered by approach
Lock disengaged by keypads/switch
Lock at night/during bad weather
Doors are alarmed
Alarm triggered by device worn by resident
Alarm disengaged using keypad, card or switch
Alarm sounds with all entries/exits

Subscale: Maintenance

Maintenance of social space
Maintenance of halls
Maintenance of resident rooms
Maintenance of resident bathroom

Subscale: Cleanliness

Cleanliness of social space
Cleanliness of halls
Cleanliness of resident rooms
Cleanliness of resident bathroom
Bodily excretion odor in public areas
Body excretion odor in resident rooms

Subscale: Safety

Floor surface in social space
Floor surface in halls
Floor surface in resident rooms
Floor surface in resident bathroom
Handrails in hallways
Handrails in bathroom

Subscale: Stimulation Lightning

Light intensity in hallways
Light intensity in activity areas
Light intensity in resident rooms
Glare in hallways
Glare in activity areas
Glare in resident rooms
Lighting evenness in hallways
Lighting evenness in activity areas
Lighting evenness in resident rooms

Subscale: Visual/ tactile stimulation rating

Bedroom with view of courtyard
Public areas with view of courtyard
Tactile stimulation opportunity
Visual stimulation opportunity

Subscale: Noise

Status of television in main activity area
Residents screaming/calling out
Staff screaming/calling out
TV/radio noise
Loud speaker/intercom noise
Alarm/call bell noise
Other machine noise

Subscale: Socialization Space/Seating

Percent of rooms with chair per person
Public room inventory
Path leads to dead ends
Path with places to sit
Configuration of rooms on unit

Subscale: Personalization/familiarity/homelikeness

Public areas homelike
Kitchen on unit
Pictures/mementos in resident rooms
Noninstitutional furniture in resident room
Resident appearance

Subscale: Global rating

Doors left open
Resident's name on/near door
Current picture of resident
Old picture of resident
Objects of personal significance
Room numbers
Color coding
Bathroom door left open; toilets visible from bed
Bathroom door closed; pictures of graphic
Activity area visible from 50% of resident room
Visual indicator of activity area visible from 50% of resident room
Direction identification sign visible from 50% of resident room

Subscale: Global rating

Subjective rating of overall environment

Special Care Unit Environmental Quality Scale (SCUEQS)

Loadings

Subscale: Maintenance

7. Rate the general maintenance of each of the following areas.
(2- well maintained, 1-in need of some repairs, 0-In need of extensive repairs)
- 7a. Maintenance of social spaces .80 (1)
- 7b. Maintenance of halls .78 (1)
- 7c. Maintenance of resident rooms .82 (1)
- 7d. Maintenance of resident bathrooms .80 (1)

Subscale: Cleanliness

8. Rate the general cleanliness of each of the following areas.
(2- very clean, 1-moderately clean, 0-poor level of cleanliness)
- 8a. Cleanliness of social spaces .55 (2)
- 8b. Cleanliness of halls .55 (1)
9. To what extent are odors of bodily excretions (urine and feces) present in public areas and in residents' bedrooms (2- rarely or not at all, 1-noticeable in some areas, 0-noticeable throughout much or all of the unit)
- 9a. Bodily excretion odor in public areas .41 (1)
- 9b. Bodily excretion odor in resident rooms .54 (1)

Subscale: Safety

10. Rate the floor surface of each of the following areas
(2-No slippery and/or uneven surfaces, 1-Mostly free of slippery and/or uneven surfaces, 0- Slippery and/or uneven surfaces)
- 10b. Floor surfaces in halls .54 (2)

Subscale: Stimulation Lighting

12. Rate the intensity (present during the time of rating) in hallways, activity areas, and resident rooms (2-Ample, 1-Good, 0-Barely Adequate/Inadequate)
- 12b. Light in activity areas .48 (2)
- 12c. Light in resident room .49 (2)

Subscale: Visual/Tactile Stimulation

25. Are opportunities for stimulation easily available for residents?
(3-Extensively, 2- Quite a bit, 1- Somewhat, 0- None)
- 25b. Visual stimulation opportunities .68 (2)

Subscale: Noise

31. During the observation interval, to what extent do you hear any of the following noises?
(2-Not at all, 1- Sometimes, 0- Constantly or high intensity)
- 31d. Loud Speaker/intercom noise .39 (2)

Subscale: Personalization/Familiarity/Home Likeness

19. To what extent do the public areas contain furniture, decorations, and other features that give them a homelike (residential as opposed to institutional) atmosphere? (3-Very homelike, 2-Moderately, 1-Somewhat, 0-Not homelike) .62 (2)
20. Is there a kitchen located on the unit available for activities and resident and/or family use? (2- Kitchen available, 1-selected appliances available, 0-No access) .38 (1)
21. To what extent are pictures and mementos present in residents' rooms? (3-75% or more of residents have at least 3 or more pictures/mementos in their rooms 2-50-74%, 1- 25-49%, Less than 25%) .53 (2)
23. To what extent does the appearance of residents in public areas reflect attention to individual identity and add to the physical environment of the unit? (2- Extensively: 75% or more residents well groomed, 1-Quite a bit: 25-75% 0- Little: 25% or less) .38 (2)

Subscale: Orientation/Cueing

28. Which of the following cues are available for the following areas?
28.1.c/d Current/old picture of resident on/near door? .38 (2)

Overall Inter-rater reliability (n=12) = .93 Overall Test-retest reliability (n=21) = .88

Source: Ryden MB, Gross CR, Savid K, Snyder M, Oh HL, Jang Y, Want J, and Krichbaum K. (2000). Development of a measure of resident satisfaction with the nursing home. *Res Nurs Health* 23:237-245.

Purpose of tool: The Satisfaction with the Nursing Home Instrument (SNHI) was developed and tested as part of a larger study, “Cost-Effective Quality: Improving Resident Outcomes.” The SNHI was developed specifically for use with long-stay nursing home residents to measure their satisfaction with their care due to the lack of satisfaction instruments with well-established reliability and validity for this consumer segment. The authors identified five of the seven dimensions used in the acute care satisfaction interview by the Picker/Commonwealth Program for Patient-Centered Care that were relevant to nursing home residents: respect for patients’ values, preferences and expressed needs; information; physical comfort; emotional support and alleviation of fear/anxiety; and involvement with family/friends. The authors added two additional dimensions: satisfaction with specific care providers and satisfaction with the environment, resulting in a seven-dimension structure for the SNHI. The scale presented below is the original version of the SNHI, with deleted items denoted by “^a.”

Data collection: Three proprietary metropolitan nursing homes in Minnesota participated in the study. The sample used to test the SNHI had 110 subjects. The survey format was in-person interviews taking 5-10 minutes each. The sample yielded 79 females and 31 males, ranging in age from 42-100 with a mean age of 81.6 years. Two-thirds of the sample had been admitted from a hospital or another nursing home. The survey was administered to the subjects 2 months following admission and again 6 months following admission. The results of this survey were compared to other scales, including the Geriatric Depression Scale (GDS), Philadelphia Geriatric Center Morale Scale (PGCMS), Agitation, Attitude Toward Own Aging (ATOA), Lonely Dissatisfaction (LD), and Mini Mental State Examination (MMSE).

Scale structure: No factor analysis reported.

Reliability: The alpha coefficient is 0.81 for the 29 item scale and could not be improved by deleting any remaining items.

Validity: The correlation between scores for overall PGCMS and SNHI was .20 ($p = .03$). One subscale of the PGCMS was significantly correlated with the SNHI: Lonely Dissatisfaction ($r = .25$, $p = .05$). Neither age nor MMSE scores were significantly related to either SNHI scores or quality of care scores. There was significant relationship between the SNHI scores and the global quality of care item ($r = .36$, $p < .001$). The significant relationships between the measures of satisfaction and the measures of affect (depression and morale) demonstrate the construct validity of this instrument.

Response options: A Yes/No format was used for responses.

Subscale: Respect for Resident’s Values and Preferences

1. Do staff talk to you to find out your values, preferences for care?
2. Do you have a say as to how you are cared for?
3. Do staff treat you with respect and dignity?
4. Do you have some choices as to what you eat?
5. Do you have some choices as to when you eat?^a
6. Can you choose when you get up?
7. Can you choose when to go to bed?
8. Do staff ever talk in front of you as though you weren’t there?
9. Do you have enough privacy?

Subscale: Information

10. Do you get as much information about your health condition and treatment as you would like?
11. Were you told that you have the right to make an advance directive? This is a document that lets you indicate the kind of care you want should you become unable to make your own decisions.^a
12. Do staff give you accurate information?
13. When you ask questions about your health, do you get answers you can understand?

Subscale: Physical Care

14. Do you get enough help when you need assistance?
15. Are adequate pain medications or other therapies used when needed to keep you as comfortable as possible?
16. Do staff encourage you to maintain your personal independence?

Subscale: Psychological Care

17. Did staff make you feel welcome when you first came to the nursing home?
18. Do you have confidence and trust in the nursing staff?
19. Are the staff caring in their interactions with you?
20. Can you have personal belongings that are important and meaningful to you?
21. Have you made new friends here?
22. Is it easy to find someone on the staff to talk to about your personal concerns?

Subscale: Involvement of Family

23. Do staff make your family feel welcome?
24. Do staff involve your family in your care?^a
25. Can your family visit as often as they like?

Subscale: Satisfaction with Care Providers

Are you satisfied with the care you receive from each of the following?

26. Nursing staff^a
27. Physician^a
28. Social worker^a
29. Recreation staff^a
30. Dietitian^a
31. Physical therapist^a
32. Occupational therapist^a
33. Speech therapist^a

Subscale: Satisfaction with the Environment

Are you satisfied with the following aspects of your environment?

34. Cleanliness^a
35. Freedom from unpleasant odors
36. Noise level
37. Attractiveness of décor
38. Safety for residents^a
39. Opportunity for physical exercise
40. Number of staff resources to provide care
41. Opportunities to enjoy the outdoors and other diversions
42. Adequate equipment to provide care^a
43. Protection of personal belongings
44. Food

^aItems deleted from the revised version of the scale.

Source: Davis MA, Sebastian JG, and Tschetter J. (1997). Measuring quality of nursing home service: Residents' perspective. *Psychol Rep* 81:531-542.

Purpose of tool: This article describes the development (pilot study) and refinement (study 2) of the Nursing Home Service Quality Inventory. The inventory was developed explicitly to assess service quality in nursing homes from the perspective of the residents.

Data collection: Data collection for the pilot study comprised 103 residents of nursing homes from 23 facilities in the Bluegrass Area Development District of Kentucky. There were 27 men and 76 women; the sample had a median age of 79 years. The study 2 sample consisted of 194 male residents in a Veterans Affairs medical center long-term care facility in a midsized Southeastern city. Individuals in the sample ranged in age from 33 to 94 years, with a median age of 69 years.

Scale structure: Four factors were retained for both samples (pilot study and study 2) and the highest loadings were reported for each factor. The loadings for the four subscales ranged between .39 and .88 for the pilot study and between .36 and .82 for study 2.

Reliability: Cronbach alphas for the four subscales ranged from .73 to .91 (pilot study) and from .68 to .93 (study 2); the reliability for the combined 32-item scales was .90 (pilot study) and .94 (study 2).

Validity: In the pilot study validity was measured by correlating residents' judgments of the overall quality of the facility (one-item question) and total scores on the Nursing Home Service Quality Inventory ($R = .34, p < .001$). In study 2, total scores on the Quality Inventory measures were significantly correlated with residents' perceptions of quality ($r = .39$) and residents' satisfaction ($r = .46$). In study 2, three of the four subscales were positively correlated with residents' perceptions of quality and residents' satisfaction.

Response Options: Response options differ throughout survey.

Subscale: Staff and Environmental Responsiveness

	<u>Pilot</u>	<u>Study 2</u>
My nursing home has adequate supplies and equipment	.51	.36
At my nursing home, staff deal patiently and courteously with residents	.71	.65
At my nursing home, a variety of food is available to accommodate resident preferences.	.49	---
At my nursing home, the administrator follows through on problems brought to his attention.	.50	.73
At my nursing home, the staff listens to residents	.78	.77
At my nursing home, the staff treat residents with dignity and respect.	.43	.72
Residents are encouraged to voice their opinions at my nursing home.	.67	.62
My nursing home strives for permanence and continuity of staff.	.62	.62
Staff at my nursing home are clean, neat, and well-groomed.	.48	---
At my nursing home, the staff are knowledgeable of resident rights.	.59	.82
My nursing home satisfies residents' special dietary needs.	.43	.45
At my nursing home, food is attractive and fresh.	.57	---
At my nursing home, problems are resolved as quickly as possible.	.78	.70
My nursing home provides a variety of activities	---	.44
At my nursing home, the administrator is active and spends time on the floor.	---	.58
At my nursing home, aides are trained to give treatments safely.	---	.34
My nursing home is safe and secure.	---	.46
At my nursing home, the administrator is available and willing to discuss problems and answer questions.	---	.70
Cronbach's alpha was not reported for the Pilot study.		Cronbach's alpha = .93 (Study 2)

Subscale: Dependability and Trust

	<u>Pilot</u>	<u>Study 2</u>
My nursing home provides maximum security with minimal restraint.	-.49	.57
At my nursing home, bed clothing is clean and in good repair.	-.59	.64
At my nursing home, residents can participate in nursing home inspection surveys.	-.68	---
At my nursing home, the staff administers the proper medication.	.88	.64
My nursing home provides transportation to activities outside the home.	-.63	.46
My nursing home is safe and secure.	-.80	---
At my nursing home, the administrator is available and willing to discuss problems and answer questions.	-.58	---
At my nursing home, residents' birthdays, special events, and holidays are celebrated.	---	.38
My nursing home provides church services.	---	.74

Cronbach's alpha was not reported for the Pilot study. Cronbach's alpha = .86 (Study 2)

Subscale: Resources (This scale was relabeled for Study 2 – "Food-related Services and Resources")

	<u>Pilot</u>	<u>Study 2</u>
My nursing home provides a variety of activities.	.69	---
Unless there are dietary restrictions, there is plenty of food at meal time.	.76	.41
At my nursing home, residents' birthdays, special events, and holidays are celebrated.	.70	---
At my nursing home, aides are trained to give treatment safely.	.52	---
My nursing home provides church services.	.64	---
At my nursing home, a variety of food is available to accommodate resident preferences.	---	.66
At my nursing home, food is served at the proper temperature.	---	.43
At my nursing home, food is attractive and fresh.	---	.74
At my nursing home, there are adequate staff to provide quality care.	---	.58

Cronbach's alpha as not reported for the Pilot study. Cronbach's alpha = .76 (Study 2)

Subscale: Personal Control

	<u>Pilot</u>	<u>Study 2</u>
Residents can choose when to get out of bed at my nursing home.	.69	.45
At my nursing home, residents choose when to eat (within a specified time frame).	.55	.55
At my nursing home, the administrator is active and spends time on the floor.	.51	---
Unless there are dietary restrictions, residents are able to choose what to eat.	.73	.52
At my nursing home, food is served at the proper temperature.	.39	---
My nursing home provides physical fitness programs.	.48	---
At my nursing home, there are adequate staff to provide quality care.	.43	---
Unless there are dietary restrictions, residents are able to choose what to eat.	---	.52
At my nursing home, residents can participate in nursing home inspection surveys.	---	.49

Cronbach's alpha was not reported for the Pilot study. Cronbach's alpha = .68 (Study 2)

Source: Medical Expenditure Panel Survey, 1996 Nursing Home Component.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 1996 Nursing Home Component. Available at: <http://www.meps.ahrq.gov>. Accessed October 24, 2006.

Potter DEB. (1998). *Design and Methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component*. Methodology Report #03 AHCPR Pub. No. 98-0041 Rockville, MD: Agency for Health Care Policy and Research.

Purpose of Tool: The MEPS is conducted to provide a nationally representative estimate of health care expenditures, use, sources of payment, and insurance coverage for the U.S. population. The Nursing Home Component (NHC) is one of four components within MEPS and is a nationally representative survey of nursing homes and their residents. Information gathered in the 1996 NHC included demographic characteristics, residents' history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Information was also provided by administrators and staff on nursing home size, certification status, ownership, services provided, financial data, and other facility-level characteristics. The universe of eligible facilities consisted solely of nursing homes. Only two of the NHC modules are presented here: the Round 2 Sampled Facility Questionnaire and the Round 3 Facility Staffing Questionnaire. The items in these modules are most directly applicable to the purposes of this scan.

Data collection: Data for the NHC were collected using a two-stage stratified probability design. The first stage involved facility selection, and the second involved a sample drawn from those residents living in the nursing facility on January 1, 1996 and those admitted during calendar year 1996. Data were collected in three rounds of in-person interviews over an 18-month period using the CAPI system. The resulting sample consisted of 815 facilities, 3,209 residents as of January 1, 1996, and 2,690 residents admitted by December 31, 1996.

The Round 2 Sampled Facility Questionnaire was collected using an in-person interview with facility administrators (or designees) and collected information about key facility characteristics and detailed information about services provided by the nursing home. The Round 3 Facility Staffing Questionnaire was a self-administered questionnaire that was hand-delivered to the facility Administrator (or designee) for completion. It collected information on nursing staffing levels (RNs, LPNs and aides), wages, nursing staff turnover rates, and the facility medical director. Baseline staffing information was collected with a Round 1 Staffing Questionnaire (a subset of the items obtained with the Round 3 instrument).

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items for response options.

