

AARP ANDRUS FOUNDATION

FINAL REPORT

***CONSUMER SATISFACTION IN CONTINUING
CARE RETIREMENT COMMUNITIES***

Margaret Blenkner Research Institute, Benjamin Rose

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ABSTRACT

This study focused on examining consumer satisfaction with the care and services provided to elders residing in continuing care retirement communities (CCRCs). Telephone interviews were conducted with a total of 137 respondents residing in both Independent Living (IL) facilities and Assisted Living (AL) in eight different CCRCs. Of these, 116 were IL residents and 21 were AL residents. Nursing home residents were excluded because Ohio was implementing mandatory nursing home family and resident satisfaction surveys.

Residents on average were, 83 years old, primarily Caucasian and the majority were widowed. Three-fourths of them were female and over half had some college or a college degree.

In addition, 41 family members of the 137 residents were also interviewed. The family members were on average, 56 years old, Caucasian, and the majority were female children.

Both residents and their family members said that the primary reason for choosing a particular CCRC was that it was close to family members. As to why residents had to move to a CCRC, both families and residents said that it was because of physical health problems of either the resident or his/her spouse. In fact, residents and families cited more similar than dissimilar answers regarding why they chose a particular CCRC, reasons for moving from the resident's previous residence, and the importance of certain types of services, although the order of preferences differed slightly.

Information from Administrators of all eight CCRCs was collected to examine the range of services that facilities offered and their price structure and these varied greatly between and within facilities. Monthly rent in the IL facilities ranged from \$579.00 to \$3,332. In the AL facilities, single occupancy monthly rent ranged from \$2,040 to \$5,710.

Examining Satisfaction with Care and Services

An instrument examining resident satisfaction care was tested for its reliability and validity. It proved to be a highly reliable and valid instrument that had six major domains/factors: Admission; Appearance of the Facility; Food and Dining Services; Maintenance of Facility; Management, and,

Safety and Security. An underlying measure of Resident Overall Satisfaction was also identified comprising of 48 items that contained items from the above-mentioned six domains. A similar instrument was used to test family satisfaction with care and services.

With respect to examining what predicted Resident Overall Satisfaction, a multiple regression was run and two areas proved to be significant predictors of Resident Overall Satisfaction: the positive nature of resident and staff interactions and the residents' perception of what services are important to them. Similar analyses on Family Overall Satisfaction could not be conducted because of the small sample size of the family dataset (family n =41).

An examination of the open-ended comments by the residents and families revealed that both had positive and negative comments to make. They complained of things like the physical design, the environment and its surroundings, management issues and meals and dining services. The topmost things that residents praised the CCRCs for were the freedom to live their own lifestyle, the pleasant and friendly atmosphere and feeling that they had a safety net. The topmost things that families praised were the surroundings and the environment (even though some criticized this), the positive interactions with staff and the services/conveniences.

Implications for Practice

The findings from the quantitative analyses and the comments suggest that understanding the consumer perspective is critical to providing appropriate services. We suggest that Administrators encourage positive interaction and communication between consumers and staff to provide care that is appropriate, considered important and enhances consumer satisfaction.

Limitations of the Study

The limitations of the study include the fact that it was conducted only in one State with a small sample of eight CCRCs. Further, more IL than AL residents were interviewed. The study needs to be replicated with a larger sample size, and in more states, with equal numbers of residents in IL, AL and nursing facilities to enhance the generalizability of the findings.

EXECUTIVE SUMMARY

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INTRODUCTION AND PURPOSE OF THE RESEARCH

A recent Institute of Medicine report identified older persons' satisfaction with care deserving of special attention by researchers and policy makers (Feasley, 1996). Similarly, another study charged with defining the five most important research areas for long-term care, identified the development and refinement of quality of care measures as well as satisfaction with care as an increasingly important outcome measure (Binstock & Spector, 1997). The issue of satisfaction with care and services becomes more critical given the burgeoning of various types of housing options for the elderly. Many of these housing options, especially continuing care retirement communities (CCRCs) offer a model of long-term care that encompasses a philosophy of care across a retired person's life span. Understanding the key components of consumer satisfaction is critical in order to make the provision of care responsive to the growing needs and demands of this population, especially as the baby boomers age. The latter are a far more educated and consumer-conscious cohort than past generations of the elderly and are likely to demand high quality long-term care services (Case, 1996).

The consumer movement therefore, reflects a shift from regarding residents and their families as more or less passive entities to establishing a more interactive and partnered relationship with them (Rubenstein, 2000). It also reflects a long overdue recognition that the consumer, in this case the resident or alternatively a family member, is a credible source of information on both quality of care and life in long-term care (Zimmerman & Bowers, 2000). As Lawton (2001) notes, subjective quality is the idiosyncratic judgment of the person experiencing a program; aggregated judgments of quality across people experiencing the same program will yield a distribution that can represent the average perceived quality of the program.

This project focused on one aspect of quality, i.e., the subjective perspective of the elderly consumer of the care they receive in CCRCs. The goals of this project were to:

1. Test and refine a measure of resident satisfaction with IL and AL Facilities that are part of a CCRC.

2. Examine the extent to which resident and facility characteristics predicted resident's overall satisfaction with care and services in CCRCs.
3. Examine the open-ended comments made by residents and family members regarding their care and services, and
4. Provide Administrators with practical information on how to use the results to improve satisfaction with care in CCRCs.

To obtain this information, data were collected from three sources: residents in IL and AL units located in CCRCs, their family members and the Administrators of the participating CCRCs.

LITERATURE REVIEW

While there are a myriad of patient satisfaction instruments that have been developed for use in nursing homes, acute care and other settings (Hall & Dornan, 1988), there are relatively few that have been developed for use in long-term care settings that examine changes in satisfaction across the continuum of care. Many of the consumer satisfaction surveys developed for long-term care have been limited for use with the nursing home resident or family (Davis, Sebastian, Tschetter, 1997; Kruzich, Clinton, & Kelber, 1992; Uman, Hocevar, Urman, Young, Hirsch & Kohler, 2000; van Maris, Norton, Soberman, Norton, & Murray, 1996; Zinn, Lavizzo-Mourey, & Taylor, 1993). Recent statewide initiatives have also focused on the nursing home settings as exemplified by the State of Ohio's House Bill 403 (<http://www.legislature.state.oh.us/bills>) that mandated the development, testing and statewide implementation of nursing home consumer satisfaction surveys to be included in the Ohio Long Term Care Consumer Guide (<http://ltcoho.org>) (Ejaz, Straker, Fox & Swami, 2003; Straker, Ehrichs, Ejaz & Fox, 2003; Vital Research, 2002) This was the first attempt of a statewide effort to develop, test and implement both family and resident satisfaction surveys. These surveys have excellent psychometric properties and have demonstrated that the consumer, including frail, elderly nursing home residents, are a credible source of information on quality (Ejaz, Straker, Fox & Swami, 2003; Ejaz, Fox, McCarthy, Jones & Straker, 2003; Vital Research, 2002).

There are relatively few measures that have attempted to capture consumer satisfaction across the continuum of care. One example is the Satisfaction Assessment Questionnaires developed for the American Health Care Association (AHCA) by Gallup and Gustafson and Associates (Case, 1996). The AHCA instruments were developed for consumers of nursing home services, intermediate care, and AL but not IL facilities. The AHCA instruments have established benchmarking criteria for facility comparisons. However, one drawback of these instruments is that they are quite lengthy (over 90 items).

The Assisted Living Federation of America in collaboration with ServiceTrac. Inc. has developed consumer satisfaction instruments for IL, AL and nursing homes along with benchmarking criteria (Older Americans Report, 1998). Similar surveys have also been developed by Vital Research Corporation in America (“R.E.A.L. News,” 2000). The latter surveys are sold commercially.

The current project funded by the AARP Andrus Foundation is unique in that it methodologically advances the state of the literature by developing consumer satisfaction surveys that are not only reliable and valid for use in IL and AL facilities but also tests a conceptual model that examines consumer satisfaction in the larger context of other resident and facility correlates. Therefore, the conceptual model tested here is a unique contribution of this grant. Future studies need to test this model further in other IL and AL facilities especially with larger samples of AL residents.

METHODOLOGY

Study Procedures and Protocols and Selection of Sites

The project’s original intent for site selection had been to recruit CCRCs from HealthRays Alliance (HRA), a consortium of fifteen non-profit, long-term care facilities in Northeast Ohio. Twelve of these sites had submitted letters of support for the project indicating a willingness to participate. However, once the project was under way, three sites subsequently declined to participate. Two of the CCRCs that declined to participate cited a lack of time and one site cited local competition as the reason for declining. Another site was no longer a member of the Alliance and therefore, dropped out from the study. Only eight of the HealthRays Alliance sites remained, so a decision was made to recruit an additional two non HealthRays Alliance for-profit CCRCs.

Of the eight participating HealthRays Alliance sites, two were designated as pilot sites to test the instrument/measures. This report focuses on the findings from the eight sites (excluding the pilot sites) that participated in the study. Of these eight sites, four CCRCs were located in the suburbs, three were

urban facilities, and one was in a rural area. Six of the eight facilities were religiously affiliated. All but two of the CCRCs were non-profit and three of the eight are a part of a chain.

Selection of sample

The process for selecting respondents for the study was changed from the original grant proposal by the Institutional Review Board (IRB) of Benjamin Rose (BR). In the original proposal, sites were to have released to research staff, the names, addresses, and telephone numbers of all IL and AL residents. Research staff would then conduct random sampling to select 60 residents each from IL and AL facility (if fewer than 60 residents were in a IL or AL facility, all residents would be chosen).

However, BR's IRB revised the study protocols in anticipation of impending HIPAA regulations. In the new process mandated by BR's IRB, sites would conduct the random sampling if they needed to (i.e., if they had more than 60 units) and then mail an introductory letter explaining the purpose of the study to the selected respondents. The letter also stated that recipients should notify their CCRC within a two-week timeframe if they did not want their name to be released to BR research staff. See Appendix A for a sample of the resident introductory letter /language provided by research staff to the sites in the study. A similar letter was used for family members.

In keeping with the newly adopted protocols for the study, each facility participating in the study was required to follow the changes recommended by the IRB. However, research staff are unsure of the extent to which sites followed these protocols. For example, we know that random sampling techniques were not used to select AL residents for the study. Rather, each facility liaison staff member determined who was cognitively alert enough to be able to participate in the interview. The selected AL residents were then mail the introductory letter. Sites altered the designated protocol of the study, as they believed many of their AL residents would be unable to participate in a forty-five minute telephone interview. They did however, wait for the two-week period for those residents that they mailed the

introductory letter to, before releasing their names to BR researchers. Once BR researchers received the list of residents' telephone numbers, they assigned project interviewers to call the selected respondents.

Resident informed consent

When the interviewers telephoned the residents to request their participation in the survey, the residents were read an informed consent form approved by the IRB. It contained information on the voluntary nature of their participation and confidentiality issues. For a detailed examination of the consent form, see Appendix B.

Eligibility criteria for resident participation

The selection criteria designed by the Short Portable Mental Status Questionnaire (SPMSQ) (Pfeiffer, 1975) was used as a screen to exclude any participants who were too cognitively impaired to complete the 45-minute telephone interview. If the respondent did not meet the eligibility criteria, the interviewer stopped the process and thanked the resident for his/her time. Those that met the eligibility criteria were interviewed. After completing the interview, everyone including those who failed to meet the eligibility criteria was sent a letter of appreciation for participating in the study along with a check for \$15.00.

