

National Post-acute and Long-term Care Study 2022 Adult Day Services Center Questionnaire

The Centers for Disease Control and Prevention conducts the National Post-acute and Long-term Care Study (NPALS). Please complete this questionnaire about the adult day services center at the location listed below.

- Due to the COVID-19 pandemic, we understand services at this center may be temporarily or permanently suspended, reduced, or offered through alternative methods, and fewer people may be receiving services on a regular basis. Although some questions may be difficult to answer at this time, please complete the survey to the best of your ability.
- If this adult day services center is associated with another adult day services center or is part of a facility or campus that offers multiple levels of care, please answer only for the adult day services portion operating at the location listed below.
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to https://www.cdc.gov/nchs/npals/index.htm or call 1-855-500-1435.
- Thank you for taking the time to complete this questionnaire.

CASE ID DIRECTOR'S NAME OR "CURRENT DIRECTOR" FACILITY NAME, LICENSE NUMBER FACILITY PHYSICAL STREET ADDRESS CITY, ST ZIP

Please provide your contact information. Your information may be used for contact related to participation in current and future NPALS waves and will be kept confidential. PLEASE PRINT

Your name	First	Last
	Name	Name
Your work telephone		— — — — Ext.
number, with extension		
Your work e-mail address		
Your job title		
-		

Notice – CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0943). Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in 106 the individual or establishment is used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in 106 the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.





Γ					—
1.	What is the type of ownership of this adult of services center? MARK ONLY ONE ANSWER	lay			Background Information
	 Private—nonprofit Private—for profit Publicly traded company or limited liable company (LLC) Government—federal, state, county, or 			5.	Based on a typical week, what is the approximate average number of participants this adult day services center serves daily, either at this physical location, at the participant's residence, or virtually (on-line or by telephone)? If none, enter "0."
2.	Is this adult day services center MARK YES OR NO IN EACH ROW	Yes	No		Average daily attendance of participants
3.	 a. licensed or certified by your State specifically to provide adult day services, or accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)? b. authorized or otherwise set up to participate in Medicaid (Medicaid state plan, Medicaid waiver, or Medicaid managed care) or part of a Program of All-inclusive Care for the Elderly (PACE)? If you answered "No" to both 2a and 2b, skip question 36 What is the total number of participants currentled at this adult day services center? In participants on this center's roster, no matter frequently they attend, if they are receiving s at their residence or virtually (on-line or by telephone), if they share an enrollment spot, center has temporarily closed or suspended s due to COVID-19. 	o to reni cluc cr hc serv or i	tly de all ww ices	 6. 7. 8. 	What is the maximum number of participants allowed at this adult day services center at this location? This may be called the allowable daily capacity and is usually determined by law or by fire code but may also be a program decision. If none, enter "0." Maximum number of participants allowed Is this center owned by a person, group, or organization that owns or manages two or more adult day services centers? This may include a corporate chain. Yes No
→	If you answered "0," skip to question 36				 designed to meet? MARK ONLY ONE ANSWER ONLY social/recreational needs—NO health/medical needs PRIMARILY social/recreational needs and SOME
4.	Dhysical center is normanently	the ving s ad VER tici ants ut se ually	y best lult pants s erving		 PRIMARILY social/recreational needs and SOME health/medical needs EQUALLY social/recreational and health/medical needs PRIMARILY health/medical needs and SOME social/recreational needs ONLY health/medical needs—NO social/recreational needs
				2	2872572205

