

## DRAFT - RCAC SURVEY

*Please complete the information as in effect January 1, 2003*

**Blue-was on 2000 survey, to be removed.**

**Red-was NOT on 2000 survey, to be added.**

1. Are you:  A not-for-profit  A for-profit
2. Are you:  Certified  Registered
3. What area of the state is your RCAC located? Please use the attached map to help locate the area.  
 Southeastern  Southern  Northwestern  
 Northern  Northeastern

If you are unsure of the area, please enter the county name: \_\_\_\_\_

4. Would you describe your location as:

Urban  
 Suburban  
 Small community  
 Rural

5. How long have you been in operation as an RCAC?  Months and  Years
6. In your development/conversion process, did you have difficulty obtaining any zoning changes you might need?  
 Yes  No  Did not need any changes
7. If so, how long did the zoning process take? \_\_\_\_\_  
Was this a problem?  Yes  No  
If yes, please describe main issues:  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you:  
 A freestanding development?  
 Attached to a nursing home or CBRF?  
 Part of a campus with independent living units, nursing home, CBRF, and/or other operations? **If yes, describe:** \_\_\_\_\_  
\_\_\_\_\_

Please describe your campus setting in terms of what types of buildings are present:  
\_\_\_\_\_  
\_\_\_\_\_

9. In Wisconsin, how many other long-term care facilities does your organization own or operate?  
 RCACs  
 Independent living apartments  
 CBRFs  
 Skilled nursing facilities  
 Adult family homes

10. Within this RCAC, do you have a mixture of independent living and RCAC apartments?

Yes  No

If so, how many independent living apartments? \_\_\_\_\_

11. Within this RCAC, how many types of RCAC apartments are there and what is their average square footage?

\_\_\_\_\_ Studio/efficiency \_\_\_\_\_ square feet  
\_\_\_\_\_ 1 bedroom \_\_\_\_\_ square feet  
\_\_\_\_\_ 2 bedroom \_\_\_\_\_ square feet  
\_\_\_\_\_ Total RCAC apartments

12. What percentage of your residents use their kitchen for meal preparation?

\_\_\_\_\_ % 3 times or more per week  
\_\_\_\_\_ % less than 3 times per week  
\_\_\_\_\_ % 1-2 times per month  
\_\_\_\_\_ % Not at all

13. Do you have a policy on unplugging the electrical oven, range, or microwave oven?

\_\_\_\_\_ Yes \_\_\_\_\_ No

14. What percentage of your apartments, if any, currently have disconnected ovens/ranges?

\_\_\_\_\_ %

15. What percentage of your RCAC is common space (office space, kitchen, storage, dining area, lounge areas, laundry, etc.)? \_\_\_\_\_ % of total

16. Since you have opened, what is the average age when residents move in? \_\_\_\_\_

17. What is the current average age of residents? \_\_\_\_\_

18. What is the percentage of each gender residing in your RCAC?

\_\_\_\_\_ % Male  
\_\_\_\_\_ % Female

19. What is the average number of ADLs a resident has upon move-in? \_\_\_\_\_

20. What is the current average number of ADLs a resident has? \_\_\_\_\_

21. What percentage of your residents require help with the following ADLs?

\_\_\_\_\_ % Bathing  
\_\_\_\_\_ % Dressing  
\_\_\_\_\_ % Toileting  
\_\_\_\_\_ % Transferring  
\_\_\_\_\_ % Eating  
\_\_\_\_\_ % Mobility

22. What percentage of your residents require nursing services?

\_\_\_\_\_ % - medication assistance or administration?  
\_\_\_\_\_ % - health monitoring?  
\_\_\_\_\_ % - other nursing care; describe: \_\_\_\_\_

23. From where have the current residents moved? Please answer as a percentage.

- % Hospital
- % Ownership type of housing - single family home or condominium
- % Rental type of housing - apartment or house
- % Another assisted living residence
- % Nursing home
- % Living with relatives
- % Other: please describe: \_\_\_\_\_

24. What percentage of the residents moved a distance of:

- 0-5 miles?  %
- 5-10 miles?  %
- 10-20 miles?  %
- 20-50 miles?  %
- over 50 miles?  %

25. How did new residents hear about your development?

- Advertising in paper or TV
- Internet
- Family
- Social worker
- Doctor
- Friend
- Other: please describe: \_\_\_\_\_

26. Do you conduct surveys that measure resident satisfaction?  Yes  No

27. If so, how many times per year is this done? \_\_\_\_\_

28. Do you share the results with perspective residents or their families?  Yes  No

29. What percentage of your budget do you spend on marketing? \_\_\_\_\_ %

30. Do you require information on income and assets prior to move in?

Do you have an income and asset test for occupancy?