Selection of family members

Family members were selected to participate in the study in its second phase. In this phase, an attempt was made to recruit one family member for each of the residents who had completed an interview. Since only one family member was selected per resident, the eligibility criterion was based on selecting the person who was "most involved in the daily life of his/her elder." This person could be a family member or a close friend even though the survey was referred to as the 'family' member survey. It was expected that this person was the one who would be most knowledgeable about his/her relative's care and therefore, be able to evaluate the older adult's quality of life and care in the CCRC. Facility

liaisons were provided with a list of issues/definitions to consider when selecting the “most involved” person in the daily life of the resident. The list was in no particular order but liaisons were instructed to choose the person who fit either one or more of these definitions. The definitions involved the person who: visited the resident most often, was the emergency contact person, talked to the staff the most about the resident, attended family meetings and who most often ran errands/took care of the relative’s personal needs. See Appendix C for the selection criteria.

After the pertinent family members were identified, an initial contact letter similar to the one sent to the residents, was mailed by the facility to the selected family member. See Appendix A. This method was used in all but two of the facilities. Because of the limited amount of time that staff at the facilities had to devote to this project was limited, getting the family respondent information in a timely manner was difficult. Therefore, research staff requested BR’s IRB to grant permission to obtain the family contact information directly from the resident at the conclusion of his/her interview. Except for excluding the screening criteria for cognitive status (the assumption being that family members would not be cognitively impaired), the procedures that were followed were the same as the ones described for the residents. The family members were also paid \$15.00 for their participation.

Selection of administrators

In the third and final phase of the study, an administrator survey was developed to collect data on the housing options available and the cost of services provided at each CCRC. Attempts were made to interview the Administrator at each of the participating CCRCs via a telephone interview. However, given the time constraints Administrators faced, a telephone interview was not viable. Therefore, a self-administered survey was developed and mailed to each Administrator. The survey requested information on the following components of CCRCs: facility characteristics, facility features and amenities, staffing, services provided both customary and for a fee, and IL and AL housing options and fees. The cover

letter that accompanied the survey assured Administrators that the information they shared would be kept completely confidential. They were encouraged to call BR researchers if they had any questions. See Appendix D for a copy of the Administrator contact letter. As a token of appreciation for completing the survey, each facility received a check for \$25.00.

Measures and Instrumentation for Residents and Family Members

Consumer satisfaction was assessed in the resident and family instruments using the slightly modified version of the HealthRays Alliance IL and AL resident and family satisfaction instruments. The HealthRays Alliance interview schedules had a total of 51 questions for the IL residents and 53 questions for the AL residents. BR researchers edited the instruments by deleting two questions from the HealthRays Alliance schedule. However, BR added seven items for a total of 58 questions in the IL instrument and 60 in the AL instrument. Ten questions were dropped from the factor analyses due to lack of response variance in these items, leaving a total of 48 questions in the IL and 50 in the AL instrument.

Investigators also collected information on the predictors of satisfaction to test a conceptual model (see Figure 1). In addition to the elements in the conceptual model, data were collected on issues that investigators believed would be of interest to consumers living in retirement communities. Domains of interest in the resident survey included examining the reasons for moving to a particular CCRC, who made the decision to move, where residents had lived prior to moving, the resident's prior experience with care, their social resources, social support, interactions with staff members, staffing issues/concerns in the facility and their overall perceptions of the CCRC. In addition to the structured interview questions, qualitative data was collected on what respondents liked best and least about living in their facility and what they would do to change the place if they were the Administrator.

The family instrument had some unique as well as common measures with the resident instrument. Some of the common measures included information on the resident's physical health and functional level, the availability of services, the choices they had, expectations of care and perceived importance of care and services. A major difference between the resident and family member instruments was that residents reported on their own perceptions of issues but families were asked to place themselves in their relative's shoes and rate everything based on what they perceived to be their relative's view. Families were provided with the following text, "Your opinions may be different than your [relationship living in CCRC] but we would like you to answer these questions based on your relative's opinions." A detailed description of the common measures in the resident and family instruments can be found in Appendix E.

Measures in the Administrator's Survey

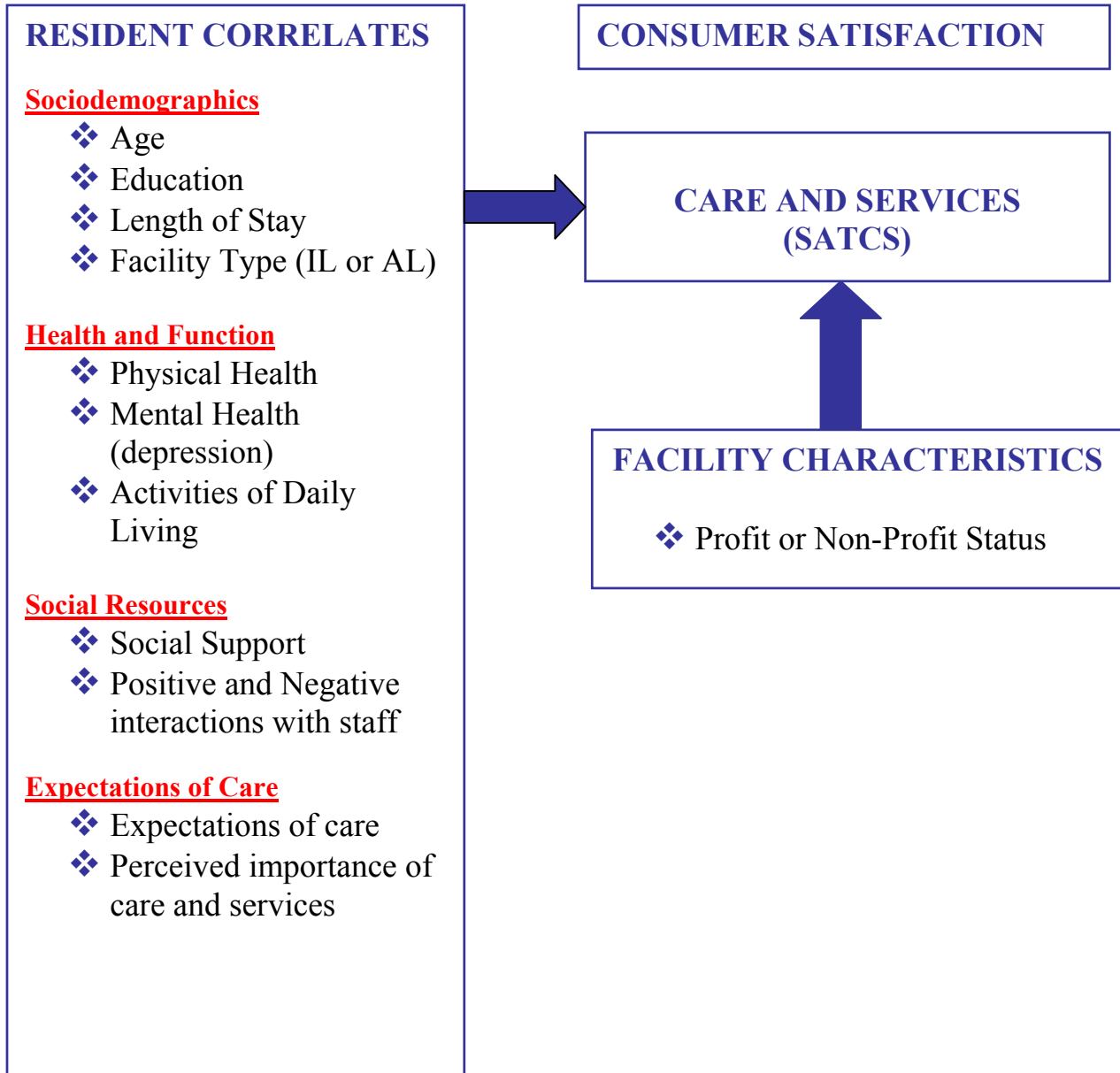
The purpose of the administrator's survey was to assemble background information on each site as a way to identify key facility characteristics that could be related to consumer satisfaction in CCRCs. Facility characteristics were comprised of three domains: physical environment, staffing, and administration and included questions such as: size of the facility, affiliation (faith-based or other), the number of years in operation, the number of professional and direct-care staff employed, and the types and costs of services provided. See Appendix F for a copy of the administrator survey.

Conceptual Model

A conceptual model was developed to examine resident and facility characteristics that were likely to predict overall satisfaction with care and services. The conceptual model included resident characteristics such as socio-demographic characteristics, health, and functioning variables, social resources and expectations of care variables. For the purposes of the analyses presented here only one facility characteristic: whether the facility was non-profit or proprietary, was included. Further analyses

of the administrator data will include other facility characteristics in the conceptual model for future analyses. See Figure 1 for the Conceptual Model developed as part of this report.

Figure 1
CONCEPTUAL MODEL
CORRELATES OF CONSUMER SATISFACTION IN
INDEPENDENT AND ASSISTED LIVING



Analyses

Information on background characteristics were analyzed using univariate statistics such as means, standard deviations and percentages. In addition, a multivariate analysis was conducted with the resident data to analyze the conceptual model.

Content analysis was used to analyze the open-ended data. The details of the multivariate analyses and the methodology used to analyze the open-ended data are delineated in the appropriate Results sections of this document to ensure that they are mentioned in their respective relevant sections, if necessary.

The findings from the analyses are divided into the following sections: A) Results from the Administrator Survey (background information on sites in the study), B) Results from the resident survey, C) Results from the family survey and D) Results from the open-ended comments from both residents and family members. Sections A through C focus on the closed-ended data while section D focuses on the open-ended data. Since the data gathered from the administrator surveys were used only as background information on the facilities, these are listed first in the Results Section of the report.

Results

Section A. Results From the Administrator Surveys: Background Information on CCRCs In the Study

Data from all eight CCRC Administrators was received for a 100% response rate. However, not all of the data could be used as organizational characteristics likely to predict consumer satisfaction. Some of it was problematic due to the lack of standardization of how facility features, amenities and services are provided and defined in this industry. Therefore, it was difficult to develop common measures across sites. This was despite the fact that investigators had conducted a pretest of the Administrator survey tool with a pilot site. Follow-up telephone inquiries to sites with missing or conflicting data revealed that the problem was often a result of how terms were interpreted in the survey instrument. For instance, the instrument requested information on the number of service coordinators at

the CCRC. One Administrator left it blank because it was a term he/she was not familiar with. In this facility, the position is classified as the 'residential service manager'. Additionally, determining the exact number and types of staff working specifically in the independent and assisted living facility sections was also challenging because staff, such as the social worker, would float between the different levels of care in a CCRC.

The greatest dissimilarity between the eight CCRCs in the project was in the IL and AL housing options and fees. An entrance fee was collected in five CCRCs, which ranged from a low of \$26,250.00 to a high of \$236,000. With respect to IL units, five CCRCs had independent living freestanding homes and one had freestanding condominium units. As a housing option, six permitted rentals only, while the remaining two provided an ownership option. The owner occupied units cost between \$150,000-\$337,050 to purchase. Seven offered IL apartments with the monthly rent ranging between \$579.00 and \$3,332.00 per month.

For the Assisted Living clientele, apartments were the only housing option offered at all eight CCRCs. Single occupancy monthly rental rates ranged from a low of \$2,040.00 to a high of \$5,710.00. Double occupancy monthly rental rates ranged from a low of \$2,460.00 to a high of \$7,500.00. The types of services and level of care provided for the standard monthly rate. In fact, so great were the differences between the CCRCs, that a single chart for all eight CCRCs detailing housing options (free standing home, condominium, or apartment), ownership or rent, monthly maintenance fee and any surcharge for a couple rather than single occupant was developed in an effort to compare amenities and cost across sites.