9.	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to				1		Does this adult day services center u Electronic Health Records for each o following? MARK YES OR NO IN EACH	f the	V
	100%. Enter "0" for any sources that do no	ot ap	ply.					Yes	No
	a. Medicaid (include revenue from Medicaid state plans, Medicaid						a. Record participant demographics	\bigcirc	\bigcirc
	waivers, Medicaid managed care, or			%			b. Record clinical notes	\bigcirc	\bigcirc
	California regional centers) b. Medicare (include Medicare						c. Record participant medications and allergies	0	0
	Advantage and Traditional or Original Medicare)			%			d. Record participant problem list	0	0
	c. Older Americans Act/Title III			%			e. Record individual service plans	0	0
							f. View lab results	\bigcirc	0
	d. Veteran's Administration			%			g. View imaging results	0	\bigcirc
	e. Other federal, state, or local government			%			h. Order prescriptions	\bigcirc	\bigcirc
	f. Out-of-pocket payment by the participant or family			%	1		Does this adult day services center's Health Records system support <u>elect</u> <u>health information exchange</u> with ea	<u>ronic</u> ch of	the
	g. Private insurance						following providers? Do not include f MARK YES OR NO IN EACH ROW	axing	•
	h. Other source			%				Yes	No
	TOTAL			%			a. Physician	0	0
	NOTE: Your entries should add up to	100%	<u> </u>				b. Pharmacy	0	0
							c. Hospital	0	0
	An Electronic Health Record (EHR) is a conversion of the participant's health and per information used in the management of the participant's health care. Other than for a or billing purposes, does this adult day ser	sona ne ccour	l nting				home, or inpatient rehabilitation facilitye. Other long-term care provider	0	0
	 center use Electronic Health Records? Yes No → Skip to question 14 ▶11. What is the name of your Electronic Records system? MARK ALL THAT AP 		th			artici sabil) Ye) N	a <u>specialized</u> center that serves <u>only</u> pants with particular diagnoses, cond ities? es o → Skip to question 16 In which of the following diagnoses,		s, or
	 American HealthTech CADCARE (RTZ Systems) 						conditions, or disabilities does this co specialize? MARK YES OR NO IN EAC	ontor	
							-p		N
	Eldermark						· · · · · · · · · · · · · · · · · · ·		N No
							a. Alzheimer's disease or other dementias	H RO\	
	 Eldermark MatrixCare PointClickCare Storricare 	,					a. Alzheimer's disease or other	H RO\ Yes	No
	 Eldermark MatrixCare PointClickCare Storricare WellSky (formerly ADS data systemerly ADS data systeme	ems)					a. Alzheimer's disease or other dementias b. Intellectual and other developmental disabilities c. Multiple sclerosis	H RO\ Yes	No
	 Eldermark MatrixCare PointClickCare Storricare WellSky (formerly ADS data system) Yardi 	ems)					a. Alzheimer's disease or other dementias b. Intellectual and other developmental disabilities	H RO\ Yes	No
	 Eldermark MatrixCare PointClickCare Storricare WellSky (formerly ADS data systemerly ADS data systeme	ems)					a. Alzheimer's disease or other dementias b. Intellectual and other developmental disabilities c. Multiple sclerosis	H RO\ Yes	No () () ()
	 Eldermark MatrixCare PointClickCare Storricare WellSky (formerly ADS data system) Yardi 	ems)					a. Alzheimer's disease or other dementiasb. Intellectual and other developmental disabilitiesc. Multiple sclerosis d. Parkinson's disease	H RO\ Yes	No
	 Eldermark MatrixCare PointClickCare Storricare WellSky (formerly ADS data system) Yardi 	ems)]			a. Alzheimer's disease or other dementiasNb. Intellectual and other developmental disabilitiesc. Multiple sclerosis d. Parkinson's diseasee. Severe mental illness	H RO\ Yes	No
	 Eldermark MatrixCare PointClickCare Storricare WellSky (formerly ADS data systemed) Yardi Other (please specify) 	ems)]			a. Alzheimer's disease or other dementiasb. Intellectual and other developmental disabilitiesc. Multiple sclerosisd. Parkinson's diseasee. Severe mental illnessf. Traumatic brain injury	H RO\ Yes	No

16. In the <u>last 12 months</u>, did this center use any of the following types of <u>telehealth tools</u> to assess, diagnose, monitor, or treat participants? MARK YES, NO, OR DON'T KNOW IN EACH ROW

	Yes	No	Don't Know
a. Telephone audio	\bigcirc	\bigcirc	\bigcirc
b. Videoconference software with audio (e.g., Zoom, Webex, FaceTime)	0	0	0