Round 2 Sampled Facility Questionnaire

FB1

Is {FACILITY/[READ FACILITY/UNITS ABOVE]} still certified by Medicaid as a Nursing Facility (NF)?

YES 1 (BOX FB3)
NO 0 (BOX FB3)
DK -8 (BOX FB3)
RF -7 (BOX FB3)

FB2

Is {FACILITY/[READ FACILITY/UNITS ABOVE]} certified by Medicaid as a Nursing Facility (NF)?

YES 1 (FB3)
NO 0 (BOX FB3)
DK -8 (BOX FB3)
RF -7 (BOX FB3)

FB3

How many beds are certified under Medicaid as nursing facility beds?

OF BEDS

FB4

Based on your most recent daily census, how many current residents have {"PREFERRED" NAME FOR MEDICAID} {(or {"ALLOWED FOR" NAME(S) FOR MEDICAID})} as a source of payment?

MEDICAID RESIDENTS

FB3

WAS FACILITY CERTIFIED BY Medicare?

YES 1 (FB5)
NO 0 (FB6)
DK -8 (FB6)
RF -7 (FB6)

FB5

Is {FACILITY} still certified by Medicare as a Skilled Nursing Facility?

YES 1 (BOX FB4)
NO 0 (BOX FB4)
DK -8 (BOX FB4)
RF -7 (BOX FB4)

FB6

Is {FACILITY} certified by Medicare as a Skilled Nursing Facility (SNF)?

YES 1 (FB7)
NO 0 (BOX FB4)
DK -8 (BOX FB4)
RF -7 (BOX FB4)

FB7

How many beds are certified under Medicare?

BEDS

FB8

Based on your most recent daily census, how many current residents have Medicare as their primary source of payment?

MEDICARE RESIDENTS

FB9

How many beds are certified under both Medicaid and Medicare? (That is, how many beds are dually certified?)

BEDS

FB10

Based on your most recent daily census, how many of the current residents in {FACILITY/[READ FACILITY/UNITS ABOVE]} have private pay as their only source of payment for basic care?

PRIVATE PAY RESIDENTS
PROGRAMMER SPECS:

FB12

Is {FACILITY} accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?

YES 1
NO 0

FB13

Is {FACILITY} accredited by any other organization? Please do not consider agencies or departments that provide only licensing such as the State Department of Health or the Public Health Agency.

YES 1
NO 0 (FB15)
DK -8 (FB15)
RF -7 (FB15)

FB14

Which organization?
PROBE: Any others?

(1) _____
(2) _____

FB15

{Thinking about {FACILITY} only,} Does {FACILITY} primarily serve one of the groups or populations on this card?

Elderly Persons With Physical/Mental Disabilities 1
Children With Physical/Mental Disabilities 2
Persons With Mental Retardation/Developmental Disabilities..... 3
Persons With Mental Illness 4
Persons With Alcohol/Drug Problems..... 5
Persons With Brain Injury (Traumatic or Acquired) 6
Persons With AIDS/HIV Disability 7
Some Other Special Group (Specify: _____)... 91
No One Group Primarily 95

FB16

First, we are interested in services routinely provided to residents on-site by specially trained and licensed, registered, or certified providers. Are any of these specially trained providers routinely providing services to residents at {FACILITY/[READ FACILITY/UNITS ABOVE]}? By routinely, we mean that the special provider is on-site at least one day a week.
SELECT ALL THAT APPLY.

- Physical Therapist
- Speech Therapist
- Occupational Therapist
- Respiratory Therapist
- Audiologist
- Podiatrist
- Dentist
- Dental Hygienist
- Nutritionist or dietician
- Psychiatrist
- Psychologist
- Psychiatric Social Worker
- Psychiatric Nurse
- Optometrist
- Pharmacist
- Special Education
- Other Mental Health Professional
(Specify: _____)
- Other Provider
(Specify: _____)
- None Of The Above

FB17

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide any of these services to residents on-site? By routinely, we mean that each week there is at least one resident receiving the service on-site. PROBE: The provider does not have to have special training or certification.
SELECT ALL THAT APPLY.

- Ventilator Care
- IV Therapy
- Dialysis
- Tube Feeding
- Isolation (for highly contagious conditions or for compromised immune system)
- None of the above
- Press F1 For Definition of Dialysis.

FB18

Does {FACILITY/[READ FAC/UNITS ABOVE]} vaccinate residents for influenza?

Yes, on admission if they have not been

- Recently vaccinated and then annually 1
- Yes, on some other schedule 2
- NO 0 (FB20)
- DK -8 (FB20)
- RF -7 (FB20)

FB19

What proportion of your residents have been vaccinated against influenza in the past 12 months? Include all vaccinated residents, even if not done at this facility.

_____ %

FB20

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} vaccinate residents for pneumonia?

Yes, on Admission if They Have Not Been Vaccinated or Require a Booster 1

Yes, on Some Other Schedule 2

NO 0 (FB22)

DK -8 (FB22)

RF -7 (FB22)

FB21

What proportion of your residents have ever been vaccinated against pneumococcal pneumonia? Include all vaccinated residents, even if not done at this facility.

_____ %

FB22

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} give residents a hearing test?

Yes, on Admission 1

Yes, Once a Year 2

Yes, on Some Other Schedule (SPECIFY: _____) 3

NO 0

FB23

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide transportation for residents to and from scheduled medical appointments off-site? By routinely, we mean that each week there is at least one resident transported to an appointment off-site.

YES 1

NO 0

FB24

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide any of these services to non-residents onsite? By routinely, we mean that each week there is at least one non-resident receiving the service on-site.

SELECT ALL THAT APPLY.

Adult Day Care

Rehabilitation Therapy (Pt/Ot/St)

Dialysis

Case Management Services

Family Support (for example, counseling)

Other (Specify: _____)

None of the Above

Press F1 for Definition of Dialysis.

FB25

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} routinely provide any of the services on this card to nonresidents off-site? Again, what we mean by routinely is that each week there is at least one non-resident receiving the services off-site.

SELECT ALL THAT APPLY.

- Home-Delivered Meals
- Homemaker or Chore Services
- Infusion Therapy
- Rehabilitation Therapy (Pt/Ot/St)
- Wound Care or Other Post-Acute
- Skilled Nursing Care
- Hospice Care
- Case Management Services
- Other (Specify:)
- None of the Above

FB27

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} admit only persons who are residents of [READ PLACES LISTED BELOW]? {INELIGIBLE PARTS OF LARGER FACILITY ENTERED IN FA11/INELIGIBLE PARTS OF ELIGIBLE FACILITY ENTERED IN FA27/LARGER FACILITY}

YES 1

NO 0

FB28

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a bedholding policy for residents who are not formally discharged but leave the {home/facility} temporarily, for example, for short-term hospital stays or temporary placements?

YES 1

NO 0

FB29

Are your residents ever placed in trial living arrangements outside {FACILITY/[READ FACILITY/UNITS ABOVE]}, without being formally discharged? {PROBE: This includes moves to non-nursing {home/facility} units of {FACILITY/[READ FACILITY/UNITS ABOVE].}

YES 1

NO 0 (FB32)

DK -8 (FB32)

RF -7 (FB32)

FB30

Is there a limit on the number of days a trial placement can last before the resident is formally discharged?

YES 1

NO 0 (FB32)

DK -8 (FB32)

RF -7 (FB32)

FB31

What is the maximum number of days?

NO. OF DAYS

FB32

Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a specified number of beds identified for and dedicated to respite care?

- YES 1
- NO 0 (BOX FB6)
- DK -8 (BOX FB6)
- RF -7 (BOX FB6)

PRESS F1 FOR DEFINITION OF "RESPITE CARE."

FB32A

How many?

NO. OF BEDS

FB33

Does {LARGER FACILITY} primarily serve one of the groups or populations on this card?

- Elderly Persons with Physical/Mental Disabilities 1
- Children with Physical/Mental Disabilities 2
- Persons with Mental Retardation/Developmental Disabilities 3
- Persons with Mental Illness 4
- Persons with Alcohol/Drug Problems 5
- Persons with Brain Injury (Traumatic Or Acquired) 6
- Persons with AIDS/HIV Disability 7
- Some Other Special Group (Specify: _____) ... 91
- No One Group Primarily 95

FB34

Besides the services you told me about earlier that are provided by {FACILITY/[READ FACILITY/UNITS ABOVE]}, which of the services listed on this card does {LARGER FACILITY} routinely provide to its residents?
SELECT ALL THAT APPLY.

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Respiratory Therapy
- Hearing Testing or Therapy
- Podiatry
- Dental Care
- Nutrition Services
- Mental Health Services
- None of the Above

FB35

Which of the services listed on this card does {LARGER FACILITY} routinely provide?
SELECT ALL THAT APPLY.

- Ventilator care
 - IV therapy
 - Dialysis
 - Tube feeding
 - None of the above
- Press f1 for definition of dialysis.

FB36

Which of the services listed on this card does {LARGER FACILITY} routinely provide to non-residents?
SELECT ALL THAT APPLY.

- Adult Day Care
- Home-Delivered Meals
- Homemaker or Chore Services
- Home Health Care
- Hospice Care
- Case Management Services
- None of the Above

FB37

Next, I have a few questions about physicians' services within {FACILITY/[READ FACILITY/UNITS ABOVE]}. Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a contract with any group of physicians to provide services to residents?

- YES 1
- NO 0 (FB43)
- DK -8 (FB43)
- RF -7 (FB43)

FB38

What is the name of the group?
PROBE: Are there any other groups?

NAME OF GROUP

NAME OF GROUP

FB39

What is the number of physicians provided under contract from {GROUP}?

NUMBER

FB40

{Think about/Next, think about} the physician services provided by {GROUP}. Does {FACILITY/[READ FACILITY/UNITS ABOVE]} ever bill the resident through the basic or ancillary rate for these services, at least for some residents or some of the time?

- YES 1
- NO 0 (NEXT GROUP OR FB43)
- DK -8 (NEXT GROUP OR FB43)
- RF -7 (NEXT GROUP OR FB43)

FB41

Taking all their visits to residents into account, does {GROUP} bill entirely, mostly, sometimes, or rarely through {Facility/[Read Facility/Units Above]}?

- Entirely 1
- Mostly 2
- Sometimes 3
- Rarely 4

FB42

What are the names of the physicians provided by {GROUP}?

PHYSICIAN

DR.

FB43

{Aside from the physicians provided through the group(s) that you just told me about,} {A/}are there any {other} physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time?

- YES 1
- NO 0 (BOX FB11)
- DK -8 (BOX FB11)
- RF -7 (BOX FB11)

FB44

{I understand that there are some physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time.} What are the names of these physicians?

PHYSICIAN

DR.

FB45

Taking all (his/her) visits to residents into account, does Dr. {PHYSICIAN} bill entirely, mostly, sometimes, or rarely through {FACILITY/[READ FACILITY/UNITS ABOVE]}?

- Entirely 1
- Mostly 2
- Sometimes 3
- Rarely 4

Round 3 Facility Staffing Questionnaire

1. In Table 1 below, we are interested in nursing staff who were employees of your facility during the second full week in December 1996.

In **Column A** enter the number of full-time RNs (including the Director of Nursing), LPNs and nurses aides who were employees of your facility. (By full-time, we mean at least 35 hours per week.)

In **Column B** enter the number of part-time RNs, LPNs and nurses aides who were employees of your facility.

(By part-time, we mean less than 35 hours per week.)

In **Column C** enter the number of full-time equivalents (FTEs) for RNs, LPNs and nurses aides who were employees of your facility.

2. In Table 2 below, we are interested in nursing staff who worked for you as temporary agency (registry or pool) staff during the second full week in December 1996. (These are staff supplied by a temporary agency in contrast to your own staff of employees.)

In Table 2 you may complete either:

Column A by entering the full-time equivalents for RNs, LPNs and nurses aides who worked as registry or pool staff.

OR

Column B by entering the total number of hours worked by registry or pool staff.

3. In question 3 we are interested in staff wage rates for nurses who are employees of your facility. When answering this question, we ask that you quote rates that are paid to nurses on the day shift with 1-year experience. (If no staff with 1-year experience, use rate paid to nurses with experience closest to 1 year, check the "other" box, and write in how much experience it is.)

What is the hourly wage rate paid to RNs and LPNs on the day shift?

4. In question 4 we are interested in the entry-level hourly rate for aides who are employees of your facility.

What is the entry-level hourly rate for aides?

5. Next, we'd like wage rate information on temporary agency (registry or pool) staff. Please provide the hourly rate for RNs, LPNs, and aides who are temporary agency staff on the day shift. If you have no agency staff, check the box provided.
6. How many full-time RNs (including the Director of Nursing), LPNs, and nurses aides did you hire between January 1 and December 31, 1996? (Again, by full-time, we mean at least 35 hours per week.) RECORD YOUR ANSWERS IN THE BOXES BELOW.

How many part-time RNs, LPNs, and nurses aides did you hire during this period?

How many full-time equivalents (FTEs) did you hire?

7. How many physicians are currently providing primary care to the residents in your facility (including attending physicians and physicians in fellowship or in residency)?
8. Which of the following (if any) are criteria necessary for a physician to obtain practice privileges in your facility? [check all that apply]
 - Membership in physician group
 - Agreement to share physician responsibilities with other physicians
 - Minimum patient load
 - Added qualifications in geriatrics
 - A primary care specialty
 - Minimum number of years in practice
 - Employee or salaried
 - None of the above

9. How many physicians currently caring for residents in your facility are salaried or employed by your facility?

Source: Norton P, van Maris B, Soberman L, and Murray M. (1996). Satisfaction of residents and families in long-term care: I. Construction and application of an instrument. *Qual Manag Health Care* 4(3):38-46.

Purpose of tool: The purpose of the tool is to measure resident satisfaction in nursing facilities. The tool was designed to directly survey residents. It was also designed to elicit responses from residents with or without cognitive impairments and addresses issues such as dignity and autonomy (quality of life issues). Eight domains were examined: living environment, food, activities, staff, dignity, autonomy, medical care and treatment, and overall satisfaction. Each domain contained one open ended question asking for respondents' comments on the domain of interest. The final tool did not contain the overall evaluations in each domain. In order to compare responses to what was seen as a typical survey implementation, in addition to the selected resident, a frequently visiting family member was also given a questionnaire, which differed on the pronouns used. The family survey was a mailed self-administered questionnaire.

Data collection: All sampled residents came from Sunnybrook Health Science Centre (SHSC) in Toronto, Canada. An equal number of residents were selected from the 17 nursing units within the four operational units in the SHSC: Cognitive Support, Mental Health, and two Physical Support units (there are 360 beds total). An interpenetrated design was employed that dispersed residents in different units across interviewers, with 19 residents selected per unit. An interview was only deemed impossible if the resident refused or had been approached on three different days and was physically or mentally incapable. Family members or friends of selected residents that visited most often were contacted by phone, then mailed a notification letter asking to verify the address, and then the questionnaire was sent. If not returned within 2 weeks, a reminder call was placed to ask for survey completion. Of the 236 residents selected, 127 were interviewed. The family survey was mailed to 210 people and achieved a 69% response rate.

Scale structure: No factor analysis reported.

Reliability: The tool reported on has been altered since the psychometrics were estimated. Questions have been added/removed (although which ones were not indicated). Thus, the reliabilities reported here do not hold per se but give insight to the possible psychometric properties of the scales. The Cronbach's alpha for the 7 subscales reported in the article from the original tool ranged from .39 to .81.

Validity: No validity measures given.

Response options: Questions were asked on a "yes," "sometimes/maybe," or "no" scale, and were accompanied with Chernoff faces. The lone exception was the overall satisfaction with quality of care and the overall evaluation in each domain (1 question per domain), which were on a five-point scale 1=terrible, 5= excellent, and were presented with a graphical 5-rung ladder.

(Items 1-8 omitted)

Subscale: Living Environment

9. Is this a comfortable place to live?
10. Do you have enough privacy?
11. Are your personal belongings safe here?
12. Is the residence clean and tidy?
13. Is your room how you would like it to be?
14. Is it possible that you could hurt yourself and a staff member would not know?
15. Does the noise around here bother you?
16. Does this place need fixing up (for example, repairs, decorating, or painting)?

17. Does the smell around here bother you?
18. Are there any comments you wish to make about the living environment?

Cronbach's alpha = .67

Subscale: Food

19. Is the resident tube fed?
20. Are there enough different kinds of food to choose from?
21. Can you get the type of foods you like to eat?
22. Is the taste of the food o.k.?
23. Is the temperature of the food o.k.?
24. Are you given the right amount of food?
25. When you are hungry is food available?
26. Do you get help to eat when you need it?
27. Are you given enough time to eat?
28. Do you get the food you ordered?
29. Are there any comments you would like to make about the food or food services here?

Cronbach's alpha = .68

Subscale: Activities

30. Are you told about what activities are available?
31. Do you participate in activities here?
32. Is there enough opportunity for you to do personal activities such as reading, watching TV, writing letters, visiting with family, etc.?
33. Are there enough trips and outings?
34. Is there enough entertainment?
35. Are there enough games offered?
36. Are there enough activities for you that use your mind?
37. Are there enough activities for you on the unit? **PROBE:** Are there enough activities for you close by, close to your room?
38. Are activities offered at the right time for you?
39. Do you get the help you need with activities? **PROBE:** Do you get help getting to activities or help doing the activities?
40. Are there any comments you would like to make about the activities and outings here?

