

LeadingAge North Carolina 2019 Compensation & Benefits Survey

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BACKGROUND

1. Person to contact about this survey response: *

Name of Community or Organization:

City/Town:

Zip Code:

Survey contact person:

Phone (Format: (999) 999-9999):

Email Address:

2. Select the geographic location of the organization for which you will be providing compensation information: *

- Raleigh, NC
- Charlotte, NC
- Winston-Salem, NC
- Asheville, NC

3. What type of entity? *Select all that apply.* (You must select at least one) *

- CCRC/Life Plan Community
- SNF only
- SNF with other levels
- Assisted Living (including Residential Care)
- Adult Day
- Senior Housing

4. What is the management structure? (You must respond to this item) *

- Member of a multi-community group, community director reports to a corporate employee or equivalent.
- Stand-alone community reporting to a board of directors.
- Stand-alone community operated by owner or management organization.

5. How large is your community? (You must enter a number in each space. Enter a "0" if you have no units/beds) *

Independent living units

Assisted living units (including RCF units)

SNF Licensed beds

6. How many employees work for the community being reported? (You must enter a number in each space. Enter a "0" if you have none). *

Full-time employees

Part-time employees

7. What was the annual turnover rate (January 1, 2018 to December 31, 2018) as a percentage of total employees (full-time and part-time)?

The turnover rate can be calculated as the total number of employees less those terminated divided by the total employees.

*

The Entire Community

Nurses Aides

Registered Nurses

LPN's

8. What is the minimum number of hours per week you require employees to work to be considered a full-time employee in your community? *

Minimum number of hours:

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COMPENSATION AND BENEFITS PRACTICES

Throughout this section, report your policies, practices and benefits that routinely apply to the majority of your employees. Do not report benefits that apply only to managers.

9. What are actual (2018) and projected (2019) budget changes? (Enter one number between -100% and +100% only)

Actual 2018 percentage pay change budget for hourly/non-exempt: %

Actual 2018 percentage pay change budget for salaried: %

Projected 2019 percentage pay change budget for hourly/non-exempt: %

Projected 2019 percentage pay change budget for salaried: %

10. Do you have any special nursing department premium pay practices, such as shift differentials, weekend pay or on-call pool rate?

Yes

No

11. For each position, please show the differential hourly rate for shifts, weekends and on-call pool rates. For example, if the regular hour rate for a Certified Nurse Aide is \$15.00/hr and the differential hourly rate for weekends is \$16.00/hr, please enter \$1.00 as the differential hourly rate below.

	2nd Shift (evening)	3rd Shift (night)	Weekends	On-call pool rate
Certified Nurse Aide (CNA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charge Nurse (RN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charge Nurse (LPN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Certified Nurse Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualified Medication Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Does this organization give cash bonuses or similar awards to employees other than top managers?

- Yes
- No

13. What is the smallest and largest cash award received by employees this year?

Smallest cash award received by hourly employees: \$

Smallest cash award received by salaried employees: \$

Largest cash award received by hourly employees: \$

Largest cash award received by salaried employees: \$

14. Do you currently have a sign-on bonus program?

Yes

No

15. What was the smallest and largest sign-on bonus paid in 2018?

Smallest sign-on bonus: \$

Largest sign-on bonus: \$

16. Do current employees receive a recruitment or referral bonus when a candidate referred by them is hired?

Yes

No

17. What was the smallest and largest referral bonus paid in 2018?

Smallest referral bonus: \$

Largest referral bonus: \$

18. Do you currently offer any of the following incentives or benefits? (check all that apply)

- Educational benefits/assistance
- Accelerated qualifying time for benefits
- Reduced qualifications for specific job categories
- Subsidized licensing certification
- Specialized training and career pathing
- Sabbaticals
- Flexible work schedules
- Job sharing
- Child care subsidies
- Subsidized lunch program
- Memberships or dues payments
- Uniform allowance
- Casual dress code
- Management training program
- Employee physical fitness or wellness programs
- Ability to cash-out accumulated vacation or paid time off
- Other (please specify)

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VACATION, HOLIDAYS, AND OTHER PAID LEAVE

19. Does this organization have a paid annual leave program such as vacation or **PAID TIME OFF (PTO)**?

PTO = PAID TIME OFF FOR VACATION/SICK LEAVE

- No, no paid annual leave is provided
- Yes, vacation program
- Yes, paid time off (PTO) program
- Other (please specify)

20. What types of time off are included in this program? (Check all that apply)

- Vacation
- Sick Leave
- Scheduled holidays
- Floating holidays or personal days
- Ability to cash-out accumulated vacation or paid time off
- Other (please specify)

21. How many paid holidays will this organization schedule for 2019? Report "0" if none.

Number of paid holidays:

22. In addition to scheduled holidays, how many floating holidays or "personal" days will employees receive in 2019? Report "0" if none.