17. In the <u>last 12 months</u>, did this center have any of the following challenges implementing or using telehealth? MARK YES, NO, DON'T KNOW, OR NOT APPLICABLE IN EACH ROW

	Yes	No	Don't Know	Not Applicable
a. Limited internet access and/or speed issues	0	0	0	0
b. Tools not easy to use or did not meet your needs	0	0	0	0
c. Not appropriate for serving your participants	0	0	0	0
d. Limitations in access to technology (e.g., smartphone, computer, tablet, Internet)	0	0	0	0
e. Participants' difficulty using technology/telehealth platform	0	0	0	0
f. Staff difficulty using technology/telehealth platform	0	0	0	0
g. Reimbursement or cost issues associated with devices or telehealth platform	0	0	0	0
h. Limited staff available to provide telehealth services	0	0	0	0

18. Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW

	Yes	No
a. Have a written Emergency Operations Plan that is specific to or includes pandemic response	0	\bigcirc
b. Have a designated staff member or consultant responsible for coordinating the infection control program	0	0
c. Offer annual influenza vaccination to participants	0	\bigcirc
d. Offer annual influenza vaccination to all employees or contract staff	0	0
e. Offer COVID-19 vaccination to participants	0	\bigcirc
f. Offer COVID-19 vaccination to all employees or contract staff	0	0

Services Offered

19. When does this adult day services center screen each participant with a standardized tool for each of the following? MARK ALL THAT APPLY IN EACH ROW

	Routinely at or after admission	Routinely when condition changes	Case by case	Does not screen
a. Cognitive impairment				0
b. Fall risk				0



20. Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below...MARK ALL THAT APPLY IN EACH ROW

This adult day services center	Provides the service by paid center employees or Arranges for the service to be provided by outside service providers	Refers participants or family to outside service providers	Does not provide, arrange, or refer for this service
a. Hospice services			
 b. <u>Palliative care services</u>—treatment of the pain, discomfort, and symptoms of serious illness 			0
c. <u>Social work services</u> —provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services			0
d. <u>Mental or behavioral health services</u> — target participants' mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions			0
e. <u>Therapy services</u> —physical, occupational, or speech therapies			0
f. <u>Pharmacy services</u> —including filling of or delivery of prescriptions			0
g. <u>Dietary and nutritional services</u> —including meal pickup or delivery			0
h. <u>Skilled nursing services</u> —must be performed by an RN, LPN, or LVN and are medical in nature			0
i. Transportation services for <u>medical or</u> <u>dental appointments</u>			0
j. Daily round trip transportation services to or from this center			0
k. <u>Routine and emergency dental services</u> by a licensed dentist			0

Participant Profile

When answering questions 21-26, include all participants on this center's roster, no matter how frequently they attend, if they are receiving services at their residence or virtually (on-line or by telephone), if they share an enrollment spot, or if the center has temporarily closed or suspended services due to COVID-19.

21.	During the last 30 days, for how many of the
	participants currently enrolled at this adult day
	services center did Medicaid pay for some or all of
	their services received at this center? Include any
	participants that received funding from a Medicaid
	state plan, Medicaid waiver, Medicaid managed care,
	or California regional center. If none, enter "0."

Number of participants

22. Of the participants <u>currently enrolled at</u> this center, about how many have been diagnosed with dementia or Alzheimer's disease? If none, enter "0".

Number of participants

23. In the <u>last 12 months</u> , how many coronavirus disease (COVID-19) cases did this center have among participants? If none, enter "0". Number of COVID-19 cases							
	If yo	u answered "0", ski	ip to q	ues	tio	n 25	
 Of the COVID-19 cases among participants, how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number. 							
			Number of COVID-19 Cases				
			COVID	-19) Ca	ases	Don't Know
		a. Hospitalization		-19) Ca	ases	Don't Know
		a. Hospitalization b. Death		-19		ases	Don't Know

				ber ipa		
a. Under 65 years						
b. 65–74 years						
c. 75–84 years						
d. 85 years or older						
TOTAL						
NOTE: Total should be the same a	is th	e r	nun	nbe	er c	of

participants provided in question 3.