Cronbach's alpha = .39

Subscale: Staff

41. Do the staff show you that they care about you?
42. Do the staff respect your wishes?
43. Do the staff try to understand what you're feeling? **PROBE:** Do they try to understand what you are going through?
44. Do the staff help you when you need it?
45. Is help freely given?
46. When the staff come to your room, do they tell you what they have come for?
47. Are the staff skilled and knowledgeable?
48. Do the staff answer promptly when you call?
49. Do the staff involve you in decisions about your care?
50. Are there any comments you wish to make about the staff here?

Cronbach's alpha = .81

Subscale: Dignity

51. Do the staff call you by name?
52. Do the staff help you to look nice?
PROBE: [For men] Do they ensure you are clean-shaven and allow you to wear the things you want to wear?
PROBE: [For women] Do they help you with your hair and let you wear the things you want?
53. Is your personal and physical privacy respected?
54. Do you have opportunities to help or support others?
55. Do the day to day things you do make you feel worthwhile? **PROBE:** Do you feel useful?
56. Do the staff ever make you feel like you are a burden?
57. Do the staff ever take advantage of you?
58. Do you ever feel ignored by the staff?
59. Are you treated the way you want to be treated?
60. Are there any comments you wish to make about the level of respect you are shown here?

Cronbach's alpha = .71

Subscale: Autonomy

61. Are you encouraged to participate in decisions about your care?
62. Do **YOU** decide what you are going to do each day?
63. Do you feel you can express your feelings and opinions around here?
64. Is equipment available that allows you to be more independent (for example, wheelchairs, walkers, or bars in bathrooms?)
65. Are you free to come and go as you please?
66. Are you ever forced to do things that you don't want to do?
67. Will staff get back at you if you say or do something they don't like?
68. If you could, would you choose to have a different roommate(s)?
69. Can you choose when to have your bath or shower?
70. Are you free to make your own choice?
71. Are your spiritual or religious needs met here?
72. Are there any comments you wish to make about your freedom and independence here?

Cronbach's alpha = .64

Subscale: Medical Care and Treatment

73. Are you helped if you are in pain or uncomfortable?
74. Can you talk to a doctor when you need to?
75. Do you receive the treatments and medication you need?
76. If you are not feeling well, do you get the medical help you need?
77. Do you receive therapy if you need it?
78. Are there any comments you wish to make about your medical care and treatment here?

Cronbach's alpha = NA

Subscale: Overall Satisfaction

79. If long-term care were needed for another family member or friend, would you recommend this facility?
80. Overall, how would you rate the quality of care and services you receive here?
81. Are there any other comments you wish to make?

Cronbach's alpha = NA

Source: Shore BA, Lerman DC, Smith RG, Iwata BA, and DeLeon IG. (1995). Direct assessment of quality of care in a geriatric nursing home. *J Appl Behav Anal* 28(4):435-448.

Purpose of tool: The purpose of the tool is to measure quality of nursing home care. This tool uses time sampling and direct observation to measure compliance with OBRA regulations in three areas: (a) environmental conditions including cleanliness, safety, supplies, materials, and supervision; (b) resident condition including adequate grooming, appropriate clothing, freedom from restraint, and freedom from injury; (c) resident activity including appropriate social behavior (e.g., conversation), appropriate nonsocial behavior (e.g., watching TV), or inappropriate behavior (e.g., self-injury); and (d) staff activity. The goal of the project is to improve on survey findings that the authors say may have provided inadequate information about the quality of nursing home care.

Data collection: The study was conducted in a community-based proprietary nursing home serving 104 residents ranging in age from 65 to 101. Residents and staff were observed according to a semi-random schedule between the hours of 7:00 a.m. to 8:00 p.m. 7 days a week over a period of 5 weeks. A total of 85 observations were made. Observation of the conditions and activities in residents' rooms were made from the hallways. No observation was made when the door to the resident's room was closed or when the resident or staff member was not visible from the hallway. Staff and management areas were also excluded.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Observers used hatch-marks to record the number of staff and residents present during the observation. Observers scored individual elements with a "minus" if a violation of OBRA regulations was observed. If no violations were observed for any elements in a domain, that domain received a "plus."

Subscale: Environment

- (a) Cleanliness: Score (-) if presence of urine or feces; three or more items of trash, food, or containers on floor or furniture; unstored linen or clothing. Score (+) otherwise.
- (b) Safety: Score (-) if broken furniture, toxins (including unattended medication carts), glass, or other dangerous items within reach; presence of structural hazards. Score (+) otherwise
- (c) Supplies and materials: Score (+) if materials relevant to ongoing activities are available. Score (-) otherwise.
- (d) Supervision: Score (+) if at least one staff member is present. Score (-) otherwise.

Subscale: Resident Condition

- (a) Grooming: Resident's clothing is untorn, and body and hair are free from visible dirt, food particles, or other soil.
- (b) Clothing: Resident is wearing shirt and pants (or dress) that are properly zipped, buttoned, or otherwise closed and shoes (if outside bedroom).
- (c) Free from restraint: Resident is not wearing restraints or protective equipment (exclude geri-chairs and seat belts in wheelchairs).
- (d) Free from injury: Resident does not have a visible current injury (open wound or scab, bruise, bandage, cast, etc.)

Subscale: Resident Activity

- (a) Appropriate social: Resident is interacting with staff or another resident. Also indicate which of the following behaviors occurred:
 - 1. Conversation: Resident is talking to someone.
 - 2. Receiving instructions or care: Resident is receiving assistance or instruction from another.
 - 3. Sharing materials: Resident is engaged in a game with another or is giving or receiving materials.
- (b) Appropriate nonsocial: Resident is exhibiting appropriate behavior but not interacting with another. If resident is moving wheel chair or walking, mark "A" for ambulation. Also indicate which of the following behaviors occurred:
 - 1. Self-care: Resident is dressing, combing hair, or engaged in other self-care activity.
 - 2. Interact with leisure materials: Resident is engaged in solitary activity (e.g., reading, sewing).
 - 3. Attend to TV: Resident's eyes are oriented toward TV while TV is on.
 - 4. Eating: Resident is placing food or drink in mouth, chewing, or manipulating utensils in the presence of food.
- (c) Inappropriate: Resident is engaged in one of the following behaviors (indicate which one).
 - 1. Self-injury: Resident is engaging in self-directed behavior that produces physical harm.
 - 2. Aggression: Resident is engaged in other-directed behavior that can produce harm.
 - 3. Disruption: Resident is yelling, crying, cursing, spitting, tearing clothes, destroying or attempting to destroy property, or engaged in repetitive non-sensical verbalizations.
- (d) No activity: Score only if resident has not engaged in the above behaviors at the end of 30 seconds.

Subscale: Staff Activity

- (a) Staff-other interaction: Staff member is interacting with someone other than a resident.
- (b) Resident care: Staff member is providing resident care of a non-instructional nature (e.g., self-care or assistance with transition). Also score as resident positive or negative if interaction occurs.
- (c) Resident positive interaction: Staff member is engaged in neutral conversation with resident, delivering praise or physical affection, or giving "do" instructions.
- (d) Resident negative interaction: Staff member is reprimanding resident, giving "don't" instructions or using physical intervention.
- (e) Nonresident work: Staff is involved in facility maintenance, paperwork, etc.
- (f) Off task: Score only if staff member has not engaged in the above behaviors at the end of 30 days.

Source: Zinn JS, Lavizzo-Mourey R, and Taylor L. (1993). Measuring satisfaction with care in the nursing home setting: The Nursing Home Resident Satisfaction Scale. *J Appl Gerontol* 12(4):452-465.

Purpose of tool: The Nursing Home Resident Satisfaction Scale (NHRSS) is a 10-item survey instrument designed to measure nursing home residents' satisfaction with the care they receive. There are three domains: evaluating physician services, nursing services, and environment. There is one global satisfaction item. The original items and domains for this survey were developed based upon a review of the literature of patient satisfaction and quality of care.

Data collection: This instrument was pilot tested with 168 residents at four nursing homes within a 50-mile radius of Philadelphia, PA. Two facilities were in urban settings and two were in suburban locations. The survey was administered using in-person interviews from May to September 1988. To test reliability, respondents completed the entire interview and were contacted a second time 30 minutes later, at which time one of the three scales was selected at random and re-administered.

Scale structure: Internal consistency of each domain was measured using coefficient alpha measures.

Reliability: Item test-retest reliabilities ranged from .05 to .75 and percentage of agreement coefficients ranged from .43 to .94. Domain test-retest and interrater reliability were .71 for physician services, .64 for nursing services, and .79 for environment. These results compared favorably with the ranges reported in the literature at that time. Item/total correlations ranged from .40 to .70, which meet or exceed the value of .40 that is reported as an acceptable cutoff in the literature.

Validity: No validity measures given.

Response options: Unless otherwise stated, the response options are: 1 = Not so good; 2 = OK; 3 = Good; 4 = Very Good; and 5 = Not Applicable

Subscale: Physician Services

- | | |
|---|-------------------------------|
| 1. Do the doctors treat you well?
How well do they treat you? | 1 = yes 2 = no
(1,2,3,4,5) |
| 2. Do the doctors come quickly when you ask to see them?
How would you rate the time it takes to come and see you? | 1 = yes 2 = no
(1,2,3,4,5) |
| 3. Do you have confidence in the doctor's abilities?
How would you rate your confidence? | 1 = yes 2 = no
(1,2,3,4,5) |

Domain Internal Consistency Coefficient Alpha = .69

Subscale: Nursing Services

- | | |
|---|-------------------------------|
| 1. Do the nurses treat you well?
How well do they treat you? | 1 = yes 2 = no
(1,2,3,4,5) |
| 2. Do the nurses come quickly when you call them?
How would you rate the time it takes to come to you? | 1 = yes 2 = no
(1,2,3,4,5) |
| 3. Do you have confidence in the nurses' abilities?
How would you rate your confidence? | 1 = yes 2 = no
(1,2,3,4,5) |

Domain Internal Consistency Coefficient Alpha = .80

Subscale: Other Services

1. Do you enjoy mealtime? (presentation, service, choices, taste)
How would you rate mealtime? 1 = yes 2 = no
(1,2,3,4,5)
2. Do you like your room?
How would you rate your room? 1 = yes 2 = no
(1,2,3,4,5)
3. Do you get enough quiet and privacy?
How would you rate the amount of quiet and privacy? 1 = yes 2 = no
(1,2,3,4,5)
4. Do you like the daily schedule?
How would you rate the daily schedule? 1 = yes 2 = no
(1,2,3,4,5)

Domain Internal Consistency Coefficient Alpha = .74

Subscale: General Services

1. Considering everything, how would you rate your overall satisfaction
(doctor, nursing care facilities, etc.)? (1,2,3,4,5)

Source: [Astrom S](#), [Nilsson M](#), [Norberg A](#), [Sandman PO](#), and [Winblad B](#). (1991). Staff burnout in dementia care: Relations to empathy and attitudes. *Int J Nurs Stud* 28 (1):65-75

Purpose of tool: The tool is designed to measure burnout, empathy, and attitude of nursing home staff (RNs, LPNs and nurse’s aides) working in a nursing home, psychogenic clinics, and somatic long-term care clinic in the health care district of Umea, northern Sweden.

Data Collection:

Data were collected from 60 of the 358 nursing staff that participated in an earlier study. Nursing staff were asked to participate in this followup study with tape recorded interview. They were selected based on their scores on LaMonica Empathy Construct Rating Scale and Pine burnout scale. A random sample was not used in order to relate staff with extreme scores to their experiences at work.

Scale structure: Six factors were identified: experience of feed-back at work, care organization, satisfaction of wrong expectation, satisfactory contact with patients, satisfaction with expectations of others, and satisfaction with environment.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: The responses are stated on a seven point scale from “never” to always”

	Factor Loading
To what extent do you experience stimulation in your work?	0.70
To what extent do you experience satisfaction in your work?	0.81
To what extent can you respond to the expectations from the patients relatives?	0.55
To what extent are you satisfied in contact with demented patients?	0.60
To what extent do you experience contact with a demented patient as stimulating?	0.56
To what extent do you experience contact with a confused patient as stimulating?	0.48
To what extent does the work function well between day staff and night staff?	0.84
To what extent is your ward nurse a good one?	0.84
To what extent are your expectations from work satisfied?	0.63
To what extent is the supervisory staff good as a work organizer?	0.73
To what extent do you experience satisfaction in your social life?	0.78
To what extent do relatives of demented patients respond to your expectations of them?	0.54
To what extent can you be helpful and see to the needs of a patient with dementia?	0.66
To what extent do you find your work rewarding?	0.73
When you feel satisfied in the contact with demented patients how satisfied do you feel?	0.56
To what extent can you respond to the expectations of your colleagues?	0.73
To what extent can you respond to the expectations of supervisor staff?	0.69
How often do you feel strained in the contact with demented patients?	0.56
Are you satisfied with your work goals?	0.59
To what extent do your colleagues respond to your expectations?	0.80
To what extent is your workplace ideal for the care of demented patients?	0.75

Source: Kruzich JM, Clinton JF, and Kelber ST. (1992). Personal and environmental influences on nursing home satisfaction. *Gerontologist* 32(3):342-350.

Purpose of tool: The survey tool utilized in this study was Kane et al.'s (1982) revised version of McCaffree and Harkin's (1976) Satisfaction with Nursing Home Scale. The main objective of this study was to look at how organizational factors impact resident satisfaction in nursing homes. The study aimed to address two questions: (1) how do organizational factors influence residents' satisfaction with the nursing home and (2) how do organizational factors differently impact on residents with varying levels of functional ability. The authors cited deficiencies in previous studies of this type, such as using a small number of nursing homes, homes of the same ownership type, and lack of controlling for confounding variables such as resident health, functional status, and cognitive functioning. This study tried to avoid these deficiencies by including a larger sample of homes, varying sizes and ownership, and multiple measures of resident functioning. In addition to the Satisfaction with Nursing Home Scale, this study utilized the Multiphasic Environmental Assessment Procedure (MEAP) Part D, a revised version of the Resident Management Practices Scale, and the Physical Self-Maintenance Scale. Only the Satisfaction with Nursing Home Scale is presented below.

Data collection: Data were collected from the administrator, staff, and a sample of 289 residents in 51 nursing homes in south central and south eastern Wisconsin. The survey was administered using in-person interviews that were videotaped and scored by three interviewers.

Scale structure: No factor analysis reported.

Reliability: Kane et al. (1982) reported a reliability coefficient of .88 for the scale using the revised version.

Validity: The interviews were scored by three interviewers who subsequently revised the survey to clarify questions where there was not inter-rater agreement.

Response options: Residents were asked to either "agree" or "disagree" with each item. "Neutral" was not explicitly given as an option but was coded by the interviewer as a neutral or unsure response.

1. The food is good here.
2. Your room and surroundings are clean.
3. You can keep as many personal possessions in your room as you want.
4. You can see a doctor as often as you would like.
5. Most of the nurses and nursing assistants have the skills to provide care you need.
6. At night you have a choice of going to bed when you want.
7. The amount of noise here bothers you.
8. When you need help, someone will come within a reasonable time.
9. You have enough privacy here.
10. This is a cheerful place.
11. You have a choice in deciding what clothing you will wear each day.
12. When you have a complaint, something is done about it.
13. Life is boring here.
14. Some of your personal belongings have disappeared from your room.
15. Most of the nurses show a personal interest in you.
16. Most of the nursing assistants show a personal interest in you.
17. Life here is better than you expected when you first came here.

Source: Ferrans C, and Powers M. (1985). Quality of Life Index: Development and psychometric properties, *Adv Nurs Sci* 8:15-24.

Purpose of tool: The Quality of Life Index (QLI) was developed by Ferrans and Powers to measure quality of life in terms of satisfaction with life. Quality of life is defined by Ferrans as “a person’s sense of well-being that stems from satisfaction or dissatisfaction with the areas of life that are important to him/her” (Ferrans, 1990).¹⁰ The QLI instrument consists of two parts: the first measures satisfaction with various aspects of life, and the second measures importance of those same aspects. Scores are calculated for quality of life overall and in four domains: health and functioning, psychological/spiritual, social and economic, and family. A number of versions of the QLI have been developed for use with various disorders and the general population. A common set of items forms the basis for all versions. Since the tool has been altered to fit a number of situations, psychometric data are available as overall measures. The tool reported is the nursing home version, which the authors state is amenable to assisted living settings.

Data collection: No sampling information. Appropriate for use as a self-administered questionnaire or in interview format. The instrument takes approximately 10 minutes for self-administration.

Scale Structure: No factor analysis for individual items available. Factor analysis revealed four dimensions underlying the QLI: health and functioning, social and economic, psychological/spiritual, and family. The factor analytic solution explained 91% of the total (Campbell, Converse, and Rodgers, 1976).

Reliability: Cronbach’s alpha for the overall scale has been found between .84 and .98. Cronbach’s alpha for the four subscales ranges between .63 and .93. test-retest reliability for the overall scale is .79. Cronbach’s alpha for the four subscales ranges between .68 and .76.

Validity: Content validity of the QLI was supported by the fact that items were based both on an extensive literature review of issues related to quality of life and on the reports of patients regarding the quality of their lives. Support for content validity also was provided by an acceptably high rating using the Content Validity Index. Convergent validity of the QLI was supported by strong correlations between the overall (total) QLI score and Campbell, Converse, and Rodgers’ (1976)¹¹ measure of life satisfaction ($r = .61, .65, .75, .77, .80, .83, .93$). Construct validity also was supported using the contrasted groups approach. Subjects were divided into groups on the basis of self-reported levels of pain, depression, and success in coping with stress. Subjects who had less pain, less depression, or who were coping better with stress had significantly higher overall (total) QLI scores. The contrasted groups approach also was used to assess the construct validity of the social and economic subscale.

