

Assisted Living Facility Survey

Facility Characteristics

Name of Facility \_\_\_\_\_

Facility address \_\_\_\_\_

\_\_\_\_\_

Facility phone number \_\_\_\_\_

Administrator's name \_\_\_\_\_ (If not the Administrator)  
Facility Contact \_\_\_\_\_

Phone number \_\_\_\_\_ Contact's Phone number \_\_\_\_\_

Administrator's email \_\_\_\_\_ Contact's email \_\_\_\_\_

Ownership of the facility      For profit – part of a corporate chain  
   For profit – independent owner  
   Not for profit  
   Public (state or county-owned)  
   Other (Please specify): \_\_\_\_\_

How many staff members does your facility employ in each of these roles?

- \_\_\_ Administrators
- \_\_\_ Nurses (RN, LPN)
- \_\_\_ Aides (i.e., CNA, PCA, CMA)
- \_\_\_ Therapists (OT, PT, Speech)
- \_\_\_ Social Workers
- \_\_\_ Recreation/Activities
- \_\_\_ Housekeeping/Laundry
- \_\_\_ Dietary
- \_\_\_ Maintenance/Security
- \_\_\_ Other (Please specify): \_\_\_\_\_

How many residents currently live in this facility? \_\_\_\_\_

How many units/wings does this facility have? \_\_\_\_\_

Does this facility have a specific unit or wing for residents identified with dementia? Yes No

If yes, how many residents currently live in the dementia unit/wing? \_\_\_\_\_

Are there any residents identified with dementia living in non-dementia units? Yes No

If yes, approximately how many residents? \_\_\_\_\_

Does the facility have any screening mechanisms in place to identify residents with dementia? Yes No

Does this facility have specific policies and procedures related to dementia care (whether there is a specific dementia unit or not)? Yes No

Does your facility have a dedicated activities program for individuals with dementia? Yes No

Staff Training

Does your facility have a designated staff member that coordinates training for your staff? Yes No

If yes, please identify (Name/Title): \_\_\_\_\_

How do staff members receive training? (Please check all that apply) In-service (live presentation) Computer-based training In-service via video Other (please specify): \_\_\_\_\_

Would your facility accommodate staff availability for trainings? Yes No

If yes, check all that apply:

How many hours per month/week would your staff be available for training? \_\_\_\_\_ Hours per month OR \_\_\_\_\_ Hours per week

How many minutes per session would your staff be available for training? \_\_\_\_\_ Minutes per training session

Does your facility have a designated space to accommodate staff training? Yes No

Does your facility have technology available (devices with video capabilities) to accommodate tele-education training? Yes No

If yes, what hardware devices does your facility have available? Desktop Computers Laptop Computers SmartTV Smart Phones Tablets Other: \_\_\_\_\_

If yes, what software/programs does your facility currently use? Zoom Skype Facetime Adobe Connect WebEx Google Hangouts Other: \_\_\_\_\_

Does your staff receive any specific training in dementia, delirium, and/or depression? Yes    No

If yes, please indicate:

- Which staff members receive dementia, delirium, or depression specific training,
- How many hours of training they receive, and
- How often this training is provided.

(Please check all that apply)	Dementia Training				Delirium Training				Depression Training			
	Total # of Hours	How often is this training provided? (Please check all that apply)			Total # of Hours	How often is this training provided? (Please check all that apply)			Total # of Hours	How often is this training provided? (Please check all that apply)		
		Upon Hire	Annually	Periodically/ As Needed		Upon Hire	Annually	Periodically/ As Needed		Upon Hire	Annually	Periodically/ As Needed
Administrators												
Nursing staff												
Aides/Direct care staff (CNAs, CMAs,PCAs)												
Non-nursing/ Other support staff												
Social work staff												
Other (please specify): _____												

Do any residents in this facility receive care from external personnel (i.e., outsourced/contracted home health agency)?

Yes    No

If yes, does this facility recommend or have a contract with a particular external agency for these services?

Yes    No

Does the facility have any policies and procedures for external personnel that work in the facility?

Yes    No

Do the external personnel receive any dementia specific training provided by this facility?

Yes    No

Do the families of your residents receive any kind of training in dementia care?

Yes    No

Thank you for your time!