Yes  No

31. If so, what is the minimum required?

Income/year: \_\_\_\_\_

Assets: \_\_\_\_\_

Combination: \_\_\_\_\_

Describe combination of income and assets needed: \_\_\_\_\_

32. What happens when assets have been spent and income no longer covers expenses? You may check more than one answer.

- Resident must move (only a registered RCAC – MA waiver unavailable)
- Resident works to obtain MA waiver (RCAC is certified in this case.)
- If MA waiver unavailable, resident moves Resident unable to obtain a MA-waiver and moves
- RCAC owner has funds to cover the difference
- Family helps; average amount of help per month: \$ \_\_\_\_\_
- Other: \_\_\_\_\_

33. In the last year, what are the reasons for moving/leaving? Please answer as a percentage.  
 % Moved to more skilled care facility because of need for increased care  
 % Died  
 % Spend most of their funds and moved elsewhere to receive Medicaid assistance  
 % Moved to another assisted living development  
 % Other: please describe: \_\_\_\_\_
34. If certified, do you **currently** have any residents who have a **MA waiver** from the county?  
 Yes  No How many? \_\_\_\_\_
35. Do you have any relationships established with county human service staff to explain your RCAC?   
Yes  No
36. Does the county you are located in provide **Medicaid** waiver for funding residents in RCACs?  
 Yes  No  Do not know
37. If you are a registered RCAC, what keeps you from becoming certified? (check all that apply)  
 Too much paperwork  
 Payment too low  
 Don't need to; can operate with private pay only  
 Unfamiliar with the MA waiver program  
 County does not cover RCAC services  
 Never thought about it  
 Do not want Health & Family Services' regular BQA surveys  
 Other: \_\_\_\_\_
38. What is the average length of tenancy? \_\_\_\_\_ months
39. What is the annual turnover of residents? \_\_\_\_\_ %
40. What is your current occupancy rate? \_\_\_\_\_ %
41. Do you have a waiting list?  Yes  No  
If yes, how many? \_\_\_\_\_
42. How long did it take to lease up to economic sustaining occupancy? \_\_\_\_\_ months
43. Do you have on-site staff 24 hours a day, seven days a week?  Yes  No
44. Is your care-giving staff:  
 Employed by the RCAC, or  
 Contracted through a third party
45. For the R.N. staff, are they:  
 Employed by RCAC, or  
 Under a contract
46. What is the ratio of residents to the care-giving staff when fully staffed?  
How many full-time equivalents are on your staff that handle personal care services or nursing services?  
\_\_\_\_\_
47. What percentage of the staff has CNA training? \_\_\_\_\_ %  
How many have CNA training? \_\_\_\_\_  
Are considered a Universal Worker? \_\_\_\_\_

48. What is the starting CNA hourly rate? \$ \_\_\_\_\_  
 What is the starting pay for the care-giving staff (other than RN)? \$ \_\_\_\_\_/hour
49. What is the dollar value of benefits that is provided to a full time CNA, on a monthly basis? \$ \_\_\_\_\_  
 What percentage to the hourly rate can be added to account for the cost of any benefits provided to the care-giving staff?  
 \_\_\_\_\_ %
50. What is your yearly employee turnover rate? \_\_\_\_\_ %
51. Do you provide any ongoing staff training? \_\_\_\_ Yes \_\_\_\_ No
52. What is the current range for the total monthly resident charge? \$ \_\_\_\_\_ to \$ \_\_\_\_\_
53. What is your rate structure?
- \_\_\_\_\_ Single rate for all residents
  - \_\_\_\_\_ Base rate with additional services available a la carte
  - \_\_\_\_\_ Tiered rate, with several different packages available depending on level of need  
 Number of rate tiers: \_\_\_\_\_
  - \_\_\_\_\_ A la carte
  - \_\_\_\_\_ Other: \_\_\_\_\_
54. Please break out your monthly charge for:
- \$ \_\_\_\_\_ Apartment rent  
 Check what is included in this charge:
- \_\_\_\_\_ Heat
  - \_\_\_\_\_ Air conditioning
  - \_\_\_\_\_ Electricity
  - \_\_\_\_\_ Cable TV hook up and service
  - \_\_\_\_\_ Cable TV hook up only
  - \_\_\_\_\_ Other utilities, please describe: \_\_\_\_\_
- \$ \_\_\_\_\_ Services:  
 Check what is included in this charge:
- \_\_\_\_\_ Transportation
  - \_\_\_\_\_ Recreation, social activities
  - \_\_\_\_\_ Laundry (how much per week? \_\_\_\_\_)
  - \_\_\_\_\_ Housekeeping (how often per week? \_\_\_\_\_)
  - \_\_\_\_\_ Other: please describe: \_\_\_\_\_
  - \_\_\_\_\_ A minimum package for ADL services and medication management/assistance. What does the package include?  
 \_\_\_\_\_  
 \_\_\_\_\_
- \$ \_\_\_\_\_ Meals  
 Check what is included:
- \_\_\_\_\_ 1 meal/day
  - \_\_\_\_\_ 2 meals/day
  - \_\_\_\_\_ 3 meals/day
  - \_\_\_\_\_ Other meal combination; please describe: \_\_\_\_\_