26.	Of the participants <u>currently enrolle</u> what is the racial-ethnic breakdown participant only once. If a non-Hispa falls under more than one category, them in the "Two or more races" cat Enter "O" for any categories with no	? Count each nic participant please include egory. participants.
		Number of Participants
	a. Hispanic or Latino, of any race	
	b. Two or more races, not Hispanic or Latino	
	c. American Indian or Alaska Native, not Hispanic or Latino	
	d. Asian, not Hispanic or Latino	
	e. Black, not Hispanic or Latino	
	f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	
	g. White, not Hispanic or Latino	
	h. Some other category reported in this center's system	
	i. Not reported (race and ethnicity unknown)	
	TOTAL	
	NOTE: Total should be the same as	the number of

NOTE: Total should be the same as the number of participants provided in question 3.

Staff Profile

27. An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone). Enter "0" for any categories with no employees.

	Number of Full- Time Employees	Number of Part- Time Employees		
a. Registered nurses (RNs)				
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)				
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides				
d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work				
e. Activities directors or activities staff				

▶29	. For each staff typ	e below, indicat							
	agency staff this c Enter "0" for any	center <u>currently</u>	has. Do not inclu	ude individuals	directly	empl er of	loyed by th Full-Time	his center. Number o	f Part
					Contr	act oi Staf	r Agency f	Contract St	or Ag aff
	a. Registered nur	rses (RNs)							
	b. Licensed pract	ical nurses (LPN	ls) / licensed voc	ational nurses					
	(LVNs) c. Certified nursir	ng assistants, nu	ursing assistants.	home health					
	aides, home ca	are aides, persoi	nal care aides, pe	ersonal care					
			chnicians or medi						
	d. Social workers bachelor's or n	master's degree	•	sons with a					
	e. Activities direc								
	DVID-19) cases did the ployees or contract	staff? Enter "O"	among	The next ser which incluc assistants, h care aides, p technicians to be includ	des certij nome he personal or medio	fied n alth a I care catior	ursing ass iides, hom assistants aides. Co	sistants, nur ne care aide. s, and medio	sing s, per catior
em - If yo	OVID-19) cases did the ployees or contract Number of CC	his center have staff? Enter "O" DVID-19 cases ip to question 3.	among ' if none. 2	which include assistants, h care aides, p technicians to be include 32. Does th time ai	des certij nome he personal or media ed in you his cente de emp l	fied n alth a care catior ur ans er offe	ursing ass nides, hom assistants n aides. Co swers. er the follo s?	sistants, nur ne care aides s, and medic ontract worl owing bene	sing s, per catior kers a
em - If yo	OVID-19) cases did the ployees or contract Number of CC ou answered "O", ski Of the COVID-19 of contract staff, how	his center have a staff? Enter "0" DVID-19 cases ip to question 3. cases among en w many cases re	among ' if none. <i>2</i> nployees or esulted in each	which include assistants, h care aides, p technicians to be include 32. Does th time ai	des certij nome he personal or media ed in you his cente de emp l	fied n alth a care catior ur ans er offe	ursing ass nides, hom assistants n aides. Co swers. er the foll o	sistants, nur ne care aides s, and medic ontract worl owing bene	sing s, per catior kers a fits tc
em - If yo	DVID-19) cases did th ployees or contract Number of CC Du answered "0", skington Of the COVID-19 (COVID-19)	his center have staff? Enter "0" DVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th	among ' if none. 2 nployees or esulted in each ne or select	which incluce assistants, h care aides, µ technicians to be include 32. Does th time ai MARK	des certij nome he personal or media ed in you his cente de empl YES OR I	fied n alth a care catior ur ans er offe loyee NO IN	ursing ass nides, hom assistants n aides. Co swers. er the follo s?	sistants, nur be care aide. s, and media ontract worl owing bene	sing s, per catior kers a
em - If yo	 OVID-19) cases did the ployees or contract Number of CC Number of CC Of the COVID-19 of contract staff, how of the following? don't know if you 	his center have a staff? Enter "O" OVID-19 cases ip to question 3. cases among en w many cases re Enter "O" if nor	among ' if none. 2 nployees or esulted in each ne or select ne number.	which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea	des certij nome he personal or medic ed in you his cente de empl YES OR I YES OR I Ith insur /	fied n alth a care catior ur ans er offe loyees NO IN	ursing ass nides, hom assistants n aides. Co swers. er the follo s? I EACH RO for the er	sistants, nur be care aide. s, and media ontract worl owing bene	sing s, per catior kers a fits to
em - If yo	 OVID-19) cases did the ployees or contract Number of CC Number of CC Of the COVID-19 of contract staff, how of the following? don't know if you 	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number.	which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove	des certij nome he personal or media ed in you his cente de empl YES OR I Ith insur	fied n alth a care catior ar offe loyee NO IN rance	ursing ass nides, hom assistants n aides. Co swers. er the follo s? I EACH RO for the er	sistants, nur ne care aide. s, and media ontract worl owing bene DW nployee	rsing s, pers catior kers a fits to Yes