Response options: Respondents answered on a 6-point Likert scale on both satisfaction and importance questions (which are the same with only slight variation in wording: 1=Very Dissatisfied/Very Unimportant to 6=Very Satisfied/Very Important).

Subscale: Health and Functioning

1. Your health?
2. Your health care?
3. The amount of pain that you have?
4. The amount of energy you have for everyday activities?
5. Your ability to take care of yourself without help?
6. The amount of control you have over your life?

¹⁰ Ferrans CE. (1990). Development of a quality of life index for patients with cancer. *Oncol Nurs Forum* 17(Suppl 3):15-21.

¹¹ Campbell A, Converse P, and Rogers W. (1976). *The Quality of American Life*. New York, NY: Russell Sage Foundation.

7. Your chances of living as long as you would like?
11. Your sex life?
16. Your ability to do things for family and friends?
17. How useful you are to others?
18. The amount of worries in your life?
25. The things you do for fun?
26. Your chances for a happy future?

Cronbach's alpha ranges from .70 to .93. Test-retest reliability = .72

Subscale: Social and Economic Subscale

13. Your friends?
15. The emotional support you get from people other than your family?
19. The room(s) you live in?
20. The community setting you live in?
21. The activities available to you?
22. Not having a job (if unemployed, retired, or disabled)?
23. Your education?
24. How well you can take care of your financial needs?

Cronbach's alpha ranges from .71 to .92. Test-retest reliability = .68

Subscale: Psychological/Spiritual

27. Your peace of mind?
28. Your faith in God?
29. Your achievement of personal goals?
30. Your happiness in general?
31. Your life in general?
32. Your personal appearance?
33. Yourself in general?

Cronbach's alpha ranges from .80 to .93. Test-retest reliability = .76

Subscale: Family Subscale

8. Your family's health?
9. Your children?
10. Your family's happiness?
12. Your spouse, lover, or partner?
14. The emotional support you get from your family?

Cronbach's alpha ranges from .63 to .92. Test-retest reliability = .69

Overall Cronbach's alpha ranges from .84 to .98. Overall Test-retest reliability = .79

Source: Minnesota Department of Human Services, Aging and Adult Services (2005). Consumer Experience Survey—Minnesota. Available at: http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs_id_051926.pdf. Accessed November 8, 2006.

Purpose of tool: This series of tools was developed to discover the types of help people need to stay in their home, whether or not they are receiving that help, and their level of satisfaction with the help they receive and their quality of life. This tool was developed by combining elements of the Centers for Medicare & Medicaid Services (CMS) survey tools for elders and people with disabilities, Minnesota's Survey of Older Minnesotans, and Minnesota's nursing home quality of life survey. Domains include general satisfaction and safety, experience with paid staff, and experiences with case management.

Data collection: This version of the questionnaire was piloted with 90 elderly waiver (EW) clients in the fall of 2004. In the spring of 2005, Minnesota's Department of Human Services, Aging and Adult Services, conducted a Consumer Experience Survey of 600 Elderly Waiver clients as part of the Real Choice grant. Of these 600 clients, 9% were non-English speaking. Approximately 10% of the sample had moderate to severe dementia, as indicated by their case managers. The survey was conducted as an in-person interview in the clients' homes.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. Some responses are on a continuum (i.e., generally no, generally yes) and others are multiple choice. See individual domains and items for response options.

General Satisfaction and Safety Questions

Responses options : Generally No, Generally Yes, No Response, Can't Code, Q7 only –N/A No Family

1. In general, do you like where you're living now?
2. In general, is your room/apartment/home how you like it to be?
3. In general, is the place in good condition?
4. Can you get around inside your (room/apartment/home) as much as you need to?
5. Are you satisfied with how you spend your free time?
6. Can you usually get to the places where you want or need to go, like shopping, for a visit, to church, to get your hair done, to play cards, or to a ball game?
7. Generally, are you satisfied with the amount of contact you have with family?
8. Generally, are you satisfied with the amount of contact you have with friends?
9. Is there someone you can count on in an emergency?
10. Are you as socially active as you'd like to be—like participating in community activities?

15. Thinking about getting dressed, would you say...

- You get dressed by yourself.
- Someone helps you get dressed some of the time.
- Someone helps you get dressed most of the time.
- No response
- Can't code

15a. Have there been times when you couldn't get dressed when you wanted to?

- No
- Yes

I will now read several statements about medications. Do you take any medications, either pills, injections, or other types of medications?

- No (GO TO QUESTION 17)
- Yes (GO TO QUESTION 16a)
- No Response (GO TO QUESTION 17)
- Can't code (GO TO QUESTION 17)

16a. Does someone set up your pills for you?

- No (Sets them up on own or does not take pills)
- Yes

16b. IF YES, Have there been times when you haven't been able to get someone to set up your pills for you?

- No
- Yes

16c. Does anyone set up your pills for your medication, such as giving you an injection or putting the pills in your mouth or hand? (NOTES ADMINISTRATION OF MEDICATION)

- No (Administer to self)
- Yes

16d. IF YES, Have there been times when you haven't been able to take your medication when you needed to because someone couldn't give it to you?

- No
- Yes

16e. Do you ever have problems getting medication because they are sometimes too expensive to buy?

- No
- Yes

17. Does someone help you use the bathroom?
- No (can perform independently with no help)
 - Yes (needs help with this activity)
 - No Response
 - Can't code
- 17a. Have there been times when you couldn't use the bathroom when you needed to?
- No
 - Yes
18. Does someone help you take bath or shower?
- No (can perform independently with no help)
 - Yes (needs help with this activity)
 - No Response
 - Can't code
- 18a. Have there been times when you couldn't take a bath or shower when you wanted to?
- No
 - Yes
19. Does someone help you eat? NOTES FEEDING; DOES NOT INCLUDE MEAL PREPARATION
- No (can perform independently with no help)
 - Yes (needs help with this activity)
 - No Response
 - Can't code
- 19a. Have there been times when you couldn't get out of bed when you wanted to?
- No
 - Yes
20. Does someone help you eat? NOTES FEEDING; DOES NOT INCLUDE MEAL PREPARATION
- No (can perform independently with no help)
 - Yes (needs help with this activity)
 - No Response
 - Can't code
- 20a. Have there been times when you couldn't eat when you wanted to?
- No
 - Yes

Experience with Paid Staff

Response options: Always, Usually, Sometimes, Never, No Response, Can't Code

30. Do the people who are paid to help you spend enough time with you—when helping you meet your needs?

31. Do the people who are paid to help you come when they are supposed to ?

32. Do the people who are paid to help you respect your privacy?

33. Do they do the things that you want them to do?

34. Do they treat you respectfully?

39. Have you ever been hit or hurt by any of the people paid to help you?

- No
- Yes (INCLUDES SOMETIMES OR ONCE)
- No response
- Can't code

IF YES, Can you tell me what happened?

40. Have any of the people paid to help you said mean things to you or yelled at you?

- No
- Yes (INCLUDES SOMETIMES OR ONCE)
- No response
- Can't code

IF YES, Can you tell me what happened?

Experience with Case Management

46. Thinking about the last year, about how often has a case manager contacted you by phone or visited you?

- More than once a month
- About once a month
- Every few months
- About once a year
- Don't know
- No Response
- Can't code

47. Has a case manager helped you solve a problem that you have told them about?

- No
- Yes
- Not applicable (Never asked. Never have a problem)
- Don't know
- No Response
- Can't code

47a. IF NO OR NOT APPLICABLE. Do you feel that your case manager would help you if you did have a problem?

- No
- Yes
- Don't know
- No Response
- Can't code

48. Have you ever talked with your case manager about any special equipment, or changes to your services that might make your life easier?

- No
- Yes
- No Response
- Can't code

48a. IF YES, Did your case manager make the changes that you asked for?

- No
- Yes
- Don't know
- No Response
- Can't code

49. Thinking about any changes in case managers, would you say...

- You haven't had any changes in case managers.
- You have had changes in case managers, but it hasn't been a problem
- You have had changes in case managers, and it has been a problem.
- Don't know
- No Response
- Can't code

Source: American Seniors Housing Association (ASHA), Seniors Housing Survey (2004). Available at: http://www.seniorshousing.org/OutsideOfStore/InteractiveFolders/DynamicDocs/showFile.aspx?Parent=58&File=CCRC_Survey_-_ASHA_members.doc. Accessed December 6, 2006.

Purpose of tool: This tool is used to inform reports by the American Seniors Housing Association, such as the annual State of Seniors Housing Report. It is completed by independent living facilities (with or without assisted living or specialty care beds), free-standing assisted living residences, Alzheimer's facilities, and continuing care retirement communities and by members of the ASHA and non-members alike. It is a collaborative, industry-wide effort including other organizations such as the Assisted Living Federation of America and the National Investment Center for Seniors Housing and Care Industries. The survey collects information on the financial position and operational characteristics of seniors housing with the purpose of providing a snapshot of these characteristics to lenders, investors, owners and operators of facilities, and other industry professionals and policymakers.

Data collection: Data have been collected annually since 1992. The survey is available in paper and pencil or Web-based formats. The typical sample is approximately 75,000 seniors housing units.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: The questions in this survey are mostly open-ended.

1. The contact person for this survey is:

Name
Phone
E-mail

2. Property location (State):

State
City (optional)

3. What year did this property open for occupancy as seniors housing?

Year

4. The location of this property is best characterized as:

5. The owner of this property is:

6. The owner of this property includes a:

7. If university/college affiliated, what is the proximity to the institution:

8. The property is managed by:

9. How many properties are managed by this entity?

10. Is the property accredited?

If yes, by whom?

11. Payment structure:

12. If entrance fee is offered, predominant contract type (see instructions for definitions):

13. Payment structure for assisted living services:

13a. If entrance fee if offered, what is the minimum refundability on the entrance fee refund option chosen by the majority of residents:

14. For the predominant refund option listed in question 8, please give the average entrance fee for one-bedroom units and/or units of approximately 1,000 sf (enter data for each contract to):

Type A:

Type B:

Type C:

15. What is the approximate size of the site upon which the property is located?

_____ acres

16. How many buildings which house residents are part of the property?

_____ buildings

17. What is the total, gross square footage and net rentable area of the physical building?
(Remember that this information can be copied from last year's survey)

- a. Common Area Square Feet (all non-rentable space) _____ square feet
- b. Net Rentable Square Feet _____ square feet
- c. Total Gross Building Area (a+b=c) _____ square feet

Financial Data for 12 Months Ending _____ mm/yyyy
(Data must be for 12 full months. Preference is for year ending 12/31/03).

A. Revenues:

1) Rent/Fee Revenue by Care Level

- a) Congregate/Independent
Base Rent
2nd Occupant Base Rent
- b) Assisted Living (including dementia—see definitions)
Base Rent/Fees
Acuity Based Care Fees
2nd Occupant Base Rent
- c) Nursing
Base Rent
Ancillary Revenues

d) Subtotal (a+b+c=d)

2) Other Revenue Categories

a) Net Cash from Entrance Fees

b) Interest Income

Misc. Income (Cable, guest meals, beauty, move-in fees, etc.)

d) Subtotal (a+b+c=d)

Total Cash Revenue (Rent/Fee + Other Revenue)

B. Operating Expenses (Important! Read Notes):

1) Labor-Related Expenses (wages, salaries, bonuses, vacation, sick, holiday):

a) Administrative

b) Dietary

c) Housekeeping

d) Maintenance

e) Assisted Living Labor

f) Nursing Labor

g) Marketing

h) All Labor in Other Departments

i) Payroll Taxes

J) Employee Benefits

k) Subtotal (a+b+c+d+e+f+g+h+i+j=k)

2) Non-Labor related expenses:

a) Property Taxes

b) Property/Liability Insurance

c) Raw Food

d) Utilities

e) Marketing/Advertising

f) Repairs & Maintenance

g) Housekeeping

h) Total Management Fees

I) All Other Operating Expenses

j) Subtotal (a+b+c+d+e+f+g+h+i=j)

3) All Corporate and/or overhead expenses

(do not include development and/or acquisition costs)

Total Operating Expenses (labor expenses + non-labor expenses + overhead)

C. Net Operating Income "NOI" (A-B=C)

Note: Data from this section must be for the same 12-month reporting period as Section II.

- 1) How many Full Time Equivalents (FTEs) did this property pay during the period year?
An FTE is defined as a 2,080-hour block of time paid in a year (i.e., 40 hours/week). For example: if two part-time housekeepers each work 20 hours per week, then you have the equivalent of 1 FTE.

a) Administrative

b) Dietary

c) Housekeeping

- d) Maintenance
- e) Assisted Living Labor
- f) Nursing Labor
- g) Marketing
- h) Activities
- i) Transportation
- j) Security
- k) All Other Departments

L) Total FTE's (a+b+c+d+e+f+g+h+i=j+k=l)

- 2) What was this property's average percentage rent increase (+) or decrease (-) for the year for in-house rents and for street rents? (In-house rents are rents for current residents who are renewing leases; street rents are rents offered to new residents after an existing resident moves out).

Congregate		Assisted Living		Skilled Nursing
In-House		In-House		In-House
Street		Street		Street

- 3) If this property has an assisted living component, the typical assisted living resident profile is best characterized as:
- 4) If this property has an assisted living component, the assisted living component is:
- 5) If this property has an assisted living component, are any of the assisted living beds Medicaid/Waiver certified?
 Note: Data from this section must be for the same 12-month reporting period as Section II.

	Independent Units (x)	Assisted Living Beds (y)	Nursing Beds (z)	Total (x+y+z)
a) Total available units/beds (occupied and vacant)*				0
b) Occupied units/beds on <u>last</u> day of reported year				0
c) Occupied units/beds on <u>first</u> day of reported year				0
d) Net Occupancy (b-c=d)**	0	0	0	0
e) Total move-ins for year				0
f) Total move-outs for year				0
g) Net move-ins (e-f=g)**	0	0	0	0
Total residents on <u>last</u> day of reported year				0
Total residents on <u>first</u> day of reported year				0

*Total beds should equal your operational maximums, not your licensed capacity.

** Net Move-Ins (g) should equal Net Occupancy Change (d).

- 2) What percentage of each unit/bed type is double occupancy?
 Independent Living Units
 Assisted Living Beds
 Nursing Beds
- 3) What is the approximate square footage of each unit type by number of bedrooms?
 Studio:
 Independent Living _____ square feet
 Assisted Living _____ square feet
 Skilled Nursing _____ square feet
- One-bedroom:
 Independent Living _____ square feet
 Assisted Living _____ square feet
 Skilled Nursing _____ square feet
- Two-bedroom:
 Independent Living _____ square feet
 Assisted Living _____ square feet
 Skilled Nursing _____ square feet
- 4) What is the average length of stay for residents for each level of care? (Please complete only if you track these data; do not estimate).
- Independent/Congregate _____ months
 Assisted Living _____ months
 Alzheimer/Dementia _____ months
 Nursing _____ months

1) Please answer the following only if this property was built or acquired on or after January 1, 1991, otherwise skip to question #2.

This property was: _____ in (year)

- a) What was the total “all-in” development cost (if built) or acquisition cost (if acquired) of this property?
 (Include purchase price, land, hard costs, soft costs, start-up costs, including operational losses to stabilization, marketing costs, rehab/renovation, expansions, amortized fees, capitalized reserve accounts, and any other costs associated with the transaction).

“All-in” Development/Acquisition Costs: Total Per Unit

- 2) This property is:
- 2a) If leased: What was the Annual Operating Lease Expense*
- 2b) If debt financed: What was the total annual debt service*
- a. Total Interest Expense
 b. Total Principal Payments
 c. All other Debt Related Expenses**
 d. Total Debt Service (a+b+c=d)

**Must be the same 12-month reporting period as Section II*

***Fees for Servicing, LOCs, MIP, Trustee, etc.*

- 3) The total outstanding debt on this property at the end of the 12-month reporting period was:
- 4) Has this property been refinanced since it was originally developed or acquired?
- 5) What were the actual and estimated ongoing capital expenditures (i.e., replacement reserves) required to maintain the property's competitive market position? (Exclude one-time extraordinary capital expenditures, expansions, or extraordinary renovations).
- 5a) 12-month actual _____ (Amount Capitalized to Balance Sheet—exclude operating expenses)
- 5b) Estimated ongoing _____ per unit per year or _____ per bed per year

Source: Health and Retirement Study (HRS), 2004. Institute for Social Research, University of Michigan, for the U.S. Department of Health and Human Services, National Institute of Aging.

Purpose of tool: The purpose of the Health and Retirement Study (HRS) is to provide researchers, policy analysts, and program planners with the data needed to make policy decisions that affect retirement, health insurance, savings, and economic well-being, with the goal of being the most promising source of data on retirement for the foreseeable future. Objectives include: explaining the antecedents and consequences of retirement; examining the relationship between health, income, and wealth over time; examining the life cycle patterns of wealth accumulation and consumption; monitoring work disability; providing a rich source of interdisciplinary data; and examining how the mix and distribution of economic, family, and program resources affect key outcomes, including retirement, not saving, health declines, and institutionalization. For the purpose of this scan, the Housing module (Section H of HRS 2004) was deemed to be the most applicable, and selected relevant items from that questionnaire are included below.