Services offered in Independent Living and Assisted Living

Seven of the eight CCRCs offered 24-hour security to their IL clients. Maintenance services for the IL clients were provided for no extra charge at seven of the eight facilities. Two of the eight CCRC's provide 3 meals per day to IL clients for an extra charge and one includes food in the basic rate; the remaining five offered no meal service to their IL residents. Five of the eight CCRC's included transportation in the basic rate and the remaining three provided transportation for an extra charge.

For AL residents, included in the standard rate at seven of the eight CCRC's are three meals per day and transportation. Only one facility charged AL residents an extra fee for food and transportation.

Section B. Results From the Resident Survey

Response Rates for Residents Who Participated in the Survey

A list of 230 resident names and contact information (158 from IL and 72 from AL units) was obtained from the participating CCRCs. However, a total of only 137 residents completed the survey. Of these, 116 or 85% of the residents were from IL units and 21 or 15% were from AL units. Therefore, 93 residents could not be interviewed from the original list of 230 residents. Reasons for this included: refusal to participate (67), could not be contacted on the phone (18), either failing the cognitive screen or being unable to complete the interview (7), and being hard of hearing (4), leading to a response rate of 73% for independent living and 29% for assisted living residents. The average time for each phone interview was 45 minutes. The data reported below refer to all 137 residents and were not broken down by IL and AL residents because the sample contained only 21 AL residents and therefore it was believed that a meaningful comparison between IL and AL residents could not be conducted.

Demographics and Social Characteristics of Residents (n=137)

Except for two respondents, the residents in the study were Caucasian (99%) and female (75%) with a mean age of 83 (range: 59 years to 99 years). The majority of the sample was widowed (61%),

while 26% of the respondents were married, 10% single, and 3% divorced or separated. Thirty-nine percent had completed college or graduate school while another 24% had attended some college courses. These older adults had resided in their respective units for an average of 3.6 years (length of stay ranged from less than one year to eleven years or more). They viewed themselves as being physically healthy, rating their health as either very good (36%) or good (43%).

Residents were highly functional with respect to their Activities of Daily Living. The majority of elders were capable of activities without any help such as walking (75%), going shopping (69%), preparing meals (80%), and taking a bath or shower (87%), getting in and out of bed (98%) and taking care of their appearance (98%). With respect to how much their physical health interfered in their ability to do things for themselves, 44% believed that their physical health did not interfere at all, while another 48% believed it interfered somewhat with their ability to do things for themselves.

When asked why they had decided to move from their previous residence, almost a third (31%) of the residents stated it was due to a spouse's physical health problems. Some of the other reasons given by the residents included: physical health problem of the resident (30%), wanting a smaller place to live (25%), wanting to live closer to family and/or friends (19%), death of spouse (12%), not having anyone to take care of them or spouse at home (12%), and changes in the neighborhood/or wanting a safer environment (10%).

Sixty-three percent of the residents interviewed stated they had looked at CCRCs other than the one they had moved to. Over one-third (36%) of the residents stated they had chosen the particular CCRC they were residing in because the facility was close to family members. Other reasons given by the residents for choosing a particular CCRC were: to be close to family members (36%), liked the living space better than other places (30%), liked the outside and surroundings (25%), lived in and were

familiar with the area (24%), liked the city and/or neighborhood (24%), facility was recommended by someone else (24%), was close to friends (16%) and was in the right price range (12%).

Residents were also asked what services they felt should be offered by a CCRC. In rank order these services were: security and safety of apartment (92%), cleanliness of facility and/or housekeeping services (91%), freedom to live one's own lifestyle (91%), emergency services (89%), maintenance services (88%), overall management (85%), food and dining services (79%), physical environment (72%), and transportation (65%).

With respect to service usage, the most widely used service (based on whether the facility offered a particular service) was someone to clean their apartment and the least used service was having someone run errands. Other types of services used by the residents were: special community events (77%), a service to check and see if the resident was all right (77%), educational programs and/or lectures (66%), transportation to recreational activities (53%), a nurse to check blood pressure/administer medications, etc., (51%), exercise classes (37%) and transportation for shopping trips (27%).

Examining Domains of Resident Satisfaction and Establishing Reliability and Validity

Since a major goal of this study was to test and refine the HealthRays Alliance Resident Satisfaction Instrument, a four-step analytical approach was used to examine the psychometric properties of the instrument and to establish its reliability and validity.

In the first step, the frequencies of all the questions referring to satisfaction with care and services were examined for variability in response rates. If an item had 15% or more missing data it was excluded in the next stage of the analysis. This process eliminated ten items referring to satisfaction with care and services from the original 58 items in our IL survey (the two additional items from the AL

survey were also excluded from this analysis). Next, the variables were examined for variability in response rates.

In the second step, the remaining 48 variables were entered into an exploratory factor analysis based on Schmid and Leiman's (1957) approach to examining hierarchical factor models using a program called SECONDOR (Thompson, 1990). This type of hierarchical factor structure analysis is considered when investigators believe that the implicit design includes an overall measure of a construct as well as specific areas/domains. The specific areas/domains are considered multiple first-order factors, while the measure of the overall construct is considered a second-order general factor (in this case, an Overall Satisfaction measure). The examination of second-order factors has been compared to looking at mountains in the distance, while examining first-order factors gives more details of the valleys and peaks (Gorsuch, 1983; Thompson, 1990). This topographical analogy suggests that the hierarchical approach can give multiple perspectives of the data, presenting a more complete perspective of the construct under examination.

The analysis resulted in a seven factor first order solution of various domains of satisfaction along with a second order general factor, or an Overall Satisfaction domain consisting of 48 items. An inclusion and exclusion criteria of .35 was considered for the factor loadings in a particular domain/factor. The six factors/domains were: (1) Admission, (2) Appearance of Facility, (3) Food and Dining Services, (4) Maintenance of Facility, (5) Management of Facility (6) Safety and Security. A seventh factor, Helpfulness and Friendliness of Staff and residents was dropped as it contained only two items that investigators believed did not hang together conceptually; one item pertained to helpfulness of food service staff and the other item referred to the friendliness of residents.

In the next step, the above-mentioned six factors along with the overall satisfaction factor were developed into scales. Reliability of the scale was assessed using Cronbach's alpha. The reliability of all

of the factors was very high and ranged from .72 to .95. For details on each of the scales refer to Appendix E.

Next, two other questions that were part of the original HealthRays Alliance instrument (one was a single item measure referring to overall satisfaction with care and services while the other item focused on the resident's willingness to recommend the facility to other family members and friends) were treated as outcome variables. They were on a different matrix in terms of response categories than the rest of the satisfaction items. Validity of the six scales as well as the Overall Satisfaction measure were established by running a Pearson Correlation between these scales and these two outcome variables. Correlation of the scales with the two outcome variables were all statistically significant. Five of the scales (Management, Upkeep, Moving In, Dining/Food and Overall Satisfaction) were statistically significant at the $<.001$ level while two of the scales (Appearance and Safety) were significant at the .001 level.

Table 1: CORRELATION OF DOMAINS AND OVERALL SATISFACTION

DOMAINS OF SATISFACTION	WOULD RESIDENT RECOMMEND CCRC	RATE OVERALL QUALITY OF CARE AND SERVICES
Management	.438	.576
Upkeep	.416	.523
Moving In Process	.474	.542
Dining / Food	.450	.479
Appearance	.270	.400
Safety	.218	.334
Overall Satisfaction	.514	.639

Predictors of Resident Overall Satisfaction: Testing the Conceptual Model

Since the second goal of the study was to examine the extent to which resident and facility characteristics predicted resident's overall satisfaction with care and services in CCRCs, the conceptual model was tested. All the independent variables were entered simultaneously and included resident demographics, health and functioning, social support from staff and family, expectations of care and whether the resident belonged to an IL or AL unit. One facility characteristic: whether the CCRC was for-profit or non-profit was also entered. The final model was significant and had an R^2 of .32 (adjusted R^2 .25) ($F=4.99$; $p<.001$). Only two variables were significant predictors of overall satisfaction: 1) nature of staff interactions with residents, ($Beta=.37$, $F=18.93$, $p<.001$); & 2) perceived importance of care and services($Beta =.19$, $F =4.04$; $p<.05$).

Differences Between IL and AL Predictors of Satisfaction

The same regression model was rerun for only the IL residents and the findings were not different from the analysis that was run using the combined sample of IL and AL residents.

Section C. Results from the Family Member Survey

Response Rates of Family Members Who Participated in the Survey

A total of 62 names of family members of those residents we had interviewed, were forwarded to us by the participating facilities. A total of 41 family interviews were completed. Of these, 31 were family members of IL residents and 10 were family members of AL residents. Of the 21 remaining family members, 19 refused to participate and two could not be contacted. The IL family member response rate was 77% and the AL family member response rate was 56%.

The lower than expected response rate from the original 137 residents was due to a variety of reasons. Research staff found it difficult to obtain the names of family members from the sites because they were concerned about releasing names without prior consent. Since sites were responsible for mailing the introductory letter to allow time for family members to refuse to have their names forwarded to research, we found that this proved to be cumbersome for many sites since they were overwhelmed dealing with their own day-to-day tasks. Therefore, we are unsure how many facilities actually followed our protocols to select family members based on our selection criteria and mailed the introductory letter to all of the family members of the residents that were in our sample (BR researchers had sent such a list to the sites). We also tried the approach of obtaining contact information on the most involved family member/person from the residents themselves (at the end of their interview) but found that difficult as well. Many residents in the IL units considered themselves fully functional and not in need of “family care” and did not want their families involved in the study.

Family members from seven of the eight sites participated in the interview. One CCRC had fourteen family respondents and the remaining six had between two and eight respondents. Thirty-one families of IL (76%) and ten families of AL (24%) residents completed the survey.

Demographics and Social Characteristics of Family Members (n=41)

All of the family members in this sample were Caucasian. Three-fourths were female (76%) with a mean age of 56 years (range: 41 to 93 years). Most of the sample was married (76%), 27% had never married, 12% were widowed and 10% were divorced or separated.

These family members were well educated. Twenty-nine percent had obtained a graduate level degree, 34% held bachelor level degrees while 20% had attended college. Almost three-fourths (71%) of these family members were employed (39% were working full-time and 32% part-time) while 17% were retired. The mean yearly income level of this group was between \$50,000 and \$70,000. Almost two-thirds (63%) of the family members were children of the interviewed residents. The rest were siblings, nieces/nephews, or grandchildren.

Over two-thirds (66%) of family members indicated that their relative had not independently selected the CCRC they were living in. Children (44%), spouses (30%) or other relatives such as siblings, grandchildren, nieces, nephews or cousins had helped in the decision making process.

Family members viewed their relatives' memory problems as mostly mild or rarely or never forgetting things (81%), with a few stating that their relatives forgot things sometimes (19%). Thus, the majority believed that memory problems did not interfere at all (81%) with their relatives' ability to function, and less than a fifth believed that it interfered somewhat (19%) in their relatives' daily lives.

The rest of this section compares the responses of family members with that of their relatives with respect to the questions that were the same for both. Therefore, these findings focus on the matched sample (dyads) of the 41 residents and the 41 family members who were interviewed. Tables 2 to 4 note the similarities and differences in the responses of the family members and their relatives on the same issues. No statistical tests were run to examine whether there were significant differences between the family member and their relative's responses. Therefore, the results presented in these tables are based on eyeballing of the data.