em If yc	OVID-19) cases did the ployees or contract Number of CC ou answered "0", ski Of the COVID-19 of contract staff, how of the following? don't know if you a. Hospitalization	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number. Don't Know	which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove c. Life d. A pe	des certij nome he personal or media ed in you his cente de empl YES OR I YES OR I Ith insur erage insuran ension, a	fied n alth a care catior ar offe oyee: NO IN cance cance ce 401(ursing ass nides, hom assistants n aides. Co swers. er the follo s? I EACH RO for the er that inclu k), or a 40	sistants, nur be care aide. s, and media ontract worl owing bene ow ow nployee ides family 03(b)	rsing s, perc catior kers a fits to Yes
em If yc	OVID-19) cases did the oployees or contract Number of CC ou answered "O", ski Of the COVID-19 of contract staff, how of the following? don't know if you	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number.	which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove c. Life d. A pe e. Paic or si	des certij home he bersonal or medic ed in you his cente de empl YES OR I Ith insur / Ith insur erage insurance ension, a I person ick leave	fied n alth a care catior ar offe loyee NO IN rance rance a 401(al time	ursing ass nides, hom assistants naides. Co swers. er the follo s? I EACH RO for the er that inclu k), or a 40 ie off, vac	sistants, nur be care aide s, and media ontract worl owing bene ow nployee ides family 03(b) ation time,	rsing s, perc catior kers a fits to Yes
em If yc	OVID-19) cases did the ployees or contract Number of CC ou answered "0", ski Of the COVID-19 of contract staff, how of the following? don't know if you a. Hospitalization	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number. Don't Know	which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove c. Life d. A pe e. Paid or si f. Rein	des certij home he bersonal or media ed in you his cente de empl YES OR I YES OR I Ith insur r Ith insur erage insuran ension, a I person ick leave mburse/	fied n alth a care catior ar offe oyee: NO IN rance rance ce a 401(al time pay fo	ursing ass nides, hom assistants n aides. Co swers. er the follo s? I EACH RO for the er that inclu k), or a 40 he off, vac or initial tr	sistants, nur be care aide. s, and media ontract worl owing bene ow ow nployee ides family 03(b) ation time, raining	rsing s, per catior kers a fits to Yes 0 0 0 0 0 0 0
em If yo	OVID-19) cases did the ployees or contract Number of CC ou answered "0", ski Of the COVID-19 of contract staff, how of the following? don't know if you a. Hospitalization	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number. Don't Know	 which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove c. Life d. A pe e. Paid or si f. Rein 33. How m aide en 	des certij home he bersonal or medic ed in you his cente de empl YES OR I Ith insur / Ith insur / Ith insur erage insurance ension, a l person ick leave mburse/	fied n alth a care catior ar offe oyee NO IN rance rance a 401(al time pay fo s to h	ursing ass nides, hom assistants aides. Co swers. er the folk s? I EACH RO for the er that inclu k), or a 40 e off, vac or initial tr training d	sistants, nur be care aide. s, and media ontract worl owing bene ow ow nployee ides family 03(b) ation time, raining	rsing s, percention kers a fits to Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
em	OVID-19) cases did the ployees or contract Number of CC ou answered "0", ski Of the COVID-19 of contract staff, how of the following? don't know if you a. Hospitalization	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number. Don't Know	 which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove c. Life d. A per e. Paid or si f. Rein 33. How m aide en If none 	des certij home he bersonal or media ed in you his cente de empl YES OR I Ith insur (Ith insur erage insuran ick leave mburse/ hany hou e, enter (fied n alth a care catior ar offe oyee: NO IN rance rance ce a 401(al time pay fo s to h '0".	ursing ass nides, hom assistants n aides. Co swers. er the follo s? I EACH RO for the er that inclu k), or a 40 he off, vac or initial tr training d ave for ea	sistants, nur be care aide s, and media ontract worl owing bene ow nployee des family 03(b) ation time, raining oes this cer	sing s, percation kers a fits to Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
em - If yo	OVID-19) cases did the ployees or contract Number of CC ou answered "0", ski Of the COVID-19 of contract staff, how of the following? don't know if you a. Hospitalization	his center have staff? Enter "0" OVID-19 cases ip to question 3. cases among en w many cases re Enter "0" if nor do not know th Number of	among ' if none. 2 nployees or esulted in each ne or select ne number. Don't Know	 which include assistants, h care aides, p technicians to be include 32. Does th time ai MARK a. Hea only b. Hea cove c. Life d. A pe e. Paic or si f. Rein 33. How m aide en If none 	des certij home he bersonal or medic ed in you his cente de empl YES OR I Ith insur (Ith insur erage insurance ension, a l person ick leave mburse/ many hou	fied n alth a care catior ar offe oyee NO IN rance rance a 401(al time pay fo s to h '0".	ursing ass nides, hom assistants n aides. Co swers. er the follo s? I EACH RO for the er that inclu k), or a 40 he off, vac or initial tr training d ave for ea	sistants, nur be care aide. s, and media ontract worl owing bene ow mployee ides family 03(b) ation time, raining oes this cer ach of the fo	sing s, percation kers a fits to Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