Data collection: HRS is a panel study representing all persons over the age of 50 in the United States. Over 22,000 people over 50 years of age are surveyed every 2 years. The Housing Module is administered for HRS sampled persons who reside in community based housing including some assisted living facilities.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Unless otherwise stated, response options are “Yes,” “No,” “Don’t Know (DK),” or “Refused (RF).” In many cases, the options are listed in the question and are thus not repeated.

- | | |
|------------|--|
| H115/F22. | Our records indicate that you live in a retirement community that provides special services. Even if you don’t use them now, does the place you live offer any of the following:

Group Meals? |
| H116/F22a. | Do you pay extra if you use this service? |
| H117/F22b. | Do you (or your [husband/wife/partner]) use it now? |
| H118/F23. | Does the place you live offer transportation services? [Same two followup questions as above] |
| H119/F24. | Does the place you live offer help with housekeeping chores? [Same two followup questions as above] |
| H120/F25. | Does the place you live offer help with bathing, dressing, or eating? [Same two followup questions as above] |
| H121/F27. | Does the place you live offer an emergency call button or check on residents? [Same two followup questions as above] |

- H122/F30. Does the place you live offer nursing care of an on-site nurse? [Same two followup questions as above]
- H123/F30a. Is there a special resident facility for people who need nursing care?
- H124/F30b. Do you pay extra if you use the nursing care service?
- H125/F30c. Do you (or your husband/wife/partner) use the nursing care service now?
- H126/F31. Would the place where you live now allow you to continue living in your current unit EVEN if you needed substantial care?
- H127/F32. (Is your house/Is the building your home is in) a single story, two stories, or more than two stories?
- H128/F33. Does it have an elevator?
- Yes
Stair lift
No
DK
- H129/F33a. Is all your living space on one floor?
- H130/F33b. Does your (house or apartment/house/apartment) have bathroom facilities on all floors?
- H131/F34. Since you moved here in (month, year of move), have you modified your (house/apartment) to make it easier or safer for an older person or a disabled person to live here?
- Yes
Already handicap accessible
No
DK
- H132/F34a. Sometimes buildings have special features to help older disabled persons get around. Does your (house or apartment/house/apartment) have features such as a ramp, railings, or modifications for a wheelchair?
- H133/F34b. Which special features does it have?
- Ramp
Railings
Modifications for a wheelchair
Other (specify)
DK
- H134/F34c. How about special features to safeguard older or disabled persons—does your (house or apartment/house/apartment) have features such as grab bars, a shower seat, or a call device or another system to get help when needed?

- H135/F34d. What special features does it have to help safeguard older or disabled people?
- Grab bars or shower seat
 - Call system/other system to get help when needed
 - Other (specify)
 - DK
- H136/F35. Do you have your own kitchen?
- H137/F36. How many rooms are there in your (house or apartment/house/apartment), not counting bathrooms, hallways, or unfinished basements?
- H138/F37. How about the physical condition of your (house or apartment/house/apartment), would you say it is in excellent, very good, good, fair, or poor condition?
- H139/F38. If you (or your husband/wife/partner) had a serious health problem that limited your ability to get around, how easy or difficult would it be to make changes in the layout of your home so you could continue to live there? Would it be fairly easy or fairly difficult?
- H140/F39. Would you say the safety of your neighborhood is excellent, very good, good, fair, or poor?

Sources: Medicare Current Beneficiary Survey (MCBS) for 2004 and 2002. U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), Medicare Current Beneficiary Survey. Available at: <http://www.cms.hhs.gov/MCBS/>. Accessed October 25, 2006.

McCormick JC, and Chulis GS. (2003). Growth in residential alternatives to nursing homes: 2001. *Health Care Financ Rev* 24(4):143-150.

McCormick JC, and Chulis GS. (2000). Characteristics of Medicare persons in long-term care facilities: Statistics of patients. *Health Care Financ Rev* 22(2):175-179.

Purpose of tool: The MCBS was developed by CMS to provide a comprehensive source of information on the health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of Medicare beneficiaries. It is a multipurpose panel survey of a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries. The MCBS has two major instrument components: the community interview and the facility interview. The Housing Characteristics Module (part of the community interview) was created in 2002 in order to address the rise in the number of alternatives to traditional long-term care facilities that do not qualify for the regular facility interview, referred to (in MCBS) as elderly group residential arrangements (EGRAs). The goal was to capture information about these alternative living spaces and the individuals who reside in them. Characteristics of interest include the number of floors, elevators, bathrooms, modifications to bathrooms, wheelchair accessibility, and others. Other information captured by the module includes the level of personal care services provided and aging in place issues. Some sampled people in the community component of MCBS self-identify their housing as an assisted living facility (via the Housing Questionnaire).

The MCBS facility interview is used to collect data on people who reside in institutional settings such as nursing homes. Some people in the facility component of MCBS are identified as residing in an assisted living facility based upon data collected with the Facility Questionnaire. This instrument collects data on facility characteristics and provision of facility services. The Facility Core Use of Services module is used to collect additional details on the use of services provided by the facility to facility residents. Other MCBS instruments are excluded from this review.

Data collection: The sample is drawn from CMS's Medicare enrollment files. The first stage of sampling included the selection of 107 geographic primary sampling units (PSUs). Beneficiaries that lived within these PSUs were selected by systematic random sampling within age strata. The disabled and oldest-old (age 85 and older) were over sampled by a factor of 1.5. The target sample size is 12,000 people. Beneficiaries residing in the sampled areas are selected without regard to type of residence, thus avoiding the need for a separate sampling of the institutionalized. A sample person who is in the community for part of the reference period and in a nursing home for another part will essentially receive two interviews: one in the home for the community portion and the other with the facility staff. MCBS community data are collected with an in-person interview. The initial contact for the facility interview is with the facility administrator. Interviews are then conducted with staff members identified by the administrator as the most appropriate to answer each section of the questionnaire. MCBS participants are followed for a 4-year period.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary by question. See individual items for response options.

Community Housing Module

- HA2. How many levels are in (your/SP's) (house/apartment or condominium building/place of residence)?
ONE
TWO
THREE OR MORE
REFUSED
DON'T KNOW

Response Options: Yes, No, Refused, Don't Know (unless otherwise noted)

- HA3. Does (your/SP's) (house/apartment or condominium building/place of residence) have an elevator?
- HA4. Is the living space in (your/SP's) (house/own apartment or condominium/place of residence) all on one level?
- HA5. Does (your/SP's) (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels?
- HA6. Does (your/SP's) (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?
- HA7. Does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?
- HA8. Other than stair railings, does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/him/her) move around?
- HA9. Now, please look at this card and tell me if (you live/SP lives) in any of these types of housing.
- HA10. IF NECESSARY, ASK: Which category best describes (your/SP's) type of housing?

Retirement Community
Senior Citizens Housing
Assisted Living Facility
Continuing Care Community
Staged Living Community
Retirement Apartments
Church-Provided Housing
Personal Or Residential Care Home
Other (Specify) _____
Refused
Don't Know

- HA11. Does (your/SP's) place of residence give (you/him/her) access to personal care services like any of those listed on this card?

- HA12. We are interested in personal services that might be available here in addition to housing. [In (this/these) (CATEGORY FROM HA10)/In (your/SP's) place of residence], (do you/does SP) have access to ... (Yes/NO)
- prepared meals?
 - housekeeping, maid, or cleaning services?
 - laundry services?
 - help with medications?
 - transportation?
 - recreational services, such as exercise facilities, movies, activities/programs, library, card rooms, pool tables, etc.?
- HA13. Are these services included as part of the cost of (your/SP's) housing or is there a separate charge for them?
 All Included
 Some Included/Some Separate
 All Separate
 Refused
 Don't Know
- HA14. Would the (CATEGORY FROM HA10/place) where (you currently live/SP currently lives) allow (you/him/her) to continue living in (your/his/her) (house/apartment or condominium/mobile home/home) if (you/he/she) needed substantial care?
- HA15. If (you/he/she) needed substantial care, would that care be provided in another part of (this/these) same (CATEGORY FROM HA10/place of residence)?
- HA16. Does the place where (you live/SP lives) now require residents to be a certain age to live there or receive services?
- HA17. Now I have a few questions about the rooms in (your/SP's) place of residence. (Do you/Does SP) have (your/his/her) own bathroom facilities?
- HA18. How many rooms are there in (your/SP's) (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?
- Number Of Rooms ____
 Refused
 Don't Know
- HA19. (Do you/Does SP) have (your/his/her) own kitchen?

Facility Screener Questionnaire

- FA1 Is {FACILITY} a free-standing nursing home?
 YES
 NO
- If Volunteered: {Facility} Is ...
 Continuing Care Retirement Community (CCRC)
 Nursing Home/Unit Within A CCRC or Retirement Center
 Retirement Community
 Hospital
 Hospital-Based SNF Unit
 Assisted Living Facility

Board and Care Home
Domiciliary Care Home
Personal Care Home
Rest Home/Retirement Home
Mental Health Center/Psychiatric Setting
Institution for the Mentally Retarded/Developmentally Disabled
Rehabilitation Facility
Adult/Group Home
Home/Mgmt. Office for Chain/Off-Site Nursing Facilities
Other (Specify: _____).
DK

Is {FACILITY} part of a larger {home/facility} or campus?
Yes
No
DK

What type of place is {FACILITY} part of?
Continuing Care Retirement
Community (CCRC)
Retirement Community
Hospital
Assisted Living Facility
Board and Care Home
Domiciliary Care Home
Personal Care Home
Rest Home
Other (Specify: _____)

FA5 What type of place is {FACILITY}?
Continuing Care Retirement Community (CCRC)
Nursing Home/Unit Within a CCRC or Retirement Center
Retirement Community
Hospital
Hospital-Based SNF Unit
Assisted Living Facility
Board and Care Home
Domiciliary Care Home
Personal Care Home
Rest Home/Retirement Home
Mental Health Center/Psychiatric Setting
Institution for the Mentally Retarded/Developmentally Disabled
Rehabilitation Facility
Adult/Group Home
Home/Mgmt. Office for Chain/Off-Site Nursing Facilities
Other (Specify: _____).
DK

FA11 Please tell me about all the parts or units of {LARGER FACILITY} where residents stay overnight.
{Please do not include acute care departments or units in this list.}
{PROBE: Any others?}

- FA12 What type of (place/unit) is that?
 Nursing Home/Unit
 Hospital
 Assisted Living Facility
 Board and Care Home
 Domiciliary Care Home
 Personal Care Home
 Rest Home/Retirement Home
 Independent Living Units
 Mental Health Center/Psychiatric Setting
 Institution For The Mentally Retarded/Rehabilitation Facility
 Other (Specify: _____)
- FA16 You mentioned that {NAME IN FA11} is a hospital. Please look at this card and tell me what kind of hospital it is.
 A. Acute Care Hospital
 B. Private Psychiatric Hospital
 C. State or County Hospital for the Mentally Ill
 D. VA Hospital, VA Medical Center
 E. State Hospital for the Mentally Retarded
 F. Chronic Disease, Rehabilitation, Geriatric, or Other Long-Term Care Hospital
 Other (Specify: _____).
- FA22 Does {FACILITY} have any beds that are {not certified by {Medicaid or Medicare} but are} licensed as nursing {home/facility} beds by the {STATE} State Health Department or by some other State or Federal agency?
 Yes, Licensed by State Health Department
 Yes, Licensed by Some Other Agency
 (Specify: _____)
 No, Not Licensed
- FA22A Does {FACILITY} provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?
 Yes
 No
 DK
- FA22B Does {FACILITY} have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the {STATE} State Health Department or by some other State agency?
 Yes, Licensed by State Health Department
 Yes, Licensed by Some Other Agency
 (Specify: _____)
 No, Not Licensed
 DK

FA22C In addition to room and board, does {FACILITY/ELIGIBLE UNIT} routinely provide...
YES
NO

ROOMCARE Nursing or Medical Care? ()
SUPRVMED Supervision Over Medications? ()
FHLPBATH Help with Bathing? ()
FHLPDRESS Help with Dressing? ()
FHLPSHOP Help with Correspondence/Shopping? ()
FHLPWALK Help with Walking? ()
FHLPEAT Help with Eating? ()
FHLPCOMM Help with Communications? ()

FA23 Does {FACILITY} provide 24-hour a day, on-site supervision by a caregiver 7 days a week?
Yes
No
DK

FA54 Next, we're interested in learning about any special care units within {FACILITY} -- units with a specified number of beds identified and dedicated for residents with specific needs or diagnoses. Does {FACILITY} have any special care units, such as those listed on this card?
At Least One Special Care Unit Mentioned
No Special Care Units
DK

FA55 What kind of special care unit(s) does {FACILITY} have?
Alzheimer's And Related Dementias
AIDS/HIV
Dialysis
Children with Disabilities
Brain Injury (Traumatic Or Acquired)
Hospice
Huntington's Disease
Rehabilitation
Ventilator/Pulmonary
Other (Specify: _____)

Facility Core: Use of Services Module

US1PRE This series of questions is about the health care services that {SP} may have received between {REFERENCE START DATE} and {REFERENCE END DATE} while {she/he} resided in {FACILITY/[READ FACILITY/UNITS ABOVE]}. {The questions include any services that {she/he} received outside this facility, as well as care from any providers who saw {her/him} here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while {she/he} was an overnight inpatient in an acute care hospital.}

CURRENT TIMELINE

PLACE NAME	START DATE	END DATE	STAY TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
ETC.	ETC.	ETC.	ETC.

US1 Between {REFERENCE START DATE} and {REFERENCE END DATE} while a resident in this {FACILITY/HOME}, did {she/he} see a medical doctor of any kind, outside the {FACILITY/HOME}, excluding mental health therapy provided by a psychiatrist?

- YES
- NO
- DK

US2 Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see doctors outside this facility? NUMBER

US3A Please tell me the name and title of someone in {FACILITY/[READ FACILITY/UNITS ABOVE]} who could give me that information.

Thank you for your time, those are all the questions I have for you. Right now I need to continue with [NAME FROM FROG] to complete these questions.

US5A Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see any doctor here?

() NUMBER

US6PRE The following questions are about services used both inside and outside this facility. We are only interested in services {SP} received while residing in {FACILITY/[READ FAC/UNITS LISTED ABOVE]}.

US6 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

- YES
- NO
- DK

US7 Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

NUMBER

US8 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a psychiatrist or any other mental health care professional either inside or outside this facility?

- YES
- NO
- DK

- US9 What type of mental health specialist did {she/he} see?
 Select All That Apply.
 Psychiatrist
 Psychologist
 Psychiatric Nurse
 Psychiatric Social Worker
 Licensed Clinical
 Social Worker
 Other (Specify: _____)
- US10 Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many sessions or visits
 did {she/he} have?

 NUMBER
- US11 Were these individual sessions, group sessions, or some of both?

 INDIVIDUAL
 GROUP
 BOTH
- US12 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a therapist
 such as a physical therapist, speech therapist, I.V. therapist, occupational therapist,

 Yes
 No
 DK
- US13 Please look at this card and tell me about how often each week therapy was provided.

 More than 5 Times a Week
 Less than Once a Week
 3 To 5 Times a Week
 More than 5 Times a Week
 One-Time Evaluation
 DK
- US14 Now look at this card. Between {REFERENCE START DATE} and {REFERENCE END DATE}, over
 how long a period was therapy provided?

 Less than 1 Week
 1 to 3 Weeks
 4 to 8 Weeks
 More than 8 Weeks But Not The Whole Time
 About the Whole Time
 DK

US22A Between {REFERENCE START DATE} and {REFERENCE END DATE} was {SP} seen by a podiatrist (either inside or outside this facility)?

YES
NO

US23 Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive educational or habilitational services (either inside or outside this facility)?

PROBE: "Habilitation services" include training in daily living skills, self care, and so on, in a structured program.

YES
NO
DK

US24 Were those services educational, habilitational, or both?

Educational
Habilitation
Both
DK

US25 Please look at this card and tell me, between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period were these {educational} {habilitation} services provided?

Less than 1 Week
1 to 3 Weeks
4 to 8 Weeks
More than 8 Weeks But Not The Whole Time
About the Whole Time
DK.

US27 Between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period were these habilitation services provided?

Less than 1 Week
1 to 3 Weeks
4 to 8 Weeks
More than 8 Weeks But Not the Whole Time
About the Whole Time
DK

US29 USE SHOW CARD US5 FOR PROMPTING AS NEEDED. Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive care from any other licensed or certified health care provider (either inside or outside this facility)?

YES
NO
DK

US30 What kind of provider was that?
SELECT ALL THAT APPLY.

Audiologist
Dietician
Laboratory Technician
Nurse Practitioner
Ophthalmologist
Optometrist
Physicians' Assistant
Recreational Therapist
Registered Nurse
Social Worker
X-Ray Technician
Other (Specify:)

US31PRE The next few questions are about any visits {SP} may have made to a hospital emergency room, that is, from {REFERENCE START DATE} through {REFERENCE END DATE}. Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays.

US32 While {she/he} was in a nursing home, did {she/he} make any visits to a hospital emergency room between {REFERENCE START DATE} and {REFERENCE END DATE}?

YES
NO
DK

{REF. START DATE} - {REF. END DATE} On what date did the first/next} ER visit occur? MONTH
() DAY () YEAR ()

{REF. START DATE} - {REF. END DATE} ER VISIT: {DATE FROM US33}
Other than what you have just told me, did {SP} have any other emergency room visits?
Yes
No
DK

US37 {Besides the {health care providers} {and} {emergency room} visits you have already told me about,}
{D/d}id {she/he} ever go to the hospital and return on the same day?