Demographics and Social Characteristics of Paired Sample (n=41 families and 41 residents)

Residents whose family members were interviewed were slightly older (74% between 80 and 99 years of age) with a mean age of 84 years compared to the average age of 83 (ages ranged from 57 to 98) for the total sample of 137 residents. They were college educated (39%) or had attended college (20%), female (88%), widowed (15%) and almost two-thirds (61%) had lived in their respective CCRCs between one and four years.

According to the paired resident and family member sample interesting similarities and differences were noted when comparing their responses to the same questions. For example, the two topmost reasons for moving to a CCRC were the same. However, more families believed that the physical health of their relatives was the primary reason for moving, while for residents there was a tie between their own physical health and the physical health of their spouse as the primary reason for moving to a CCRC. See Table 2.

TABLE 2: COMPARISON OF RESIDENT AND FAMILY MEMBER RESPONSES REGARDING WHY RESIDENTS MOVED TO A CCRC
(Residents n=41 and Family Members n=41)

PAIRED SAMPLE RESPONSES	RESIDENTS	FAMILY MEMBERS
Physical health problems of spouse	40%	30%
Physical health problems of resident	40%	42%
Wanted a smaller place to live	25%	20%
Wanted to live closer to family/friends	22%	15%
Spouse died	18%	10%
Did not have anyone to take care of resident or spouse at home	18%	5%
Wanted a safer environment	10%	8%

More than a third of residents and over half of the family members in our dyadic sample stated that the main reason they had chosen their particular CCRC was because the facility was close to family members (38% of the residents and 51% of the family members). The second top most reason differed for residents and family members. Family members (36%) said the CCRC had been chosen because the resident had liked the living space better than others they had looked at, while residents (36%) said they had chosen the CCRC because the facility was recommended by someone else. See Table 3.

TABLE 3: COMPARISONS OF RESIDENT AND FAMILY MEMBER RESPONSES REGARDING WHY RESIDENTS CHOSE A PARTICULAR CCRC

(Residents n=41 and Family Members n=41)

PAIRED SAMPLE RESPONSES	RESIDENTS	FAMILY MEMBERS
Close to family members	38%	51%
Recommended by someone else	36%	23%
Lived in & familiar with area	31%	26%
Liked the living space better than others	25%	36%
Liked the outside & surroundings	24%	26%
Close to friends	21%	23%
Right price range	18%	13%
Liked the city/neighborhood	15%	10%
Had medical services on site	13%	10%
Religious affiliation	13%	13%

Although an overwhelming majority of both families and residents stated that safety and security of the apartments and grounds were very important to them, family members regarded the availability of emergency services as the most important service to the resident (98%) while the residents (88%) ranked

this service as second. Another interesting difference was that family members thought the housekeeping and cleanliness of the facility was more important (95%) than did the residents (83%). See Table 4.

TABLE 4: SERVICES DEEMED VERY IMPORTANT BY RESIDENTS AND FAMILY MEMBERS

(Residents n=41 and Family Members n=41)

<u>PAIRED SAMPLE RESPONSES</u>	<u>RESIDENTS</u>	<u>FAMILY MEMBERS</u>
Safety of living area and grounds	90%	90%
Emergency services	88%	98%
Maintenance services	85%	78%
Cleanliness of the facility/housekeeping	83%	95%
Food and dining services	83%	85%
Physical environment	81%	66%
Moving in process	73%	76%
Social programs and activities	56%	63%
Transportation	54%	66%

Comparing Differences between family members and their relatives on Overall Satisfaction

A t-test was run to examine whether significant differences existed between family members and their relatives perception of Overall Satisfaction. The t-test identified that families and their relatives did not differ on Overall Satisfaction (Resident Mean =3.41; Family Mean = 3.32; t= .93; df =80; p =.35).

Section D: Results from the Open-ended Comments of Residents and Family Members:

Methodology

Both residents and family members were asked to respond to the same three open-ended questions: 1) “If you were the administrator is there anything that you would do to make this residence a better place for people to live?” 2) “What do you like most about living here?” and 3) “What do you like least about living here?” The responses of residents and families to these questions were analyzed in a similar fashion.

To begin with, the answers to these questions were recorded verbatim. When examining the responses to two of the three questions (“If you were the administrator, is there anything you would do to make this residence a better place for people to live?” and “What do you like least about living here?”), it was determined that respondents had provided similar negative comments to both questions. For example, one resident stated that if he were the administrator he would improve the service in the dining room, while another respondent commenting on what he/she did not like about the CCRC stated that it was the service provided in the dining room. Thus the decision was made to combine the findings for these two questions and to classify them as “Negative Comments”. Responses to the question: “What do you like most about living here?” were classified as “Positive Comments”.

A broad range of common themes were identified and coding categories established for both the negative and positive comments. Coding of the data was done independently by two staff members. After this was completed, the two staff members discussed their coding decisions to determine reliability. At this stage there was minimal disagreement. For example, there were only eight disagreements out of the 210 (4%) negative comments that the researchers identified in the resident data. Interestingly, there was more disagreement in coding the positive verbatim comments. In this instance there were nineteen disagreements out of the 208 comments (9%). In cases where there was

disagreement, the two staff members discussed their disagreements and refined, broadened or combined categories with mutual agreement. In this manner 100% inter-rater reliability of the coded data was established.

The findings described below are listed in the following sequence: 1) Resident Comments and 2) Family Comments.

1. Resident Comments

The vast majority or 127 of the 137 residents (93%) responded to the open-ended questions.

Negative comments

Ninety-three residents (73% of those who had provided any comments) made negative comments. Many (32%) of the negative comments concerned the physical design, environment, and/or surroundings of the CCRC. Table 5 presents in rank order the categories of negative comments.

TABLE 5: RANK ORDER OF RESIDENTS’ NEGATIVE COMMENTS (n =93)

CATEGORIES OF NEGATIVE COMMENTS	PERCENT
Physical Design/ Environment /Surroundings	32%
Management Issues	25%
Services	20%
Meals, Dining	18%
Interaction With Other Residents	17%
Recreation, Activities	13%
Cost	11%
Location	9%
Rules and Regulations	7%
Miscellaneous Issues	7%
Staffing Issues	6%
Safety and Security	4%

Detailed examples of residents’ negative comments regarding life in their CCRC can be found in Appendix G.

Positive comments

Of the 127 residents who responded to the open-ended questions, 117 (92%) had positive things to say about their CCRCs. Almost half (40%) of the residents' positive comments dealt with the issue of independence and the ability to live their own lives. Table 6 lists, in rank order, the categories of positive comments made by the residents.

TABLE 6: RANK ORDER OF RESIDENTS' POSITIVE COMMENTS (n =117)

CATEGORIES OF POSITIVE COMMENTS	PERCENT
Independence, Freedom, Life Style	40%
Pleasant, Friendly Atmosphere	25%
Safety Net (if something happens someone is there)	21%
Services / Conveniences	14%
No Responsibilities, Worries for Upkeep of House	11%
Interaction With Other Residents	9%
Management	8%
Surroundings, Physical Design, Environment	8%
Location	7%
Positive, Helpful Interaction With Staff	7%
Recreation, Activities	4%

Examples of detailed positive comments residents made about their facilities can be found in Appendix H.

2. Family Member Comments

The majority or 39 of the 41 family members (95%) responded to the open ended questions.

Negative comments

Table 7 presents, in rank order, the categories of negative comments made by family members.

TABLE 7: RANK ORDER OF FAMILY MEMBERS' NEGATIVE COMMENTS (n =84)

CATEGORIES OF NEGATIVE COMMENTS	PERCENTS
Meals and Dining	19%
Management issues	18%
Physical design/Environment/Surrounding	13%
Staffing Issues	12%
Services Lack of Amenities	12%
Recreation, Activities	7%
Safety and Security	7%
Cost	5%
Interaction With Other Residents	4%
Location	4%

Examples of detailed negative comments family members made about the facilities can be found in Appendix I.

Positive comments

Table 8 presents, in rank order, the categories of positive comments made by family members.

TABLE 8: RANK ORDER OF FAMILY MEMBERS' POSITIVE COMMENTS (n =64)

CATEGORIES OF POSITIVE COMMENTS	PERCENTS
Surroundings/Physical Design/ Environment	19%
Positive, Helpful Interaction With Staff	19%
Services/Conveniences	9%
Pleasant, Friendly Atmosphere	8%
Freedom, Independence, Choices, Lifestyle	8%
Safety Net (help is available if something happened)	8%
Recreation, Activities	8%
Good Care	8%
Interaction With Other Residents	6%
Good Food	5%
Location	3%

Examples of detailed positive comments family members made about the facilities can be found in Appendix J.

SUMMARY, DISCUSSION AND IMPLICATIONS FOR PRACTICE

In summary, findings from our study suggest that CCRCs offer a wide range of services to their clientele and differ greatly in their price structure both within and between facilities. Since the State of Ohio does not offer a Medicaid waiver for AL, it is obvious that only those elderly that can afford the services of a CCRC can live in such places. It is no wonder that CCRCs offer services catering to a variety of resident needs and are largely high-priced.

The residents in our study were fairly active and healthy individuals who rated their physical health as being very good or good compared to other people their age. However, they were primarily residing in IL facilities and therefore, these findings are not surprising. On the other hand, staff in AL facilities told us that a far greater number of their residents had cognitive impairment than we had initially anticipated. In fact, staff cited this as the major reason for not recruiting more AL residents for our study since they believed that many could not complete a 45-minute telephone interview.

The sample in our study provided important insights as to why they had moved to a CCRC and revealed that either the physical health of their spouse or their own health was the primary reason for moving. The primary reason for selecting a particular CCRC was that it was close to their family members. Like nursing home residents, they cited safety and security as being very important for living in a residential care facility (National Citizens' Coalition for Nursing Home Reform, 1985). Other issues that they cited were: cleanliness of the facility, housekeeping, and emergency services. In addition, they rated the freedom to live their own lifestyle as being very important. This is not surprising since the majority of residents in our study were residing in IL facilities. This may explain why only 65% believed transportation services to be very important. Perhaps, the rest of the resident respondents in the

study still drove their own vehicles and didn't rate transportation as being a service that they thought was important.

Family members, like residents also cited fairly similar reasons for why the resident had moved to a CCRC and the types of services that were important in a CCRC. In addition, they did not differ from their relatives with regard to Overall Satisfaction of the CCRC. Our findings suggest that residents and family members have more similar than dissimilar reasons for selecting a facility and the importance of certain types of services, although the order of preferences differed slightly.

With respect to examining resident satisfaction in IL and AL facilities, the modified HealthRays Alliance instrument proved to be highly reliable and valid measures of consumer satisfaction. It identifies appropriate domains of satisfaction (such as Admissions, Administration, etc.) as well as suggests an Overall Satisfaction measure.

With respect to testing the conceptual model of consumer satisfaction and identifying the predictors of Resident Overall Satisfaction with care in CCRCS, this study found that the more positive the interaction between staff and residents, the more satisfied the residents are likely to be. This is similar, once again to findings in the nursing home setting where residents placed a high value on warm and caring staff (National Citizens' Coalition for Nursing Home Reform, 1985).

What was surprising about this finding was that even IL living residents who desire the freedom to live their own life style place such a high premium on staff-resident interactions. The findings from our multivariate analyses also suggest that administration and staff need to understand which services are of importance to residents in order to provide more appropriate services and thereby enhance consumer satisfaction.