Please break out your monthly charge for:

<b>CHARGES:</b>			
<b>Rent \$ _____</b>			
	<b>Check if Available</b>	<b>Included in Rent? (Y/N)</b>	
Heat	x		
Air conditioning			
Electricity	x		
Cable TV hook up			
Cable TV hook up & Service			
Other utility:			

<b>Service</b>	<b>Check if Offered</b>	<b>How Is Service Priced?</b>		
		<b>In Base Package? (Y/N)</b>	<b>What is the unit measurement for the charge? (min., hrs.)</b>	<b>What is Charge If Not in Base Package?</b>
<b>Base Package is \$ _____</b>				
<b>Meals</b>				
Breakfast				
Lunch				
Dinner				
Snack				
Unscheduled meals				
Guest meals				
Room delivery				
Special diet preparation				
<b>Housekeeping</b>				
Weekly				
Other				
<b>Laundry</b>				
Self-service:				
Washer/dryer in unit				
Self service in laundry area				
RCAC provided				
Linens				
Personal laundry				
Activities program				
<b>Transportation</b>				
Arrange transportation				
For medical appointments				
For other purposes				
Provide transportation				
For individuals				
For groups				
<b>Personal Care</b>				
Bathing				
Dressing				
Toileting				
Incontinence care				
Scheduled toileting program				

Grooming (teeth, hair)				
Transferring				
Mobility assistance				
Eating				
Set up				
Feeding				
<b>Nursing</b>				
Health monitoring				
Medication management				
Set up only				
Order medications				
Contact with physician				
Medication administration				
Other nursing services				
Episodic				
Scheduled				
Routine/chronic care				

55. If a resident selects less than 3 meals per day, may he or she purchase additional meals?

\_\_\_ Yes \_\_\_ No

What is the average charge for this meal? \$ \_\_\_\_\_

56. Have any residents purchased **outside** services beyond 28 hours per week?

\_\_\_ Yes \_\_\_ No

What percentage? \_\_\_\_\_%

57. What is your policy for holding a unit for a resident who has entered a hospital or nursing home?

\_\_\_ Will hold unit as long as resident pays \_\_\_ rent  
 \_\_\_ meals  
 \_\_\_ services

\_\_\_ Will decide on a case by case basis

\_\_\_ If resident has MA waiver, will hold as long as \_\_\_ rent and/or  
 \_\_\_ meals are paid.

58. Do any of your residents use a Section 8 Voucher to help pay for rent?

\_\_\_ Yes \_\_\_ No

How many? \_\_\_\_\_

59. Have you approached your local Public Housing Authority regarding the use of a Section 8 Voucher for a resident?

\_\_\_ Yes \_\_\_ No

60. Have any prospective residents had a Section 8 Voucher and were unable to use it at your RCAC because your rent was too much?

\_\_\_ Yes \_\_\_ No

How many? \_\_\_\_\_

61. Please describe the source of your financing (you may check more than one):

- Grant
- Wisconsin Affordable Housing Tax Credits, a.k.a. Sec. 42, Low income housing tax credits
- Bank loan
- Tax-exempt bond through local issue
- Government loan (RD, HUD, FHLB, WI DHIR-HOME, WHEDA)
- Self funded
- Other source: please describe: \_\_\_\_\_
- Term \_\_\_\_\_
- Rate \_\_\_\_\_
- Personal guarantees required?  Yes  No
- Other collateral pledged?  Yes  No
- Did you have trouble finding financing?  Yes  No
- Do you need to refinance?  Yes  No
- When? \_\_\_\_\_

62. Do you anticipate adding more apartments at this site in the future?  Yes  No  
When? \_\_\_\_\_

63. What is your biggest concern in operating the RCAC?

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**THANK YOU FOR COMPLETING THE SURVEY!**

If you have questions, please call:  
Marjorie Kozich, 608-266-7643  
Wendy Fearnside, 608-266-5456  
[www.wiaffordableassistedliving.org](http://www.wiaffordableassistedliving.org)

Please return by **February \_\_, 2003** to:

**The Dieringer Research Group**  
3064 North 78<sup>th</sup> Street  
Milwaukee, WI 53222-5025