Yes
No
DK

US40 Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services {SP} received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services {SP} received between {REFERENCE DATE} and {END DATE}.

SELECT ALL THAT APPLY

- Diabetic Equipment or Supplies
- Eye Glasses or Contact Lenses
- Hearing Aid or Other Communication Device
- Orthopedic Items
- Equipment or Supplies For Kidney Dialysis
- Ostomy Supplies
- Cloth Diapers
- Disposable Diapers
- Ambulance Service
- Prosthesis Oxygen
- DON'T KNOW
- None of the Above

US42 Please look at this second card and tell me what medical devices or equipment {he/she} received between {REFERENCE DATE} and {END DATE}.

SELECT ALL THAT APPLY

- Bedside Commode Bed Pads (Cloth or Disposable)
- Catheter and Catheter Supplies
- Feeding Supplies (Include Pumps, Syringes, Tubes)
- G Tube and Supplies
- Geri Chair
- Hospital Bed
- IV Supplies
- Nebulizer
- Special Mattress, Cushions or Mattress Pads (Including Egg Crate, Air)
- Suction Machine And Supplies
- Ted Hose and Supplies
- Wheelchair/Walker Some Other Type of Device or Equipment
- None of the Above

US43 Please tell me if {SP} received any of the following medical services? Did {he/she} receive. .

- YES
- NO
- Turning and positioning
- Tubefeeding
- Restraints
- Injections

US45 Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services {he/she} received between {REFERENCE DATE} and {END DATE}?
SELECT ALL THAT APPLY

- Catheterization and Irrigation
- Applying/Changing Dressings Including Band-Aids
- Feeding (with Spoon, Syringe, Pump, or Other Device)
- Skin Treatments for Prevention/Treatment of Skin Ulcers
- Applying/Monitoring
- Hot Packs IV Use and Care
- G Tube Use and Care Pacemaker
- Check Suctioning Incontinence
- Some Other Kind of Item or Service
- None of the Above

Source: Participant Experience Survey, Version 1.0 (2003). The MEDSTAT Group, Inc. (2003). Participant Experience Survey Version 1.0 . Developed for the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Galantowicz S, and Jackson B. (2005). Final Report: Development of the Participant Experience Survey (PES). Prepared for the Center for Medicaid and State Operations, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. Available at: http://www.cms.hhs.gov/HCBS/02_QualityToolkit.asp#TopOfPage. Accessed December 6, 2006.

Purpose of tool: The Participant Experience Survey (PES) is a series of three survey tools used for the Medicaid Home and Community Based Waiver population, which may include individuals in their own homes or in residential care settings that do not fall within the nursing home definition. The survey is a technical assistance tool for States that can be used for quality assessment and quality improvement activities for their Medicaid Home and Community-Based Services waiver programs. The PES E/D was designed for elderly and non-elderly populations with physical disabilities and yields 33 performance indicators of program quality. The PES MR/DD was designed for use with mentally retarded and/or developmentally disabled adults and yields 51 performance indicators. These two surveys encompass four priority areas of interest: access to care, choice and control, respect and dignity, and community integration and inclusion. The third and final PES version is the PES BI, which is intended for adults with acquired brain injuries, and it yields 58 performance indicators. This survey is organized into four domains: program supports, choice and control, respect and dignity, and community activities. We have chosen to extract the portions of these surveys that are applicable to assisted living populations. Many items are identical across the instruments, and therefore the instruments below are not shown in their entirety.

Data collection: These surveys were administered using in-person interviews. Original Likert scale response categories were changed to dichotomous yes/no response options for easier understanding by waiver participants. Phase II field testing of the PES E/D instrument yielded an estimated 95% of respondents able to respond. Eighteen percent of participants in the PES MR/DD field test were unable to complete the full survey themselves.

Scale structure: According to the report, the only meaningful factor that emerged from a factor analysis was one composed of selected variables from the Access to Care domain, which the authors labeled “unmet need.” The Cronbach’s alpha for this factor was 0.67, which seemingly reflects a scale of unmet need in ADL and IADL.

Reliability: Inter-rater reliability studies showed three reviewers recording the same response to 90% or more of the items.

Validity: No validity measures given. Field testing brought concerns about validity of responses to “fact” items (e.g., “Do you go to a day program?”) when interviewing cognitively impaired participants, especially those with dementia.

Response options: Most questions were asked in a “yes/no” format; however response options do vary by question. See individual items for response options.

Participant Experience Survey (PES) Elderly/Disabled [E/D] Version

Access to Care

1. Is there any special help that you need to take a bath or shower?

- Needs help from another person
- Does not need help from another person →Skip to Q.4
- Unclear response →Skip to Q.4
- No Response →Skip to Q.4

2. Do you ever go without a bath or shower when you need one?

- Yes
- No →Skip to Q.4
- Unsure →Skip to Q.4
- Unclear Response →Skip to Q.4
- No Response →Skip to Q.4

3. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

4. Is there any special help that you need to get dressed?

- Needs help from another person
- Does not need help from another person →Skip to Q.7
- Unclear response →Skip to Q.7
- No Response →Skip to Q.7

5. Do you ever go without getting dressed when you need to?

- Yes
- No →Skip to Q.7
- Unsure →Skip to Q.7
- Unclear Response →Skip to Q.7
- No Response →Skip to Q.7

6. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

7. Is there any special help that you need to get out of bed?

- Needs help from another person
- Does not need help from another person →Skip to Q.10
- Unclear response →Skip to Q.10
- No Response →Skip to Q.10

8. Do you ever go without getting out of bed when you need to?

Yes
No →Skip to Q.10
Unsure →Skip to Q.10
Unclear Response →Skip to Q.10
No Response →Skip to Q.10

9. Is this because there is no one there to help you?

Yes
No
Unsure
Unclear Response
No Response

10. Is there any special help that you need to eat?

Needs help from another person
Does not need help from another person →Skip to Q.13
Unclear response →Skip to Q.13
No Response →Skip to Q.13

11. Do you ever go without eating when you need to?

Yes
No →Skip to Q.13
Unsure →Skip to Q.13
Unclear Response →Skip to Q.13
No Response →Skip to Q.13

12. Is this because there is no one there to help you?

Yes
No
Unsure
Unclear Response
No Response

13. Is there any special help that you need to make your meals?

Needs help from another person
Does not need help from another person →Skip to Q.16
Unclear response →Skip to Q.16
No Response →Skip to Q.16
Not Applicable, Tube fed →Skip to Q.19

14. Do you ever go without a meal when you need one?

Yes
No →Skip to Q.16
Unsure →Skip to Q.16
Unclear Response →Skip to Q.16
No Response →Skip to Q.16

15. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

16. Is there any special help that you need to get groceries?

- Needs help from another person
- Does not need help from another person →Skip to Q.19
- Unclear response →Skip to Q.19
- No Response →Skip to Q.19
- Not Applicable, Tube fed →Skip to Q.19

17. Are you sometimes unable to get groceries when you need them?

- Yes
- No →Skip to Q.19
- Unsure →Skip to Q.19
- Unclear Response →Skip to Q.19
- No Response →Skip to Q.19

18. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

19. Is there any special help that you need to do housework—things like straightening up or doing dishes?

- Needs help from another person
- Does not need help from another person →Skip to Q.22
- Unclear response →Skip to Q.22
- No Response →Skip to Q.22

20. Does the housework not get done sometimes?

- Yes
- No →Skip to Q.22
- Unsure →Skip to Q.22
- Unclear Response →Skip to Q.22
- No Response →Skip to Q.22

21. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

22. Is there any special help that you need to do laundry?

Needs help from another person

Does not need help from another person →Skip to Q.25

Unclear response →Skip to Q.25

No Response →Skip to Q.25

23. Does the laundry not get done sometimes?

Yes

No →Skip to Q.25

Unsure →Skip to Q.25

Unclear Response →Skip to Q.25

No Response →Skip to Q.25

24. Is this because there is no one there to help you?

Yes

No

Unsure

Unclear Response

No Response

25. Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?

Yes

No

Unsure

Unclear Response

No Response

26. Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?

Needs help from another person

Does not need help from another person →Skip to Q.29

Unclear response →Skip to Q.29

No Response →Skip to Q.29

27. Do you ever go without taking your medicine when you need it?

Yes

No →Skip to Q.29

Unsure →Skip to Q.29

Unclear Response →Skip to Q.29

No Response →Skip to Q.29

28. Is this because there is no one there to help you?

Yes

No

Unsure

Unclear Response

No Response

29. Is there any special help that you need to get to or use the bathroom?

- Needs help from another person
- Does not need help from another person →Skip to Q.32
- Unclear response →Skip to Q.32
- No Response →Skip to Q.32

30. Are you ever unable to get to or use the bathroom when you need to?

- Yes
- No →Skip to Q.32
- Unsure →Skip to Q.32
- Unclear Response →Skip to Q.32
- No Response →Skip to Q.32

31. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

32. Think about the people who are paid to help you with the everyday activities we have been discussing. Do they spend all the time with you that they are supposed to?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- No Home Support Staff

Choice and Control

36. Do you help pick the people who are paid to help you?

- Yes →Skip to Q.38
- No
- Unsure
- Unclear Response →Skip to Q.38
- No Response →Skip to Q.38
- No Personal Care Staff →Skip to Q.41

37. Would you like to help pick the people who are paid to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

38. Did you know you can change the people who are paid to help you if you want to?

- Yes
- No
- Unsure
- Unclear Response
- No Response

39. Thinking again about the people who are paid to help you, do you tell them what to help you with?

- Yes →Skip to Q.41
- No
- Sometimes → Skip to Q.41
- Unsure
- Unclear Response →Skip to Q.41
- No Response →Skip to Q.41

40. Would you like to tell them the things you want help with?

- Yes
- No
- Unsure
- Unclear Response
- No Response

41. If there is something wrong with the help you are getting, who do you talk with to get the problem fixed?
(CHECK ALL THAT APPLY)

- No One
- Family/Friend
- Case Manager/Support Coordinator/other Staff
- Other (specify) _____
- Unsure
- Unclear Response
- No Response

42. Who is your case manager or support coordinator?

- Names case manager/support coordinator
- Does not name case manager/support coordinator
- Unclear Response
- No Response

43. Can you talk to your case manager or support coordinator when you need to?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response
- Not applicable-have not tried

44. Does your case manager or support coordinator help you when you ask for something?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response
- Not applicable-have not asked

Respect/Dignity

47. Have you ever been injured by any of the people paid to help you now?

- Yes
- No →Skip to Q.49
- Unsure →Skip to Q.49
- Unclear Response →Skip to Q.49
- No Response →Skip to Q.49
- Not Applicable (Does not interact with any paid staff) →Skip to Q.59

48. What happened? When? Would you like any help with this problem?

49. Are any of the people paid to help you now mean to you, or do they yell at you?

- Yes
- No →Skip to Q.51
- Sometimes
- Unsure →Skip to Q.51
- Unclear Response →Skip to Q.51
- No Response →Skip to Q.51

51. Have any of the people paid to help you now ever taken your things without asking?

- Yes
- No →Skip to Q.53
- Unsure →Skip to Q.53
- Unclear Response →Skip to Q.53
- No Response →Skip to Q.53

56. Do you ride a van or use other transportation services?

- Yes
- No →Skip to Q.59
- Unsure →Skip to Q.59
- Unclear Response →Skip to Q.59
- No Response →Skip to Q.59

57. Do the people paid to help you on the van or with other transportation treat you respectfully?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

58. Do the people paid to help you on the van or with other transportation listen carefully to what you ask them to do?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

Participant Experience Survey (PES) MR/DD Version

Choice and Control

1. How long have you lived (in your home/here)?

_____ Year _____ Months

- Unsure
- Unclear Response
- No Response

2. Do you like where you live?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

3. Did you help pick (this/that) place to live?

- Yes
- No
- Unsure
- Unclear Response
- No Response

5. According to _____, you live with (housemates/your family/ by yourself). Is that right?

- Housemates → Skip to Q.8
- Family → Skip to Q.7
- Alone
- Unsure → Skip to Q.11
- Unclear Response → Skip to Q.11
- No Response → Skip to Q.11

6. Did you choose to live alone?

- Yes
- No
- Unsure
- Unclear Response
- No Response

7. Would you rather live with other people?

- Yes →Skip to Q.11
- No →Skip to Q.11
- Unsure →Skip to Q.11
- Unclear Response →Skip to Q.11
- No Response →Skip to Q.11

8. Do you like the people you live with?

- Yes
- No
- Unsure
- Unclear Response
- No Response

9. Do you share a bedroom in your home?

- Yes
- No →Skip to Q.11
- Unsure →Skip to Q.11
- Unclear Response →Skip to Q.11
- No Response →Skip to Q.11

10. Did you help pick the person who shares your bedroom?

- Yes
- No
- Unsure
- Unclear Response
- No Response

30. Can you watch TV when you want to?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

31. Can you go to bed when you want to?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

32. Can you be by yourself when you want to?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response

33. If there is something wrong with the help you are getting, who do you talk with to get the problem fixed?
(CHECK ALL THAT APPLY)

- No One
- Family/Friend
- Case Manager/Support Coordinator/other Staff
- Other (specify)_____
- Unsure
- Unclear Response
- No Response

Respect/Dignity

30. Do the support staff who come to your home respect you?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- No Staff in Home → Skip to Q.23

31. Do the support staff who come to your home say “please” and “thank you” when they ask you for something?

- Yes
- No
- Unsure
- Unclear Response
- No Response

32. Do the support staff who come to your home listen carefully to what you ask them to do?

- Yes
- No
- Unsure
- Unclear Response
- No Response

40. Do people ever come into your room when you don't want them to?

- Yes
- No
- Unsure
- Unclear Response
- No Response

49. Does anyone ever hit you or hurt your body?

Access to Care

53. Is there any special help that you need to take a bath or shower? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.56
- Unclear response →Skip to Q.56
- No Response →Skip to Q.56

54. Do you ever go without a bath or shower when you need one?

- Yes
- No →Skip to Q.56
- Unsure →Skip to Q.56
- Unclear Response →Skip to Q.56
- No Response →Skip to Q.56

55. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

56. Is there any special help that you need to get dressed? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.59
- Unclear response →Skip to Q.59
- No Response →Skip to Q.59

57. Do you ever go without getting dressed when you need to?

- Yes
- No →Skip to Q.59
- Unsure →Skip to Q.59
- Unclear Response →Skip to Q.59
- No Response →Skip to Q.59

58. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

59. Is there any special help that you need to get out of bed? (SPECIFY)

Needs help from another person
Does not need help from another person →Skip to Q.62
Unclear response →Skip to Q.62
No Response →Skip to Q.62

60. Do you ever go without getting out of bed when you need to?

Yes
No →Skip to Q.62
Unsure →Skip to Q.62
Unclear Response →Skip to Q.62
No Response →Skip to Q.62

61. Is this because there is no one there to help you?

Yes
No
Unsure
Unclear Response
No Response

62. Is there any special help that you need to eat? (SPECIFY)

Needs help from another person
Does not need help from another person →Skip to Q.65
Unclear response →Skip to Q.65
No Response →Skip to Q.65

63. Do you ever go without eating when you need to?

Yes
No →Skip to Q.65
Unsure →Skip to Q.65
Unclear Response →Skip to Q.65
No Response →Skip to Q.65

64. Is this because there is no one there to help you?

Yes
No
Unsure
Unclear Response
No Response

65. Is there any special help that you need to make your meals? (SPECIFY)

Needs help from another person
Does not need help from another person →Skip to Q.68
Unclear response →Skip to Q.68
No Response →Skip to Q.68
No Applicable, Tube Fed →Skip to Q.71

66. Do you ever go without a meal when you need one?

- Yes
- No →Skip to Q.68
- Unsure →Skip to Q.68
- Unclear Response →Skip to Q.68
- No Response →Skip to Q.68

67. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

68. Is there any special help that you need to get groceries? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.71
- Unclear response →Skip to Q.71
- No Response →Skip to Q.71

69. Are there sometimes unable to get groceries when you need them?

- Yes
- No →Skip to Q.71
- Unsure →Skip to Q.71
- Unclear Response →Skip to Q.71
- No Response →Skip to Q.71

70. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

71. Is there any special help that you need to do housework? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.74
- Unclear response →Skip to Q.74
- No Response →Skip to Q.74

72. Does the housework not get done sometimes?

- Yes
- No →Skip to Q.74
- Unsure →Skip to Q.74
- Unclear Response →Skip to Q.74
- No Response →Skip to Q.74

73. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

74. Is there any special help that you need to do laundry? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.77
- Unclear response →Skip to Q.77
- No Response →Skip to Q.77

75. Does the laundry no get done sometimes?

- Yes
- No →Skip to Q.77
- Unsure →Skip to Q.77
- Unclear Response →Skip to Q.77
- No Response →Skip to Q.77

76. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

77. Can you always get to the places you need to go, like work, shopping, the doctor's office, or a friend's house?

- Yes
- No
- Unsure
- Unclear Response
- No Response

78. Is there any special help that you need to take medicine, such as someone to pour it or set up your pills?

- Needs help from another person
- Does not need help from another person →Skip to Q.81
- Unclear response →Skip to Q.81
- No Response →Skip to Q.81

79. Do you ever go without taking your medicine when you need it?

- Yes
- No →Skip to Q.81
- Unsure →Skip to Q.81
- Unclear Response →Skip to Q.81
- No Response →Skip to Q.81

80. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

81. Is there any special help that you need to get to or use the bathroom? (SPECIFY)

- Needs help from another person
- Does not need help from another person →Skip to Q.84
- Unclear response →Skip to Q.84
- No Response →Skip to Q.84

82. Are you ever unable to get to or use the bathroom when you need to?

- Yes
- No →Skip to Q.84
- Unsure →Skip to Q.84
- Unclear Response →Skip to Q.84
- No Response →Skip to Q.84

83. Is this because there is no one there to help you?

- Yes
- No
- Unsure
- Unclear Response
- No Response

84. Think about the support staff who help you with the everyday activities we have been talking about. Do these support staff spend all the time with you that they are supposed to?