An examination of the open-ended comments provided by the residents and families, especially the negative comments are critical for administrators to help improve the care in CCRCs. The fact that

residents criticized the physical design and the environment and its surroundings, while others commended these features positively suggest that this is an important aspect that administrators need to pay attention to when designing CCRCs. Some residents also criticized management issues and the services and meals they got. We suggest that Administrators can probe into such issues further to enhance consumer satisfaction. Such comments corroborate the findings from the analyses of the quantitative data that understanding the residents' perspective of what is important to them is critical if CCRCs are to provide care to a satisfied clientele. Therefore, open-ended comments by residents and families helped us to have greater insight to the quantitative information gleaned from the structured interviews.

Limitations of the Study:

The limitations of the study include the fact that it was conducted only in one State with a small sample of eight CCRCs. Further, more IL than AL residents were interviewed and only a handful of their family members participated in the study. Other limitations include the fact that the sites in the study were not chosen randomly and we suspect that neither the residents were, despite our careful instructions to the sites on how to conduct a simple random sample. This was particularly problematic with the AL residents and we are unsure of the extent to which the residents were really so cognitively impaired that they could not participate in our study. In an ideal world, if investigators had had the luxury to conduct the random sampling on their own, we believe that larger numbers of residents and family members overall would have participated in the study, and that we would not have had such an imbalance between IL and AL residents in the sample.

Therefore, we suggest that the study needs to be replicated with a larger, more representative sample of sites and residents drawn from multiple states, in order to enhance the generalizability of the findings. The findings from this study can be viewed as an initial study that provided valuable insights

on only on consumer satisfaction in CCRCs but also on a variety of issues including understanding why residents moved to a CCRC and what they consider as being important services. We believe that future studies need to be conducted to verify the information that we gleaned and to examine consumer satisfaction not only in IL and AL facilities but across the continuum of care that includes nursing home residents. A study of that nature would build on this study to provide a broader spectrum of how consumer satisfaction can vary depending on the level of care a resident gets in the same CCRC as well as examine differences between CCRCs.

DISSEMINATION PLANS

Investigators of the study have published an article entitled “Consumer Satisfaction in Continuing Care Retirement Communities” in Healthcare and Aging. Copies of this article have been mailed to all participating sites.

In addition, three abstracts were submitted and accepted for presentation at professional meetings. Two of these have been presented at the 2003 annual meeting of the Gerontological Society of America in San Diego, California and were titled: “Residents Speak Up! Consumer Satisfaction in Continuing Care Retirement Communities” by K. Fox, D. Schur & F. Ejaz and “Resident Satisfaction in Continuing Care Retirement Communities” by F. Ejaz, D. Schur & K. Fox. The third presentation entitled, “Resident Satisfaction in Continuing Care Retirement Communities” by F. Ejaz, D. Schur & K. Fox will be presented at the Annual meeting of the Society for Social Work Research to be held in 2004 in New Orleans, Louisiana. We plan to submit an abstract on findings from the family comments to the Annual Meeting of the Gerontological Society in 2004 in Washington, D.C.

Copies of this report will also be distributed to all members of the HealthRays Alliance and the Administrators of the participating CCRCs. A presentation on the subject was given to executive staff members of HealthRays Alliance on September 11, 2003. The article submitted to Healthcare and Aging will be adapted for inclusion in the Benjamin Rose newsletter. This newsletter will be mailed to

the 137 residents and 41 family members who participated in this study along with a cover letter thanking them for their participation and informing them that they can request a copy of the executive summary and/or the final report submitted to the AARP Andrus Foundation. In addition, the sites participating in the study will also receive the Benjamin Rose newsletter. The findings from the study will be developed into articles for peer-reviewed journals and professional magazines.

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APPENDIXES

APPENDIX A – RESIDENT INTRODUCTION LETTER
FAMILY MEMBER INTRODUCTION LETTER

APPENDIX B – RESIDENT INFORMED CONSENT STATEMENT
FAMILY MEMBER INFORMED CONSENT STATEMENT

APPENDIX C –SELECTION CRITERIA FOR THE FAMILY MEMBER DESIGNATED TO
RESPOND TO THE CCRC SATISFACTION SURVEY

APPENDIX D – ADMINISTRATOR CONTACT LETTER

APPENDIX E – MEASURES, DOMAINS AND FACTORS

- ❖ Activities of Daily Living
 - ❖ Choices
- ❖ Cleanliness of the Facility
 - ❖ Depression
 - ❖ Dining Services
 - ❖ Emergency Services
 - ❖ Expectations of Care
 - ❖ Consumer Satisfaction
- ❖ Perceived Importance of Care and Services
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APPENDIX F ADMINISTRATOR SURVEY

APPENDIX G – EXAMPLES OF RESIDENTS’ NEGATIVE COMMENTS

APPENDIX H – EXAMPLES OF RESIDENTS’ POSITIVE COMMENTS

APPENDIX I – EXAMPLES OF FAMILY MEMBERS NEGATIVE COMMENTS

APPENDIX J – EXAMPLES OF FAMILY MEMBERS POSITIVE COMMENTS

APPENDIX A.

RESIDENT INTRODUCTION LETTER

Dear:

«NameOfFacility» prides itself in providing the highest quality care to you. We are constantly evaluating our facility to find new ways to improve our services. As part of this effort, «NameOfFacility» has contracted with The Benjamin Rose Institute to conduct a survey of residents living in continuing care retirement facilities in Ohio. This project is being funded by a grant from the AARP Andrus Foundation. We are requesting your assistance.

If you agree to participate a research interviewer from The Benjamin Rose Institute will call you on the telephone to conduct the survey. The survey will take approximately 45 minutes to complete.

Your participation in the survey is voluntary and you are not required to answer any questions that you are uncomfortable with. The findings from the survey will be analyzed by The Benjamin Rose Institute. Staff from «NameOfFacility» will not get to see your individual answers. All of your answers will remain confidential and your name will not be listed in any reports. The answers will be reported using numbers and percentages without any names.

Whether you participate in the survey or not, the care you receive at «NameOfFacility» will not be affected in any way. If you choose to participate, your answers along with the answers of others like you will help to improve the care and services that continuing care retirement communities provide.

Once you complete the entire interview, you will be mailed a check for \$15.00 for your participation from The Benjamin Rose Institute. If you would like to speak to someone about the survey, please feel free to contact me. Thank you.

Sincerely,

{Facility Administrator}

FAMILY MEMBER INTRODUCTION LETTER

Dear:

The Benjamin Rose Institute has received a grant from the AARP Andrus Foundation to conduct a consumer satisfaction survey of the care and services provided by continuing care retirement facilities in Ohio. «NameOfFacility» is excited about participating in this survey.

The name of your «RelationshipToResident» was randomly selected to participate in the survey. We are requesting that you act as a proxy for your «RelationshipToResident». Please call us within the next two weeks if you do not want your name to be released to The Benjamin Rose Institute. If you do not call us, we will forward your name to them.

After the names are released to The Benjamin Rose Institute, an interviewer will call you on the telephone to conduct the survey. Please try to complete the survey on behalf of your «RelationshipToResident» and to evaluate the care and services at «NameOfFacility» from his/her perspective. The survey will take approximately 45 minutes to complete.

Your participation in the survey is voluntary and you are not required to answer any questions that you are uncomfortable with. Although questions will ask about your satisfaction with the quality of services provided to your relative at {NAME OF FACILITY}, there are few risks associated with completing the interview. For example, if any of the questions are stressful or uncomfortable for you, you may choose not to answer those questions. You also may stop the interview at any time, even after you have already started. Refusal to participate will not affect the care your relative receives at «NameOfFacility». If you choose to participate in the survey, your answers along with the answers of others like you will help to improve the care and services that continuing care retirement communities provide.

Once you complete the entire interview, you will be mailed a check for \$15.00 for your participation from The Benjamin Rose Institute. If you would like to speak to someone about the survey, please feel free to contact me. Thank you.

Sincerely,

«FacilityAdministrator»

APPENDIX B

RESIDENT INFORMED CONSENT STATEMENT

You should have received a letter in the mail informing you about the survey on continuing care retirement communities being funded by the AARP Andrus Foundation. I am calling to follow-up on that letter and to request your participation in the survey. In the survey, we will ask you to evaluate the care that you are receiving at your facility. We will also be asking other questions including those about your health, activities and social support.

Your participation in the survey is voluntary and you are not required to answer any questions that you are uncomfortable with. There are few risks associated with completing the interview. For example, if any of the questions are stressful or uncomfortable for you, you may choose not to answer those questions. You also may stop the interview at any time, even after you have already started. Refusal to participate will not affect the care you receive at this facility.

If you choose to participate, your answers along with the answers of others like you will help to improve the care and services that continuing care retirement communities provide. All of your answers will remain confidential and your name will not be listed in any reports. The answers will be reported using numbers and percentages without the use of any names.

The survey will take approximately 45 to 60 minutes to complete on the telephone. Once you complete the entire interview, you will be mailed a check for \$15.00 for your participation from The Benjamin Rose Institute. We may also ask one of your family members to complete a survey at a later date.

If you have any questions about this study, either now or in the future, you may contact Kathleen Fox at The Benjamin Rose Institute at 216.621.0823 ext. 223.

Would you like to participate in the survey?

INTERVIEWER NOTE: PLEASE CHECK BOX BELOW TO INDICATE RESIDENT'S RESPONSE:

YES NO

INTERVIEWER NOTE: IF CONSENT IS PROVIDED, CONTINUE WITH THE SURVEY

FOR OFFICE USE ONLY

_____ has read the above information to _____ on _____

Interviewer Name _____ «FirstName» «LastName» Date _____

If resident decides to participate, he/she will be mailed a copy of the consent form and original will be sent to Kathleen Fox at The Benjamin Rose Institute. If resident refuses to participate, send original consent form back to Kathleen Fox.

FAMILY MEMBER INFORMED CONSENT STATEMENT

You should have received a letter in the mail informing you about the survey on continuing care retirement communities being funded by the AARP Andrus Foundation. I am calling to follow-up on that letter and to request your participation in the survey. The name of your relative was randomly selected to participate in the survey. We are requesting that you act as a proxy for your relative and complete the survey on his/her behalf. Please try to evaluate the care that your relative receives from his/her perspective. We will also be asking other questions including those regarding your relative's health, function, activities and social support.

Your participation in the survey is voluntary and you are not required to answer any questions that you are uncomfortable with. There are few risks associated with completing the interview. For example, if any of the questions are stressful or uncomfortable for you, you may choose not to answer those questions. You also may stop the interview at any time, even after you have already started. Refusal to participate will not affect the care your relative receives at the facility that he/she lives in.

If you choose to participate in the survey, your answers along with the answers of others like you will help to improve the care and services that continuing care retirement communities provide. All of your answers will remain confidential and your name will not be listed in any reports. The answers will be reported using numbers and percentages without the use of any names.

The survey will take approximately 45 - 60 minutes to complete on the telephone. Once you complete the entire interview, you will be mailed a check for \$15.00 for your participation from The Benjamin Rose Institute.

If you have any questions about this study, either now or in the future, you may contact Kathleen Fox at The Benjamin Rose Institute at 216.621.0823 ext. 223.

Would you like to participate in the survey?