34. How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW

	Training is always offered	Training is offered occasionally or as needed	Training is offered rarely or never	Don't Know
 a. Discussing participant care with participants' families 	0	0	0	0
b. Dementia care	0	\bigcirc	\bigcirc	0
c. Working with participants that act out or are abusive	0	0	0	0
d. Preventing personal injuries at work	0	0	0	0
e. End of life issues (advance care planning and help families cope with grief)	0	0	0	0
 Relating to participants of different cultures or ethnicities, or with different values or beliefs 	0	0	0	0

Information on COVID-19

35. In the last 12 months, how often did this center use each of the following practices or policies to prevent or manage COVID-19 infections, whether or not there were any presumptive positive or confirmed COVID-19 cases? MARK ONLY ONE RESPONSE IN EACH ROW

	Always	Some of the time or as needed	Rarely or never	Don't Know
a. Screened participants daily for fever or respiratory symptoms	\bigcirc	0	0	0
b. Limited hours or temporarily closed this center	0	0	0	0
c. Experienced shortages of eye protection, gloves, face masks, or isolation gowns	0	0	0	0
d. Experienced shortages of N95 respirators	0	0	0	0
e. Experienced shortages of test kits	0	0	0	0
 f. Imposed restrictions on family and relatives entering the building 	0	0	0	0
g. Imposed restrictions on visitors or volunteers entering the building	0	0	0	0
 h. Imposed restrictions on non-essential consultant personnel (e.g., barbers, delivery personnel) entering the building 	0	0	0	0

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

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

Thank you for participating in the 2022 National Post-acute and Long-term Care Study.