- Yes
- No
- Unsure
- Unclear Response
- No Response

85. Have you ever talked with your case manager or support coordinator about any special equipment, or changes to your home, that might make your life easier?

- Yes
- No →Skip to Q.88
- Unsure →Skip to Q.88
- Unclear Response →Skip to Q.88
- No Response →Skip to Q.88

86. What equipment or changes did you talk about? (SPECIFY)

87. Did you get the equipment or make the changes needed?

- Yes
- No
- In Process
- Unsure
- Unclear Response
- No Response

Participant Experience Survey (PES) Brain Injury (BI) Version

Respect and Dignity

37. Does anyone ever injure you now?

- Yes
- No
- Sometimes
- Unsure
- Unclear Response
- No Response
- I don't remember

40. Does anyone ever touch you in a way that you don't like?

- Staff at home
- Staff somewhere else
- Housemate
- Family/Friend
- Other (Specify)
- Unsure
- Unclear Response
- No Response
- I don't remember

Community Activities

48. Do you always have a ride to the places you need to go, like work, shopping, or the doctor's office?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- I don't remember

49. Are you allowed to go out in your community without supervision when you want to?

- Yes
- No
- Unsure
- Unclear Response
- No Response
- I don't remember

51. Do you have a chance to do things in your community when you want to?

Yes

No

Unsure

Unclear Response

No Response

I don't remember

52. Can you do more for yourself now than when you first started receiving services from this program? Would you say no more, a little more, or a lot more?

No more

A little more

A lot more

Unsure

Unclear Response

No Response

I don't remember

Sources: Hawes C, Wildfire J, Iannacchione V, Lux L, Greene A, Mor V, and Laliberte L. (1996). Report on study methods: Analysis of the effect of regulation on the quality of care in board and care homes. Prepared for the U.S. Department of Health and Human Services, Office of the Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (DALTCP) and the Research Triangle Institute. Available at: <http://aspe.hhs.gov/search/daltcp/Reports/B&CWEB.HTM>. Accessed October 25, 2006.

Purpose of tool: The survey instruments presented below were used as a part of a broader study that had three goals: (1) to examine the effect of State regulation on the quality of care in board and care homes; (2) to explore the differences between licensed and unlicensed facilities in terms of quality of care; and (3) to provide descriptive information about board and care homes, their operators, their staff, and the residents who reside in them. The resident and operator interviews were developed to be reliable and valid measures of key aspects of quality. The interviews with operators focused on: characteristics of the operator and training received; characteristics of the home and staffing; training requirements for staff; characteristics of the residents; types of services the home provides to residents; admission and discharge criteria; policies and procedures for caring for residents; and payment sources and rates. The interviews with residents focused on: physical functioning in ADLs and some IADLs; need for additional assistance; cognitive functioning; health conditions; sad or anxious mood; use of health care services; use of home and community-based care services; daily activities; contact with family and friends; satisfaction; and basic demographics. Due to the length of the questionnaires, only the sections relevant to this scan are presented below.

Data collection: The sample design was a stratified, three-stage cluster design. Data were collected using in-person interviews in 385 licensed and 129 unlicensed board and care homes. This included interviews with 490 operators and 3,257 residents. All operators that agreed to have their facility participate completed the interview.

Scale structure: No factor analysis reported.

Reliability: No reliability measures given.

Validity: No validity measures given.

Response options: Vary throughout questionnaire; see individual items.

Resident Interview [Items 1-87 and 123-139 omitted]

Section D: Resident Satisfaction, Autonomy, and Choices

87a. Do you enjoy... (Yes/No)

- a. cards/board games
- b. arts/crafts
- c. exercise/sports
- d. playing/listening to music
- e. reading/writing
- f. church/religious/spiritual activities
- g. shopping/trips/movies
- h. watching TV
- i. walking/getting outside
- j. other (specify)

87b. Have you participated in this activity during the last 14 days? Yes/No

88. On average, how much of the time are you involved in activities while you're awake? Would you say...

- None of the time
- Some of the time
- Most of the time
- All of the time

89. During the last 14 days, have you: (Circle all that apply)

- Gone to the senior center
- Gone to an adult day program or sheltered workshop
- Been treated by a visiting nurse
- None of the above

90. During the past 14 days, how often have you left the home for any reason other than to go to the hospital or to a doctor's office? You should count visits to the Senior Center or to a Sheltered workshop, going to the store, and visiting with family or friends.

- None
- Once or twice
- Three to five times (or about once a week)
- Six or more times (more than once a week but not daily)
- Daily

91. Do you get to participate in activities outside the home as often as you would like? Yes/No

92. Do you have access to a kitchen where you can fix a snack OR get something besides water to drink whenever you want to? (e.g., juice, coffee, tea or soda) Yes/No

93. How many meals a day do you receive at the home? Number _____

94. Would you say the meals here...

(Response options: all of the time; most of the time; some of the time; none of the time)

- a. are generally good?
- b. are tasty and well seasoned?
- c. have portions that are too small?
- d. include enough fresh fruit and vegetables?
- e. lack variety (you have basically the same foods every day)?
- f. other comments (specify)

95. How long have you lived here?

- Years
- Months
- Don't know/Don't remember

96. Are you allowed to close the door to your room and put up a do not disturb sign for privacy?

- Yes
- No
- Don't know/never tried

97. How safe do you feel your possessions are?

- Not safe
- Safe some of the time
- Safe all or most of the time

98. How safe do you feel this neighborhood is?

- Not safe
- Safe some of the time
- Safe all or most of the time

99. Are you allowed to make telephone calls in private?

- Yes
- No
- Never use the telephone

100. Do you receive your mail unopened?

- Yes
- No
- Do not receive mail

101. How many relatives live nearby (within 1 hour's drive of this home)? Include parents, spouse, children, grandchildren, brothers and sisters, nieces and nephews.

Number _____

102. During the past 30 days, how many times did you see friends or relatives (either they came to the home or you went to see them)? (Do not count other residents in this home).

- None
- Once or twice
- Three to five times (or about once a week)
- Six or more times (more than once a week) but not daily
- Daily

103. During the past 30 days, how often did you speak with friends or relatives on the phone?

- None
- Once or twice
- Three to five times (or about once a week)
- Six or more times (more than once a week) but not daily
- Daily

104. Are residents required or allowed to do chores around the home? (Circle all that apply)

- Required
- Allowed
- Neither
- Don't know

105. What kinds of chores do you do? (Circle all that apply)

- Making own bed
- Cleaning own room
- Cleaning own bathroom
- Doing own personal laundry (clothes)
- Light housekeeping around home (dusting, sweeping, vacuuming)
- Heavy housework (mopping floors, washing windows)
- Cooking
- Laundering sheets, towels
- Helping other residents
- Light outside work (sweeping porch, sidewalk)
- Heavy outside work (shoveling snow, mowing lawn, raking leaves)
- Other (specify)

106. Are residents paid for performing any of these chores? Yes/No

107. How much are residents paid?

- \$____.____ per hour
- Different amounts by chore (specify)
- Cigarettes and change
- Don't know

108. Sometimes people use different approaches to deal with residents. In the past 12 months have you ever seen the owner/operator or a staff member do any of the following things? (Circle all that apply)

- Make a resident go to his/her room and stay there for a time (time-out/isolation)
- Withhold food from a resident or make a resident skip a meal for punishment
- Give extra chores to a resident for punishment
- Yell at the resident
- Curse at or threaten a resident
- Threaten to kick a resident out of the home or send them to the State hospital
- Tie a resident down (use restraints)
- Punish a resident in some other way (specify)
- None of the above

109. Is there a residents' council or group of residents to represent the residents?

- Yes
- No
- Don't know

110. If you had a complaint about this facility, who would you tell? (Circle all that apply).

- Family member
- Another resident
- The operator/manager
- The owner
- Another staff member besides the owner or manager
- Ombudsman/legal aid
- Case manager
- Other (specify)
- No one

111. How reluctant would you be to voice a complaint if you had one?
- Very reluctant
 - Somewhat reluctant
 - Not at all reluctant
112. Are you allowed to decide when to...
- (Response options: Free to decide; some restrictions; not allowed to decide)
- a. eat a meal
 - b. get up in the morning
 - c. go to bed
 - d. leave the facility
 - e. make a phone call
113. How often do staff knock on your door before entering your room (or apartment)?
- All of the time
 - Some of the time
 - None of the time
114. Overall, how much of the time do you feel staff treat you with courtesy and respect?
- All of the time
 - Some of the time
 - None of the time
115. Are there any problems or complaints you would like to tell us about?
- Yes (specify) _____
 - No
116. Would you rate the cleanliness of the home as...
- Very poor
 - Poor
 - Fair
 - Good
 - Very good
 - Don't know
117. How would you rate the maintenance of the home, including the condition of the floors, walls, ceilings, bathroom fixtures, and so on? Would you rate the maintenance as...
- Very poor
 - Poor
 - Fair
 - Good
 - Very good
 - Don't know

118. Overall, how would you rate the comfort of the furniture, such as beds, chairs, sofas? Would you rate the comfort of the furniture as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

119. Overall, how would you rate the condition of the furniture, including whether it is clean, has tears or stains, and is sturdy? Would you rate the condition of the furniture as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

120. Overall, how would you rate the adequacy of the lighting in the home? Would you rate the adequacy of the lighting as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

121. Overall, how would you rate the outside of the home, its yard, and the outside furniture you can use? Would you rate the condition of the outside of the home and its yard as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

122. Overall, how would you rate the quality of the food provided by the home? Would you rate the food as...

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't know

Operator Interview [Items 1-4 and 39-50 omitted]

Section B: Facility Policies and Services

5. Are you the only paid staff person who works in the home? Yes/No
6. Who takes care of residents when you must leave the home for some period of time? For example, if you have an appointment with your doctor, need to shop for groceries, or want to go to a movie, who takes care of the residents? (circle all that apply)

- I never leave the home
- A friend or family member stays with the residents
- A paid helper comes in to stay with the residents
- I take the residents with me
- I leave one of the residents in charge
- I leave them alone if I'm gone for less than a couple of hours
- I leave them alone
- Other (specify)

7. Is there a responsible person who stays in the building during the night? Yes/No
8. Is there a responsible person who is on call or able to respond to emergencies or requests for assistance? Yes/No
9. Do you require any training for your staff? Yes/No
10. Must staff complete the training before helping residents or may they obtain training while they are working (on-the-job training)?

- Some training is required before they provide care to residents (pre-service)
- On-the-job training
- Both pre-service and on-the-job training

11. How many hours of training do you require for staff who provide resident care?

Hours of training _____

12. Do any members of your (owner/operator's) family work in the home or help residents (that is, cooking, doing activities, providing personal care, supervising, providing transportation)? Yes/No
13. Are these family members paid for the work they do? Yes/No
14. Who besides the residents live in this home? (Circle all that apply)

- Owner
- Operator
- Members of operator's family
- Supervisor-in-charge/Manager
- Supervisor/manager's family members
- Non-family staff member
- Other (specify)
- None of the above

15. Does this facility have a working fire sprinkler system? Yes/No

16. Does this home have a special unit or wing for care of people with Alzheimer's Disease? Yes/No
17. Does the home (you and your staff) provide any of the following services to residents? Yes/No
- a. Personal care and assistance (e.g., helping residents with eating, toileting, bathing, dressing)
 - b. Medication storage or supervision
 - c. Reminders to take medications
 - d. Organized activities (games, videos, movies, crafts)
 - e. Recreational trips (e.g., movies, park, zoo)
 - f. Transportation for residents (i.e., to the doctor, church, etc.)
 - g. Nursing care (RN or LPN)
 - h. Therapy (physical, occupational, speech)
 - i. Helping residents manage their money (serves as representative payee)
18. Are any of the following services provided to residents by an outside agency or a community-based service provider?
- a. Personal care and assistance (such as bathing)
 - b. Senior center/adult day care program
 - c. Transportation
 - d. Nursing care
 - e. Therapy (physical, occupational, speech)
 - f. Case management
 - g. Sheltered workshop/day activity program
19. (For each service provided ask) In the past 30 days, how many residents received this service?
20. Where are residents' prescription medications kept? (Circle all that apply)
- Residents' rooms
 - Locked cabinet or closet
 - Other unlocked space (specify)
21. Who stores or passes out the prescription medications in the home? Please name all the types of people who performed this task during the last month.
- All residents are responsible for storing and taking their own medicines
 - Licensed nurse (RN or LPN)
 - Medication supervisor
 - Supervisor-in-charge/Assistant Director/Manager
 - Operator/Owner
 - Aide
 - Member of owners or operator's family
 - Other (specify)
22. Do you keep a file, a written treatment plan, or medical record for each resident? Yes/No

23. What is your usual practice if a resident becomes ill and needs temporary nursing services (e.g., for a few days)?

- Provide the services with facility staff
- Arrange for home health agency or nurse pool agency to come to the home and provide services
- Send the resident to the hospital/ER
- Discharge the resident to a nursing home
- None of our residents have ever needed nursing services
- Other (specify)

24. Do you have a formal arrangement (e.g., letter of agreement, contract) with one agency to provide temporary nursing services when a resident becomes ill for a short period of time? Yes/No

25. What is your usual practice if a resident becomes ill or disabled for a longer period of time (e.g., longer than 14 days)?

- Provide the care with facility staff
- Provide the services with facility staff
- Arrange for home health agency or nurse pool agency to come to the home and provide services
- Send the resident to the hospital/ER
- Discharge the resident to a nursing home
- None of our residents have ever needed nursing services
- Other (specify)

26. Do you have a formal arrangement (e.g., a letter of agreement, contract) with one agency to provide long-term nursing services when a resident becomes ill for a longer period of time (e.g., longer than 14 days)? Yes/No

27. Some homes have policies regarding what types of residents they care for. Will you admit someone who...

- a. is bedfast (confined to bed)?
- b. is unable to walk (confined to a chair or wheelchair)?
- c. is mentally retarded?
- d. has a history of psychiatric hospitalization (mental illness)?
- e. wanders?
- f. engages in physically aggressive behavior?
- g. has Alzheimer's Disease or other dementia (or severe confusion)?
- h. lacks bladder control?
- i. lacks bowel control?
- j. is an SSI recipient?
- k. has drug or alcohol abuse problems?
- l. any other condition (specify)

29. How many meals do you (your staff) provide to residents each day? (This includes either a hot breakfast or a continental breakfast.)

- One
- Two
- Three
- None

30. Where else to residents get meals? (Circle all that apply)

- Catered by someone else (or a service) and provided in the home
- Meals on wheels
- Senior Center or other nutrition site
- Adult day care or sheltered workshop
- Shelter/soup kitchen
- Residents cook their own meals
- Restaurants
- Family brings meals
- Other (specify)

31. At what times are meals served or scheduled?

- Breakfast ____:____ to ____:____
- Lunch ____:____ to ____:____
- Dinner ____:____ to ____:____
- No set schedule

32. Are residents allowed to eat whatever they want? Yes/No

33. Is a snack served to residents between the evening meal and breakfast? Yes/No

34. How often do residents and the owner or manager eat meals together?

- Always
- Sometimes
- Never

35. On what days are visitors allowed?

- Every day
- Weekends only
- Never
- Other (specify)

36. What are the visiting hours?

- Any time
- Other (specify)

37. Do residents need permission to leave the home or grounds during the day? (Excluding overnight stays)

- Yes
- No
- Varies—depending on the residents (yes for some residents, no for others)

Appendix B

Detailed Description of Databases Searched with Results

Appendix B

Detailed Description of Databases Searched with Results

MEDLINE, produced by the U.S. National Library of Medicine (NLM), is one of the major sources for biomedical literature. MEDLINE indexes international literature in medicine, dentistry, and nursing. It uses NLM's controlled vocabulary, MeSH (Medical Subject Headings). Approximately 400,000 records are added yearly, with more than 85 percent in English.

Combined Health Information Database (CHID) is a bibliographic database produced by health-related agencies of the Federal Government. CHID provides a wealth of health information, promotion and education materials, and program descriptions that are not indexed elsewhere.

CINAHL is a comprehensive and authoritative source of information for nurses, allied health professionals, and others interested in health care. CINAHL covers all aspects of nursing and 17 allied health disciplines. Journals from biomedicine, alternative therapy, health sciences, health promotion, and consumer health are included.

Current Index to Statistics (CIS) is a bibliographic index to publications in statistics and related fields. References are drawn from 111 core journals that are fully indexed, noncore journals with articles related to statistics, proceedings, and edited books.

Health and Psychosocial Instruments (HAPI) provides descriptions of measurement instruments (e.g., questionnaires, rating scales, tests, index measures, coding schemes, checklists) in the fields of public health, psychology, communication, human resources, medicine, sociology, gerontology, and others. Although HAPI does not contain the actual instruments, it frequently includes information about the source of the instruments. HAPI is updated quarterly.