INTERVIEWER NOTE: PLEASE CHECK BOX BELOW TO INDICATE RESIDENT'S RESPONSE

YES

NO

INTERVIEWER NOTE: IF CONSENT IS PROVIDED, CONTINUE WITH THE SURVEY

FOR OFFICE USE ONLY

_____ has read the above information to _____ on _____

Interviewer Name _____

«FirstName» «LastName»

Date _____

If resident decides to participate, he/she will be mailed a copy of the consent form and original will be sent to Kathleen Fox at The Benjamin Rose Institute. If resident refuses to participate, send original consent form back to Kathleen Fox.

APPENDIX C

SELECTION CRITERIA

Selection Criteria For the Family Member Designated to Respond to the Continuing Care Retirement Community (CCRC) Satisfaction Survey

The goal is to select the ‘most involved person’ in the care of the CCRC resident to complete the family survey. It is expected that this person will be most knowledgeable about the services provided to the resident in the CCRC and therefore, will be able to evaluate the services most effectively.

Since it is important that only one family survey be completed for each CCRC resident, it is critical that the following selection criteria are used to determine who should be contacted to complete the telephone survey.

STEP 1:

Identify **ONE** family member, friend, or other interested person who is most involved in the resident’s life (*use one or more of the following criteria for considering extent of involvement with care*):

- Is the emergency contact person
- Visits resident most often
- Runs errands and takes care of residents’ personal needs, etc
- Talks to staff about the resident
- Attends family meetings and/or socials, if any

Using the above listed criteria, please send the initial contact letter to the ‘most involved’ person.

STEP 2:

If there is more than one family member, friend, or other interested person that meets the above criteria:

Send the initial contact letter to the ‘most involved’ person who has the durable power of attorney or is the legal guardian.

APPENDIX D

ADMINISTRATOR SURVEY INTRODUCTION LETTER

April 13, 2004

«Contact_First_Name» «Contact_Last_Name»
«Nursing_Home_Name»
Ohio 45050

Dear «Contact_First_Name»:

Thank you for helping us with Phase I and Phase II of the AARP Andrus Foundation Grant: Interviewing Residents and their Families Regarding Consumer Satisfaction in Continuing Care Retirement Communities. In this last phase of the project, we seek your input and request that you complete the enclosed administrator survey, which investigates the types and cost of services in the AL and IL facilities at your CCRC.

I am listing the type of help that is required from you for the Administrator Survey:

- ✓ Please complete the enclosed survey.
- ✓ Feel free to write any comments on the form
- ✓ Return it in the enclosed postage paid envelope no later than **August 15th**.

Please be assured that the information you share will be kept completely confidential. If you have any questions about the survey please feel free contact me or Farida:

Farida Ejaz: 216- 621-0823 Ext. 260 fejaz@benrose.org

Kathleen Fox: Ext. 223 kfox@benrose.org

Thank you once again for your cooperation and support of the project; as a token of our appreciation please accept the enclosed payment of \$25.00.

Sincerely,

Research Analyst

APPENDIX E: MEASURES/DOMAINS AND FACTORS

<u>ACTIVITIES OF DAILY LIVING</u>
NUMBER OF ITEMS:13 ALPHA: .84
Now I'd like to ask you about activities that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help or with some help or if you are completely unable to do these activities. Can you:
Use the telephone?
Get to places out of walking distance?
Go shopping for groceries or clothes (IF YOU HAD TO)?
Prepare your own meals (IF YOU HAD TO)?
Do your own housework (IF YOU HAD TO)?
Take your own medicine (IF YOU HAD TO)?
Handle your own money (IF YOU HAD TO)?
Eat?
Dress and undress yourself?
Take Care of your appearance? (combing your hair and [for men] shaving)
Walk?
Get in and out of bed?
Take a bath or shower?
RESPONSE CATEGORIES:
Completely unable With some help Without any help
SOURCE: The OARS Multidimensional Functional Assessment Questionnaire: ADL and IADL sections.
<u>CHOICES</u>
NUMBER OF ITEMS: 8 ALPHA: .67
Now I would like to ask you a few questions about the kinds of choices you have at (NAME OF FACILITY).
Can you bring in personal belongings like a piece of furniture to make your place feel like home?
Does the facility respect your privacy?
Does the facility interfere in your day-to-day affairs?
Do your visitors feel welcome to visit you at the facility whenever they want to?
Do you have a private place to visit with your family and friends at this facility?
Do you have the ability to live your life the way you want to in this facility?
Can you plan your own schedule for the day?
Can you leave the facility whenever you wish to?
RESPONSE CATEGORIES:
0.No 1.Yes

<u>CLEANLINESS OF THE FACILITY</u>
NUMBER OF ITEMS: 3 ALPHA: .81
I will now ask you some questions regarding the cleanliness of the facility. This refers to the facility in general [COMMON AREAS].
How would you rate the:
Cleanliness of the facility?
Courtesy and helpfulness of the housekeeping staff, in general?
Overall quality of the housekeeping services?
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
SOURCE: HealthRays Alliance
<u>DEPRESSION</u>
NUMBER OF ITEMS: 11 ALPHA: .80
Now I'd like to read you some statements to help us understand more about how you've been feeling during the past week. During the past week did you:
Not feel like eating; your appetite was poor?
Feel depressed?
Feel that everything that you did was an effort?
Sleep restlessly?
Feel happy?***
Feel lonely?
Feel that other people were unfriendly?
Enjoy life?***
Feel sad?
Feel that people disliked you?
Not seem to be able to "get going?"
*** These items were reverse coded.
RESPONSE CATEGORIES:
1. Hardly ever/never
2. Sometimes
3. Most of the time
SOURCE: Kohout, F. J., Berkman (1993)

<u>DINING SERVICES</u>	
NUMBER OF ITEMS: 8 ALPHA: .89	
How would you rate the:	
Taste of the food?	
Appearance of the food?	
Variety of menu items?	
Food choices as being healthy?	
Temperature of the food (hot foods are served hot, cold foods served cold)?	
Dining room environment?	
Courtesy and helpfulness of food services staff?	
Overall quality of the dining services?	
RESPONSE CATEGORIES:	
<ol style="list-style-type: none"> 1. Poor 2. Fair 3. Good 4. Excellent 	
SOURCE: HealthRays Alliance	
<u>EMERGENCY SERVICES</u>	
NUMBER OF ITEMS: 2 ALPHA: .90	
I would now like to ask you questions about the facility's response to an emergency. (THIS DOES NOT REFER TO CALLING 911 BUT TO THE FACILITY'S RESPONSE.)	
How would you rate the:	
Promptness of emergency response calls?	
Your confidence in the facility's response to a medical emergency?	
RESPONSE CATEGORIES:	
<ol style="list-style-type: none"> 1. Poor 2. Fair 3. Good 4. Excellent 	
SOURCE: HealthRays Alliance	
<u>EXPECTATIONS OF CARE</u>	
NUMBER OF ITEMS: 12 ALPHA: .97	
Please take a moment and think back to the kinds of things you thought you would receive at (NAME OF FACILITY) before you moved in. Now, I want you to compare those expectations with what is actually provided at (NAME OF FACILITY).	
Physical environment such as the grounds, parking, appearance of community	
Security and safety of apartment grounds	
Maintenance services such as maintenance and appearance of buildings maintenance requests	
Cleanliness of the facility and housekeeping services in general	
Move in process such as the admission process, information on staff and services	
Food and dining services	
Programs and activities	
Transportation services	
Emergency services	
Overall management	

Freedom to live your own lifestyle
Overall, care and services at the facility
RESPONSE CATEGORIES: <ol style="list-style-type: none"> 1. Definitely did not meet your expectations 2. Somewhat met your expectations 3. Definitely met your expectations
SOURCE: Based on the domains of satisfaction in the HealthRays Alliance Consumer Satisfaction instruments.
GENERAL SATISFACTION
NUMBER OF ITEMS: 6 ALPHA: .81
Next I will ask some general questions How would you rate the:
Friendliness of the staff?
Friendliness of other residents?
Freedom to live your own lifestyle?
Satisfaction regarding your decision to move to this facility?
Feeling of being welcomed when you moved into this facility?
Overall quality of life?
RESPONSE CATEGORIES: <ol style="list-style-type: none"> 1. Poor 2. Fair 3. Good 4. Excellent
SOURCE: HealthRays Alliance
MAINTENANCE SERVICES
NUMBER OF ITEMS: 5 ALPHA: .90
The next few questions are regarding maintenance services at the facility:
How would you rate the:
Maintenance of the building?
Process for handling work requests?
Timeliness of maintenance services?
Courtesy and helpfulness of the maintenance staff?
Overall quality of maintenance services?
RESPONSE CATEGORIES: <ol style="list-style-type: none"> 1. Poor 2. Fair 3. Good 4. Excellent
SOURCE: HealthRays Alliance

MANAGEMENT SERVICES
NUMBER OF ITEMS: 7 ALPHA: .91
The next few questions are about management services. How would you rate the:
Concern of the management staff toward your well-being?
How well the management staff listens to you?
Process for handling your concerns and requests?
Reputation of the facility?
Communication about facility issues?
Quality of information in the resident handbook?
Overall management of the facility?
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
SOURCE: HealthRays Alliance
MOVING IN PROCESS
NUMBER OF ITEMS: 8 ALPHA: .91
I would like to ask a few questions regarding the moving-in process to (NAME OF FACILITY). How would you rate the:
Information you received concerning the services and amenities when you moved in?
Information on where everything was located?
Information on who different staff members were?
Information on how to get services?
Information about the monthly charges?
Information regarding additional charges?
Courtesy and helpfulness of the marketing staff?
Overall move-in process?
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
SOURCE: HealthRays Alliance

PERCEIVED IMPORTANCE OF CARE AND SERVICES	
NUMBER OF ITEMS: 11 ALPHA: .84	
Retirement communities offer a variety of services and features. Please tell me how important the following services and features are to you for living in a retirement community.	
Physical environment such as grounds, parking, appearance of community	
Security and safety of apartment and grounds	
Maintenance services such as maintenance and appearance of buildings, maintenance requests	
Cleanliness of facility and housekeeping services in general	
Move in process such as the admission process, information on staff and services	
Food and dining services	
Programs and activities	
Transportation services	
Emergency services	
Overall management	
Freedom to live your own lifestyle	
RESPONSE CATEGORIES:	
<ul style="list-style-type: none"> 0. Not important at all 1. Somewhat important 2. Very important 	
SOURCE: Based on domains in the HealthRays Alliance Independent Living and Assisted Living Satisfaction surveys.	
PHYSICAL ENVIRONMENT	
NUMBER OF ITEMS: 7 ALPHA: .85	
Next, I would like to ask you some questions regarding the physical environment.	
How would you rate the:	
Appearance of the grounds?	
Appearance of buildings?	
Lighting in the grounds?	
Maintenance of sidewalks?	
Maintenance of streets within the complex?	
Availability of parking?	
Overall appearance of the facility and grounds?	
RESPONSE CATEGORIES:	
<ul style="list-style-type: none"> 1. Poor 2. Fair 3. Good 4. Excellent 	
SOURCE: HealthRays Alliance	

PROGRAMS AND SERVICES
NUMBER OF ITEMS: 9 ALPHA: .88
The next questions are about the programs and services at the facility.
How would you rate the:
Variety of activities to reflect your interests?
Number of activities?
Courtesy and helpfulness of activities staff?
Availability of activities to meet your spiritual needs?
Programs and services here that promote health and wellness?
Overall, quality of all activities?
Availability of transportation?
Courtesy and helpfulness of the transportation staff?
Overall quality of transportation services offered?
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
SOURCE: HealthRays Alliance
<u>SAFETY AND SECURITY</u>
NUMBER OF ITEMS: 3 ALPHA: .68
I would not like to ask you some questions regarding the safety and security of the facility.
How would you rate the:
Safety and security of your living area (ROOM, APARTMENT, HOUSE)?
Safety and security of the facility and grounds?
Availability of information about emergency procedures (for fire, tornado and other emergencies)?
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
SOURCE: HealthRays Alliance

SOCIAL SUPPORT
NUMBER OF ITEMS: 7 ALPHA: .84
People sometimes look to other for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?
Someone to help you if you were confined to bed?
Someone you can count on to listen to you when you need to talk?
Someone to take you to the doctor if you needed it?
Someone who shows you love and affection?
Someone to have a good time with?
Someone to help with daily chores if you were sick?
Someone to share your private worries and fears with?
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
SOURCE: Adapted from Sherbourne & Steward, 1991
STAFF INTERACTION
NUMBER OF ITEMS: 7 ALPHA: .77
Next, I'd like to talk about how the staff at this facility show respect for you. Please think of all the staff in a general sense rather than one staff in particular.
Staff in general at this facility:
Are polite when they speak to me
Ignore me ***
Smile and greet me when they see me
Are warm and caring
Do a good job of caring for residents
Are trustworthy
Are sensitive to my feelings
RESPONSE CATEGORIES:
1. Poor
2. Fair
3. Good
4. Excellent
*** Item was reverse coded
SOURCE: Margaret Blenkner Research Institute, Benjamin Rose

FACTORS

Admission

The scale used to measure the resident's perception of the moving-in process consisted of seven items regarding information the resident received and included items such as: what services and amenities were available and what the monthly charges were. The Cronbach's alpha for this scale was .90.

Appearance of the Facility

Residents were asked to rate the outside physical environment of their CCRC. Five questions comprised this factor and included items such as the appearance of the grounds, cleanliness of the CCRC and the overall appearance of the facility. The alpha was .81.

Food and Dining

This six-item index measures residents' satisfaction with the quality of the food served and the service in the dining room and included questions on taste, and variety. Residents were then asked to rate the overall quality of the dining room services. The alpha was .89.

Maintenance of the Facility

This scale consisted of six questions and included items on maintenance of the building, and the timeliness of maintenance services. The Cronbach's alpha for Maintenance was .90.

Management of the Facility

This scale was comprised of six items and examined how the residents rated the facility management and included questions on the concern of the management staff toward the well-being of the residents, communication about facility issues and the process for handling concerns and work requests. The scale had an alpha of .92.

Safety and Security

Three questions comprised this factor and included how the residents felt about the safety and security of their apartments, and their confidence in the facility's ability to respond to a medical emergency and had an alpha of .72.

Overall Satisfaction

This scale was comprised of 48 items and included questions from several of the primary factors as well as nine items that did not load on any of the primary factors such as: lighting in the grounds, availability of information about emergency procedures, the variety of activities to reflect the residents' interests and the quality of information in the resident handbook. The overall satisfaction factor had an alpha of .95.



APPENDIX F
AARP/ Andrus Foundation Consumer Satisfaction
in Continuing Care Retirement Communities

Administrator Survey

1.) Name of Person(s) Completing this Survey:	2.) Title of Person(s) Completing this Survey:
3.) Organization Name:	4.) Website:

5.) Faith-Based: **NO** Yes 6.) **Please Specify:** Catholic Baptist Jewish Lutheran Methodist Quaker
Presbyterian Other Faith or Type of Sponsorship: Specify: _____

7.) Stand Alone Facility **or** Part of Chain (Circle one)

8.) What levels of care do you provide? (Circle all that apply) Independent Living Assisted Living Nursing
Facility Home Care Adult Day

9.) Do you **guarantee** residents' movement from one level of care to another? NO YES

10.) **Number of Units by Level of Care (please circle):**

<i>Independent Living</i>			<i>Assisted Living</i>			<i>Skilled Nursing Unit</i>		
0	1-25	Units	0	1-25	Units	0	1-25	Units
1	26-50	Units	1	26-50	Units	1	26-50	Units
2	51-75	Units	2	51-75	Units	2	51-75	Units
3	76-100	Units	3	76-100	Units	3	76-100	Units
4	101-125	Units	4	101-125	Units	4	101-125	Units
5	126-150	Units	5	126-150	Units	5	126-150	Units
6	151-175	Units	6	151-175	Units	6	151-175	Units
7	176-200	Units	7	176-200	Units	7	176-200	Units
8	Over 200	Units	8	Over 200	Units	8	Over 200	Units

11.) Please provide us with your facility's definition of: (alternately you may attach a facility brochure detailing guidelines for both)

<p><u>Independent Living:</u></p>
<p><u>Assisted Living:</u></p>

12.) What year did your Independent Living open? _____ What year did your Assisted Living open? _____
 _____ What year did your Nursing Home open? _____

13.) What type of accreditation have you received? (Circle all that apply) *CCAC* *CARF* *JCAHO* *LEAP*
Eagle *Other:* _____

[Adapted from: American Association of Homes and Services for the Aging 2000 Membership Continuum]

<p>Location of CCRC:</p> <p>1.) URBAN 2.) SUBURBAN 3.) RURAL</p>	<p>15.) Financial status of CCRC:</p> <p>1.) PROFIT 2.) NON PROFIT</p>	<p>16.)</p> <p>1.) In Independent Living are there some units that are HUD sponsored? 0.) NO 1.) YES</p> <p>2.) If Yes, how many HUD units? _____</p>	<p>17.)</p> <p>1.) In the Assisted Living Facility are there some units that are HUD sponsored? 0.) NO 1.) YES</p> <p>2.) If Yes, how many HUD units? _____</p>
--	--	---	--

Section B. Facility Features and Amenities

FACILITY FEATURES/AMENITIES PROVIDED: Indicate the facility features/amenities you provide for each level of care.		Independent Living		Assisted Living	
		NO	YES	NO	YES
a.	Secured Alzheimer's or Dementia Unit				
b.	Beauty/Barber Shop				
c.	Computer Facilities (common area access to computers/ hook-up)				
d.	Craft Room/Workshop				
e.	Emergency Call System				
f.	Exercise/Fitness Rooms				
g.	Laundry Room				
h.	Pharmacy				
i.	All Private Bathrooms				
j.	All Private Telephones				
k.	Smoking Area Indoors				
l.	Swimming Pool				
m.	Central Dining				
n.	Community Center				
o.	Convenience Store/Groceries				
p.	Full Kitchen in Resident Unit				
q.	Garage for Residents Use				
r.	On-Site Clinic				

Section C

<i>STAFFING:</i> Indicate the type of staff positions by checking Yes or No and listing the number of staff for each category.		<i>Independent Living</i>				Assisted Living			
		A		B		A		B	
		<i>NO</i>	YES	If Yes, How Many Full-Time	If Yes, How Many Part-Time	<i>NO</i>	YES	If Yes, How Many Full-Time	If Yes, How Many Part-Time
a.	Social Worker								
b.	Dentist								
c.	Physician								
d.	LPN								
e.	RN								
f.	Service Coordinator								
g.	24 hour Emergency on-call staff								
h.	Nurse Practitioner								
i.	Resident Aides								
j.	Dietary Staff								

3.) Is a high rate of staff turn-over a problem in your facility?

- 1 A big problem
- 2 Somewhat of a problem
- 3 Not a problem
- 9 DON'T KOW/ MISSING INFORMATION



4.) Comments:

Section D

<p>SERVICES PROVIDED: Indicate the services you provide. Please note if it is included in the basic rate or for an extra charge.</p> <p>Independent Living and Assisted Living Services provided by your facility:</p>		Independent Living						Assisted Living					
		(A) Service Offered? Independent Living		(B) If Yes, is Service Included in Basic Rate Independent Living		(C) If Yes, is Service Provided for Extra Charge Independent Living		(A) Service Offered Assisted Living		(B) If Yes, is Service Included in Basic Rate Assisted Living		(C) If Yes, is Service Provided for Extra Charge Assisted Living	
		NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES
a.	Regularly scheduled doctor's hours												
b.	Regularly scheduled dentist's hours												
c.	Having a nurse check vital signs												
d.	Activities: Exercise												
e.	Activities: Social/Recreational												
f.	ADL Assistance/ Personal Care												
g.	Assessment/ Service Coordinator												
h.	Someone to run errands for residents												
i.	Home Maintenance/Repair												
j.	Housekeeping Services												
k.	Linen Service (having beds made)												
l.	Meals: 3 Daily												
m.	Meals: Less than 3 Daily												
n.	Meals: Home-Delivered from Facility												
o.	Medication Administration												
p.	Medication Monitoring/Assistance												
q.	Occupational Therapy												
r.	Physical Therapy												
s.	Religious Services												
t.	Transportation												
u.	24-hour Security												
v.	A companion to keep the resident company or to watch over resident to be sure he/she is safe												

Section E Independent Living Housing Options and Fees

5.) Are utilities included for any of the Independent Living Units?

- 0.) NO  Please go to the next page
- 1.) Yes 

6.) Which of the listed accommodations includes utilities? (Circle all that apply)

- 1.) Free Standing Home
- 2.) Condominium
- 3.) Apartment
- 4.)
- 5.) Other
- 6.) Does Not Apply-utilities not included in any Independent Living Unit

Section F ASSISTED LIVING Fees

1.) What is the ***basic monthly rent a single resident in the Assisted Living pays*** to live at your facility? /month

2.) What is the ***basic monthly rent*** a couple pays to live at your Assisted Living facility?
 /month

3.) Is there a monthly maintenance fee for Assisted Living? No or Yes

3a. /month

4.) Are utilities included in all Assisted Living Units? NO or YES

INDEPENDENT LIVING HOUSING OPTIONS

Please indicate the types of housing options available at your CCRC, be sure to specify ownership options as well as the fees for each type of housing.	A Please indicate the type of Independent Living Accommodations your CCRC offers.		B Please indicate if the resident has the option to own, rent or if they can choose either option.			C Please specify cost for each option that applies.		D List Monthly Maintenance Fee if applicable.	E Is there an extra fee assessed for a couple
	No	Yes	Own	Rent	Both Options	Own	Rent	Independent Living Maintenance Fee	If yes, list amount
E1.) Free Standing Home						\$ _____ _____ _____	\$ _____ _____ _____	\$ _____	\$ _____
E2.) Condominium						\$ _____ _____ _____	\$ _____ _____ _____	\$ _____	\$ _____
E3.) Apartment						\$ _____ _____ _____	\$ _____ _____ _____	\$ _____	\$ _____
E4.) Other: _____ _____						\$ _____ _____ _____	\$ _____ _____ _____	\$ _____	\$ _____

SECTION G

CCRC ADMISSION/ ENTRANCE FEE

1.) ONE TIME ENTRANCE FEE PAYMENT REQUIRED? NO **or** YES a.) If yes, amount \$ _____

(RESIDENT PAYS AN ENTRANCE FEE SUCH AS \$150,000 AND THEN IS ASSESSED ONLY MONTHLY MAINTENANCE FEES FOR THE REMAINDER OF THE RESIDENT'S STAY)

2.) Is there an additional entrance fee for spouse? _____ 2a.) If yes, amount \$ _____

3.) Is the entrance fee payment refundable if the resident dies or moves away? NO **or** YES 3 a.) If yes, how much is refundable? \$ _____

Thank you for completing our survey.

Please return the survey in the postage paid envelope provided by January 3. If you have any questions please contact: Kathleen Fox 216.373.1623.