AgeLine is produced by the American Association of Retired Persons (AARP) and provides bibliographic coverage of social gerontology – the study of aging in social, psychological, health-related, and economic contexts. The delivery of health care for the older population and its associated costs and policies is particularly well covered, as are public policy, employment, and consumer issues.

PsycFIRST is a subset of the American Psychological Association's PsycINFO database. It provides abstracts to a full range (academic, research, and practice) of psychology literature. Related fields such as social science, organizational behavior, and research methodology are included. The material represents substantive articles from 1,300 international journals and reports as well as book chapters and dissertations.

Wilson Social Science Abstracts provides comprehensive abstracting and indexing of more than 415 core English-language periodicals published in the United States and elsewhere. Coverage includes a wide range of interdisciplinary fields covered in a broad array of social sciences journals. Detailed abstracts describe the content and scope of the source articles.

PSYCLINE indexes more than 2,000 online psychology and social science journals via its Journal Locator and provides access to article databases in psychology via Article Locator. Journal Locator allows the user to find existing journals in a field and browse tables of contents and abstracts. Article Locator offers an interface to table of content and abstracts databases that are maintained by journal publishers or other organizations, not by PSYCLINE. Note: Librarian was able to gain access to only two of the six Article Locator databases, Medline and Kluwer. She had previously searched Medline via the National Library of Medicine web site, with no resulting hits when searching for “assisted living” articles in Kluwer. She noted that she had access to many journals covered in Blackwell, Elsevier, and APA when she searched the other databases chronicled here.

Health Source: Nursing/Academic Edition provides more than 550 scholarly full text journals, including nearly 450 peer-reviewed journals focusing on many medical disciplines. Also featured are abstracts and indexing for more than 800 journals. Coverage of nursing, allied health and clinical pharmacology is particularly strong.

Sage Database of Social Research Methodology (SRM) includes more than 45,000 references, most with abstracts, to the literature on social and behavioral research methodology, statistical analysis, and computer software. International in scope, the SRM Database includes journal articles, books, research reports, and proceedings from 1970 to the present with 10 updates a year.

PAIS International, the database of the Public Affairs Information Service, covers the full range of the social sciences, with emphasis on contemporary public issues and the making and evaluating public policy.

Business and Management Practices Contains online articles about the practical aspects of business management. Provides real-world know-how that focuses on how organizations make and implement decisions, develop and launch new strategies, and plan for change. Database includes case studies and how-to articles. Searches for business concepts, industries, and specific departments within an organization

Search Results

	Assisted Living/Home Health/Residential Care Search Strategy	
DATABASE	SEARCH TERMS <i>Searches cover the years 1994-2005 unless otherwise indicated.</i>	RESULTS
Medline	(Assisted living facilities[MESH] OR homes for the aged[MAJR]) AND (consumer satisfaction[MESH] OR personal satisfaction[MESH] OR patient participation[MESH] OR patient education[MESH] OR quality of life[MESH] OR life style[MESH]) AND Aged:65+ years	60
Medline	(Assisted living facilities[MESH] OR homes for the aged[MAJR]) AND data collection[MAJR] AND Aged:65+ years	87
Medline	(Assisted living facilities[MESH] OR homes for the aged[MAJR]) AND (needs assessment[MESH] OR outcome and process assessment(health care)[MESH]) AND Aged:65+ years	75
Medline	(Assisted living facilities[MESH] OR homes for the aged[MAJR]) AND (health services research/methods[MAJR] OR health services research/standards[MAJR] OR qualitative research[MAJR] OR quality indicators, health care[MAJR] OR health care evaluation mechanisms[MAJR]) AND Aged:65+ years	138
Medline	(Board and care OR adult day care OR senior center) AND (satisfaction OR quality OR questionnaire+ OR assessment+ OR instrument+ OR scale+ OR index OR evaluation+ OR indicator+)	33
Medline	(Assisted living facilities[MESH] OR homes for the aged[MESH]) AND (health services[MESH] OR social services[MESH]) AND (health care evaluation mechanisms[MAJR] OR instrument+ OR scale+ OR questionnaires[MESH] OR assessment+ OR geriatric assessment[MESH] OR quality assurance, health care[MESH] OR quality indicators[MESH]) AND Aged:65+ years	208
Medline	(Assisted living facilities[MESH] OR homes for the aged[MESH]) AND (health services[MESH] OR social services[MESH]) AND (quality of life[MESH] OR consumer satisfaction[MESH] OR personal satisfaction[MESH] OR quality of healthcare[MESH]) AND Aged:65+ years	133
Medline	(Nursing homes[MESH] OR halfway houses[MESH] OR group homes[MESH]) AND (health services[MESH] OR social services[MESH]) AND (health care evaluation mechanisms[MAJR] OR instrument+ OR scale+ OR questionnaires[MESH] OR assessment+ OR geriatric assessment[MESH] OR quality assurance, health care[MESH] OR quality indicators[MESH]) AND Aged:65+ years	503
Medline	(Nursing homes[MESH] OR halfway houses[MESH] OR group homes[MESH]) AND (health services[MESH] OR social services[MESH]) AND (quality of life[MESH] OR consumer satisfaction[MESH] OR personal satisfaction[MESH] OR quality of healthcare[MESH]) AND Aged:65+ years	296
Medline	(Nursing homes[MESH] OR halfway houses[MESH] OR group homes[MESH]) AND (health care evaluation mechanisms[MAJR] OR instrument+ OR scale+ OR questionnaires[MESH] OR assessment+ OR geriatric assessment[MESH] OR quality assurance, health care[MESH] OR quality indicators[MESH]) AND (quality of life[MESH] OR	144

	consumer satisfaction[MESH] OR personal satisfaction[MESH] OR quality of healthcare[MESH]) AND Aged:65+ years	
Ageline	Assisted living facilities[SH] AND (surveys[SH] OR survey questionnaires[SH] OR data collection[SH] OR research techniques[SH] OR qualitative research[SH] OR test validity[SH])	23
Ageline	Assisted living facilities[SH] AND (evaluation+ OR assessment+ OR indicator+ OR scale+ OR instrument+ OR questionnaire+ OR index)	23
Ageline	Assisted living facilities[SH] AND (Alzheimer's disease[SH] OR dementia[SH])	34
Ageline	Assisted living facilities[SH] AND medication management[SH]	3
Ageline	(Home health care[SH] OR home care[SH]) AND (Alzheimer's disease[SH] OR dementia[SH])	40
Ageline	(Home health care[SH] OR home care[SH]) AND medication management[SH]	2

DATABASE	SEARCH TERMS <i>Searches cover the years 1994-2005 unless otherwise indicated.</i>	RESULTS
Ageline	Board and care homes[SH] AND (tests[SH] OR test validity[SH] OR assessment[SH] OR outcomes[SH] OR research techniques[SH] OR data quality[SH] OR data collection[SH])	7
Ageline	Home health satisfaction measure[SH]	2
Ageline	(Home health care[SH] OR home care[SH]) AND (care satisfaction[SH] OR life satisfaction[SH] OR quality of life[SH])	182
Ageline	Personal care homes OR personal assistant services	6
Ageline	(Day care services[SH] OR senior centers[SH]) AND (tests[SH] OR test validity[SH] OR research techniques[SH] OR data collection[SH] OR data quality[SH] OR assessment[SH] OR outcomes[SH])	25
Ageline	(Day care services[SH] OR senior centers[SH]) AND ((care satisfaction[SH] OR quality of care[SH] OR life satisfaction[SH] OR quality of life[SH])	24
Ageline	(Assisted living facilities[SH] OR homes for the elderly[SH]) AND (health services[SH] OR supportive services[SH] OR social services[SH] OR social activities[SH] OR service needs[SH] OR recreation* OR therapy OR therapeutic+ OR activities) AND (quality of life[SH] OR quality of care[SH] OR care satisfaction[SH] OR consumer satisfaction[SH]) AND (older adults[SH] OR old old[SH] OR young old[SH])	21
Ageline	(Assisted living facilities[SH] OR homes for the elderly[SH]) AND (health services[SH] OR supportive services[SH] OR social services[SH] OR social activities[SH] OR service needs[SH] OR recreation* OR therapy OR therapeutic+ OR activities) AND (tests[SH] OR test validity[SH] OR scale[SH] OR research techniques[SH] OR checklists[SH] OR assessment[SH] OR evaluation+ OR indicator+ OR index OR questionnaire+) AND (older adults[SH] OR old old[SH] OR young old[SH])	26
Ageline	(Nursing homes[SH] OR halfway houses[SH] OR long term care gerontology centers[SH] OR residential facilities OR residential care OR group homes OR supported housing OR housing with services) AND (health services[SH] OR supportive services[SH] OR social services[SH] OR social activities[SH] OR service needs[SH] OR recreation* OR therapy OR therapeutic+ OR activities) AND (quality of life[SH] OR quality of care[SH] OR care satisfaction[SH] OR consumer satisfaction[SH]) AND (older adults[SH] OR old old[SH] OR young old[SH])	54

DATABASE	SEARCH TERMS <i>Searches cover the years 1994-2005 unless otherwise indicated.</i>	RESULTS
Ageline	(Nursing homes[SH] OR halfway houses[SH] OR long term care gerontology centers[SH] OR residential facilities OR residential care OR group homes OR supported housing OR housing with services) AND (health services[SH] OR supportive services[SH] OR social services[SH] OR social activities[SH] OR service needs[SH] OR recreation* OR therapy OR therapeutic+ OR activities) AND (tests[SH] OR test validity[SH] OR scale[SH] OR research techniques[SH] OR checklists[SH] OR assessment[SH] OR evaluation+ OR indicator+ OR index OR questionnaire+) AND (older adults[SH] OR old old[SH] OR young old[SH])	20
CHID Combined Health Information Database	(Home health OR home care) AND aged[SH] AND (instrument+ OR scale+ OR index OR evaluation+ OR assessment+ OR research methodology[SH])	25
CHID	Assisted living facilities[MAJR]	33
CHID	Assisted living facilities[SH] AND (satisfaction OR scale+ OR instrument+ OR index OR data collection OR survey+ OR quality OR evaluation+ OR assessment+ OR research)	28
CHID	Board and care	3
CHID	Adult day care[SH]	11
CHID	Personal care homes OR personal assistant services	0
CHID	Nursing homes[SH] OR residential facilities[SH]	13
CHID	Halfway house+ OR housing with services OR supported housing OR group home+ OR homes for the aged OR homes for the elderly	1
CINAHL	Assisted living AND (questionnaire+ OR instrument construction OR instrument validation OR evaluation+ OR outcomes(health care) OR quality improvement)	25
CINAHL	Assisted living AND consumer satisfaction	11
CINAHL	(Adult day care OR senior center) AND (index OR instrument+ OR questionnaire+ OR scale+ OR indicator+ OR assessment+)	14
CINAHL	Board and care OR personal care home OR personal assistant services	14
CINAHL	Home health care[SH] AND aged AND (index OR instrument+ OR questionnaire+ OR scale+ OR indicator+ OR assessment+)	36

DATABASE	SEARCH TERMS <i>Searches cover the years 1994-2005 unless otherwise indicated.</i>	RESULTS
CINAHL	(Residential facilities[SH] OR residential care[SH] OR assisted living[SH] OR nursing homes[SH] OR nursing home patients[SH] OR group homes OR halfway homes OR supported housing OR homes for the elderly OR homes for the aged) AND (health care[SH] OR social work[SH] OR therapy[SH]) AND (research instruments[SH] OR index OR questionnaire+ OR scale+ OR scales[SH] OR indicator+ OR assessment+ OR quality assessment[SH] OR geriatric assessment[SH]) AND (aged[SH] OR gerontologic care[SH])	11
CINAHL	(Residential facilities[SH] OR residential care[SH] OR assisted living[SH] OR nursing homes[SH] OR nursing home patients[SH] OR group homes OR halfway homes OR supported housing OR homes for the elderly OR homes for the aged) AND (health care[SH] OR social work[SH] OR therapy[SH]) AND (quality of life[SH] OR quality assurance[SH] OR quality of health care[SH] OR patient satisfaction[SH]) AND (aged[SH] OR gerontologic care[SH])	7
CINAHL	(Residential facilities[SH] OR residential care[SH] OR assisted living[SH] OR nursing homes[SH] OR nursing home patients[SH] OR group homes OR halfway homes OR supported housing OR homes for the elderly OR homes for the aged) AND (research instruments[SH] OR index OR questionnaire+ OR scale+ OR scales[SH] OR indicator+ OR assessment+ OR quality assessment[SH] OR geriatric assessment[SH]) AND (quality of life[SH] OR quality assurance[SH] OR quality of health care[SH] OR patient satisfaction[SH]) AND (aged[SH] OR gerontologic care[SH])	32
HAPI Health & Psychosocial Instruments	Adult day care OR senior center	30
HAPI	Home care OR home health care	16
HAPI	Assisted living	3
HAPI	Board and care	5
HAPI	Personal care home+ OR personal assistant services	4
HAPI	(Nursing homes[SH] OR group homes[SH] OR halfway houses[SH] OR residential care facilities[SH] OR residential facilities[SH] OR supported housing OR homes for the aged OR homes for the elderly OR housing with services) AND (aged OR geriatric+ OR gerontology*)	27
Health Source	Home care services[SH] AND (satisfaction OR quality OR instrument+ OR scale+ OR index OR assessment+ OR indicator+ OR qualitative research[SH]) AND (aged OR elder* OR old* OR senior* OR geriatric*)	67

DATABASE	SEARCH TERMS <i>Searches cover the years 1994-2005 unless otherwise indicated.</i>	RESULTS
Health Source	Personal assistant services OR personal care home OR board and care	43
Health Source	(Adult day care OR senior center) AND (assessment+ OR outcome+ OR indicator+ OR evaluation+ OR research OR satisfaction OR quality)	51
Health Source	Assisted living AND (aged OR elderly)	69
Business Management	Assisted living	3
Business Management	(Home health OR home care) AND (geriatric OR elder* OR aged OR senior)	0
Current Index to Statistics	Assisted living OR home health	0
Current Index to Statistics	Nursing home+ OR residential care OR residential facilities OR homes for the aged OR homes for the elderly OR group homes OR halfway houses OR supported housing OR housing with services	7
PAIS	Assisted living	14
PAIS	Home health	5
PsychInfo 2001-2004	Assisted living	42
PsychInfo 2001-2004	Home health AND (elderly OR aged OR geriatric* OR senior)	0
PsychInfo 2002-2005 (See note at end of table)	(Nursing homes[SH] OR residential care institutions[SH] OR assisted living[SH]) AND (aged[SH] OR geriatric+ OR gerontology* OR aged OR elder* OR senior+) AND (health care services [SH] OR social work* OR social service+ OR activit* OR therapy OR therapeutic+ OR recreation* OR supportive OR rehabilitation) AND (quality of life[SH] OR quality of care[SH] OR satisfaction[SH] OR consumer satisfaction[SH])	52
PsychInfo 2002-2005 (See note at end of table)	(Nursing homes[SH] OR residential care institutions[SH] OR assisted living[SH]) AND (aged[SH] OR geriatric+ OR gerontology* OR aged OR elder* OR senior+) AND (health care services [SH] OR social work* OR social service+ OR activit* OR therapy OR therapeutic+ OR recreation* OR supportive OR rehabilitation) AND (rating scales[SH] OR measurement[SH] OR evaluation[SH] OR methodology[SH] OR instrument+ OR indicator+ OR index OR questionnaire+)	48

DATABASE	SEARCH TERMS <i>Searches cover the years 1994-2005 unless otherwise indicated.</i>	RESULTS
PsychInfo 2002-2005 (See note at end of table)	(Nursing homes[SH] OR residential care institutions[SH] OR assisted living[SH]) AND (aged[SH] OR geriatric+ OR gerontology* OR aged OR elder* OR senior+) AND (quality of life[SH] OR quality of care[SH] OR satisfaction[SH] OR consumer satisfaction[SH]) AND (rating scales[SH] OR measurement[SH] OR evaluation[SH] OR methodology[SH] OR instrument+ OR indicator+ OR index OR questionnaire+)	36
SRM Sage Social Research Methodology	Assisted living OR home health	0
Social Science Abstracts	(Nursing homes[SH] OR nursing home care[SH] OR nursing home patients[SH] OR residential care OR residential facilities OR group homes OR homes for the aged OR homes for the elderly OR supported housing OR halfway houses OR group homes OR housing with services OR assisted living[SH] OR long term care facilities[SH]) AND (aged OR elder* OR geriatric+ OR gerontology* OR senior+) AND (service+ OR activit* OR therapy OR therapeutic+ OR recreation* OR social OR supportive OR rehabilitation) AND (instrument+ OR scale+ OR indicator+ OR index OR questionnaire+ OR assessment+ OR evaluation+ OR quality control[SH])	127
Social Science Abstracts	(Nursing homes[SH] OR nursing home care[SH] OR nursing home patients[SH] OR residential care OR residential facilities OR group homes OR homes for the aged OR homes for the elderly OR supported housing OR halfway houses OR group homes OR housing with services OR assisted living[SH] OR long term care facilities[SH]) AND (aged OR elder* OR geriatric+ OR gerontology* OR senior+) AND (quality of life[SH] OR quality of care OR patient satisfaction[SH])	70

MESH = Medical Subject Heading; MAJR = Major Medical Subject Heading;
SH = Subject Heading

Note: Because of the mental health orientation of the PsychInfo database, the keywords group home, halfway houses, supportive housing, etc. were not used when searching this database. When the terms were used, they yielded too many irrelevant hits.