APPENDIX G

EXAMPLES OF RESIDENTS' NEGATIVE COMMENTS

PHYSICAL DESIGN, ENVIRONMENT, SURROUNDINGS (n = 30)

- I don't have a porch
- I would like larger storage space
- Odor from garbage
- No heat in bathroom
- [Would like] inside garage
- [Would like] air-conditioned hallways
- Drains in garages needed
- Parking too far away
- More stall showers
- Commode itself hard to use
- Having to haul my groceries up eight steps
- I'd do something about the heating system
- Improve the grounds
- Going out in the rain to get my dinner
- Laundry is a bit difficult with just one facility on each floor
- I would like a bigger bedroom
- There out to be more thought given to the residents with diminished vision or some with blindness

MANAGEMENT ISSUES (n = 23)

- Be more open to new suggestions, new ideas
- Following up with new people
- I would [like to] be more involved and talk to the people [in the facility]
- We don't get to express out feelings, thought?
- Administrator rules by an iron hand
- Some of the staff can be very curt with the older people
- [Management should] listen to complaints
- Communication between departments and our residents is real bad
- Residents wait longer for service
- [Managers need to] talk to residents more
- [Management should] take care of complaints
- Poor quality of the management
- Did not inform residents of yearly increase
- Better communications between residents and management

SERVICES (n = 19)

- Not enough transportation
- [Need someone for] going out and buying groceries
- Transportation not consistent
- They don't wash my windows
- More drivers for transportation
- I would like to see them deliver the mail to our door

MEALS , DINING (n = 17)

- If it were a restaurant I wouldn't go back
- The meal plan—would not make it mandatory
- I'd have the meals on time. You have to sit and wait all the time
- Longer hours for meals
- Dining service has gone downhill
- Not enough food services staff
- Poor quality of the food
- Food is not consistently good
- Food complaint has not been addressed properly
- Half hour wait for the food
- Work on the food problem. Menu looks great, the food is still the same. The temperature is awful.
- They have three weekly menus rotated, same items repeated often it's always the same
- It's frozen, prepared somewhere else.
- It's a social hour and when the food is bad you get a lot of...bad mouthing [the facility].

INTERACTION WITH OTHER RESIDENTS (n =16)

- Can feel isolated
- Sometimes you get lonesome
- Feeling cooped up
- Get the people together more
- You hardly ever see your neighbors here
- People are very private here

- Spending time alone
- Being lonely
- Residents don't take part in activities
- Few people to socialize with

RECREATION, ACTIVITIES (n = 12)

- More variety in programs
- Recreational facilities could be better
- Activities oriented to one area
- Should have more entertainment
- More participatory programs
- I would like it if they had an exercise program on the premises
- Arts and book reviews
- Improve things like the music
- Need more variety
- More intellectual activities
- Activity programs are childish
- Lack of special male activities
- Gym with equipment
- Most residents not interested in activities but bingo or old movies
- Water aerobics
- Whole activity program geared toward health wellness, many residents cannot do

COST (n = 10)

- The fact that they keep raising the rent Controlling the [rental] cost
- No services to show for rent increases

LOCATION (n = 7)

- Location too far away from Cleveland
- Too far from church
- That it isn't as close to arts and entertainment areas on the east side
- Too far from doctor
- There is no open territory around it where one could do a lot of hiking

STAFFING ISSUES (n = 7)

- [Someone] to cover the front desk over the weekend
- A 24-hour physician. I was under the impression we would have one
- Have a nurse on duty on the weekends. We have the emergency people here on duty but it's not
- like having a nurse

SAFETY AND SECURITY (n = 4)

- Security not good at independent living on weekends
- More assistive facilities in bathroom
- More adequate grab bars
- [Need] availability of information regarding emergency procedures
- [Need] safety devices in bathroom

APPENDIX H

EXAMPLES OF RESIDENTS' POSITIVE COMMENTS

FREEDOM, INDEPENDENCE, CHOICES, LIFE STYLE (n =47)

- Being independent
- The fact that we can have our own gardens
- Left alone when you want
- Privacy
- I don't have to live with my children
- Can participate in anything you want

PLEASANT, FRIENDLY ATMOSPHERE (n=29)

- It's nice and quiet
- I like the people
- It's a very pleasant place
- I feel at home here
- Everyone is smiling and friendly
- Always someone to talk to, never alone
- They don't make you feel like you are a nuisance or a burden, they make you feel good to be here

SAFETY NET (HELP AVAILABLE IF SOMETHING HAPPENED)(n = 24)

- The feeling of security
- The support that is offered
- Knowing if something does happen help is available

SERVICES / CONVENIENCES (n =16)

- I feel like I am cared for
- Have someone to cook dinner for me
- The facility transportation
- Convenience, I like having everything right here
- The ability to take advantage of services

NO RESPONSIBILITIES OR WORRIES (n = 13)

- Freedom from caring for a house
- The fact that I don't do yard work
- You don't have to worry about grass or leaves or trash
- *Not having to clean or cook*

INTERACTION WITH OTHER RESIDENTS (n =11)

- Friendliness of residents
- People all here to talk to if you feel lonely

MANAGEMENT ISSUES (n = 9)

- Things are taken care of
- It's nice and clean
- Wonderful maintenance service

SURROUNDINGS / PHYSICAL DESIGN/PHYSICAL ENVIRONMENT (n= 9)

- Place is so beautiful
- Nice surroundings
- They keep up the grounds
- A lot of storage space

POSITIVE, HELPFUL INTERACTION WITH STAFF (n = 8)

- The caring of individuals and staff
- Friendliness of staff
- The helpfulness of the staff
- The employees are very, very kind to us

LOCATION (n = 8)

- The fact that it is so close to my daughter
- We are close to the hospital if we need it
- Close to church
- Close to shopping centers
- Close to my sister-in-law
- Close to medical offices
- I lived in this area all my life

APPENDIX I:

EXAMPLES OF FAMILY MEMBERS' NEGATIVE COMMENTS

Meals and Dining (n=16)

- Improve food service
- Yes, the dining facility could be better run.
- Improve the food service. Look at individual needs, tastes, preferences.
- Train kitchen staff/dining staff-they are very rude and unqualified.
- Meals: servings are small, bland-should offer several selections.
- Improve dietary
- Better food service
- Food is fair would like it better if more variety.
- Dining staff/kitchen staff better training and supervision

Management issues (n=15)

- Work harder at keeping residents informed friends and neighbors. Also, answer family members calls a bit more prompt-within 24 hours
- Make associations (councils) more powerful. Give residents more decision making power
- They [management] don't give security issues high enough priority
- Separate residents by levels of functioning and mental capacity to discourage depression.

Physical design/Environment/Surrounding (n=11)

- Ramp too steep-no handrail.
- No, not really, some physical plant things (old air conditioner)
- More parking
- Covered area for cars
- Trying to get my key out of the front security door it is always getting stuck.
- It is in the city [and] I'd like to see more grounds-grass they can walk in
- Heat control-too hot at times and Air conditioning is too cold at times
- The financial arrangement and the money she has to put out and the building is old.
- There are 7 floors in the facility-only way up or down is the elevator-

Services (n=10)

- Transportation is a little hard to come by.
- No organized volunteer workers
- Someone to run errands for the resident (eg. to the pharmacy)
- Encourage resident to participate in activities, not allowing resident to isolate self-
- [Need] Possibly a lift van.

Staffing Issues (n=10)

- Dining staff/kitchen staff better training and supervision
- changeover of staff.
- I don't get to know staff very well-not really talkative.
- MD's [need to be] more attuned to the patients , look at them as individuals, better trained physicians on staff.
- Parking is limited; lack of professionalism with staff, offices area not nice.
- Turnover of staff on weekends; staff makes errors with medication, resident is knowledgeable (sharp-minded) and tells the staff

Recreation, Activities (n=6)

- Everything is religiously orientated and all residents are not more diversified - music and activities.
- More social time-
- "pet therapy" have chapel services within residence; children come in and visit- more entertainment by children
- More diversified activities.

Safety and Security (n=6)

- Facility needs someone to help monitor residents more closely and notify the family ASAP if anything is wrong
- Ramp too steep-no hand rail.
- Facility needs someone to help monitor residents more closely and notify the family ASAP if anything is wrong

Cost (n=4)

- The cost (would like to move there but can't afford)
- The financial arrangement and the money she has to put out
- They keep the individuals money and don't return the money if a person dies. It doesn't go to the heirs or family-other facilities return the deposit and other monies.
- They make interior renovations that may be unnecessary and that may add to cost.

Interaction with other residents (n=3)

- More social time-more socialization with other residents
- Partnership with elementary school, [and the] library next door-you get people to socialize with older people

Location (n=3)

- Too far away from us.
- The entrance and exit off busy highway.
- The location, elder got mugged

APPENDIX J

EXAMPLES OF FAMILY MEMBERS' POSITIVE COMMENTS

Surroundings/Physical Design/ Environment (n=12)

- Appearance of the facility, they do a good job
- Cleanliness. It is a very clean place especially compared to other facilities we've seen.
- The cleanliness of facility
- I like the spaciousness of her room. Don't feel cramped in there-nice size.
- Physical construction and layout of facility
- Very nice place overall, nicely kept and offer a lot.
- The cleanliness and everything is under one roof. They don't have to go any distance for what they need.

Positive, Helpful interaction with staff (n=12)

- Individual person there (clerical person) who gives you honest and prompt feedback- can count on her.
- Everyone is so friendly. They treat her cordially and pleasant.
- R.N.'s that communicate with the family members-calling when meds are changed- keeping informed.
- Friendliness of staff, very accommodating. Meal delivery to apartment if necessary
- They really communicate with family well
- Warm, kind staff. They allow us to purchase the meds through mom's insurance program which saves us money.
- I like most of staff-- is very concerned and friendly.

Services/Conveniences (n=6)

- Meet the needs of the people
- The safety and security! Someone to check on them if I'm worried.
- Meal delivery to apartment if necessary
- They allow us to purchase the meds through mom's insurance program which saves us money.

Pleasant, friendly atmosphere (n=5)

- Sense of community for residents
- It is a comfortable friendly place. They look after her-- emotional and spiritual aspects of her
- Pleasant experience when I visit.
- The communal nature and activities
- It's hominess-comfortable place.

Freedom, Independence, Choices, Lifestyle (n=5)

- I can visit whenever I want
- Freedom to do activities or not do activities
- It is like home-the freedom, stability-security. To be able to do what you want.
- My mother is able to maintain independence and the activities and meeting her needs at least 80%

Safety Net (Help is available if something happened) (n=5)

- Availability of help of nurses and aides if needed.
- Emergency services.
- The safety and security! Someone to check on them if I'm worried.
- She has a great sense of security there and support system
- Security

Recreation, Activities (n=5)

- It's been a great thing for my parents-really has brought my mother out-she is so much more active here.
- The communal nature and activities

Good Care (n=5)

- Appreciate the care mother gets
- Sense of care there unlike for profit institutions that the church is part of facility is evident.
- That resident is being properly cared for.

Interaction with other residents (n=4)

- She has a group of people for socialization
- Everyone is so friendly. They treat her cordially and pleasant.
- Sense of community for residents
- The people-the residents and staff

Good Food (n=3)

- Fact that they offer food.
- Food is excellent.
- The food is wonderful. The facility is remarkable

Location (n=2)

- The convenience --its 5 minutes from my office.
- He is also close to a hospital if necessary

[FE1]

[FE2]

[FE4]