Number of floating holidays or personal days:

23. For employees in Paid Time Off (PTO) plans, how many days of paid leave are awarded in each of the following years of service?

PTO days earned in the first year of service

PTO days earned per year from 1 to 4 years of service

PTO days earned per year from 5 to 9 years of service

PTO days earned per year from 10 to 14 years of service

PTO days earned per year from 15 or more years of service

24. For employees NOT in Paid Time Off (PTO) plans, how many years of service are required to earn the following number of days of vacation?

Five days of vacation are earned after how many years of service

Ten days of vacation are earned after how many years of service

Fifteen days of vacation are earned after how many years of service

Twenty days of vacation are earned after how many years of service

Twenty-five days of vacation are earned after how many years of service

Thirty days of vacation are earned after how many years of service

25. Does your community have a maximum number of days of vacation or paid time off (PTO) an employee may accumulate?

Yes

No

26. When an employee is ill or injured and cannot work, what types of income protection plans or benefits does this organization provide during the absence from work? (Check all that apply)

- None, no paid sick leave or disability income is provided
- Paid sick leave that is separate from all other leave plans
- Paid time off plan that includes paid sick leave
- Insured disability income plan
- Other (please specify)

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SPECIAL-PURPOSE LEAVE

27. What are the maximum days for which pay is given? **If no maximum is prescribed, leave blank.**

Bereavement leave

Jury duty

Family medical leave act (FMLA)

Other family-related leave

Personal leave of absence

Military duty

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BENEFITS

28. Which of the following benefits are provided by your organization? (Check all that apply)

- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death and Dismemberment Insurance
- Long-term Disability
- Short-term Disability
- Long-term Care Insurance
- None

29. For each benefit provided in the item above, please indicate the percent of premium paid by the employer.

Medical

Dental

Vision

Life Insurance

Accidental Death and Dismemberment Insurance

Long-term Disability

Short-term Disability

Long-term Care Insurance

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RETIREMENT PLANS

30. What type(s) of IRS-qualified retirement plans does this organization have? (Check all that apply).

- Defined Benefit plan (i.e., pension)
- Defined Contribution plan [i.e., 401(k), 403(b)]
- Do not have a retirement plan
- Other

31. What is the organization's cost as a percent of annual payroll for the following plans?

Defined benefit plan (i.e., pension) - %

Defined contribution plan (i.e., 401(k), 403(b)) - %

Other - %

32. Do you make an employer contribution to a defined contribution plan (i.e., 401(k), 403(b))?

Yes

No

33. What is the requirement, in months, to be eligible to participate in your pension plan? (If none, enter 0).

Months

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MEDICAL BENEFITS PLANS

34. What healthcare benefit plans does this organization offer employees? (Check all that are offered).

- HMO - Health Maintenance Organization
- PPO - Preferred Provider Organization
- Traditional indemnity plan - comprehensive major medical
- Limited benefit health plan
- HSA - Health Savings Account
- We have no plan
- Other

35. After how many days of employment is a new employee eligible to participate in this primary healthcare plan? (If immediately eligible, enter 0).

Number of days:

36. Do you currently have a cap on premiums?

- Yes
- No

37. What is the amount (dollars) of the premium cap?

Amount of premium cap (\$)

38. What is the total monthly dollar amount for Health Insurance Premiums (per employee) for the following categories?

Employee: \$

Employee/Spouse/Partner: \$

Parent/Child: \$

Family: \$

39. Do employees contribute any amount to the monthly **employee only** Health Insurance Premium?

Yes

No

40. What are the monthly dollar contributions made by employees for the following categories?

Employee: \$

Employee/Spouse/Partner: \$

Parent/Child: \$

Family: \$

41. What is the total monthly dollar amount for Dental Insurance Premiums (per employee) for the following categories?

Employee: \$

Employee/Spouse/Partner: \$

Parent/Child: \$

Family: \$

42. Do employees contribute any amount to the monthly **employee only** Dental Insurance premium if it's not already included in the Health Insurance premium?

Yes

No

43. What are the monthly dollar contributions made by employees for the following categories?

Employee: \$

Employee/Spouse/Partner: \$

Parent/Child: \$

Family: \$

44. May employees opt out of the healthcare benefit plan for pay in lieu of the benefits?

Yes

No

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COMPENSATION

45. Executive Director/CEO

Years with this organization:

Total years of related experience:

Minimum Annual Salary (\$)

Midpoint Annual Salary (\$)

Maximum Annual Salary (\$)

Current Base Salary (\$)

Percent base salary will increase this year (%)

Anticipated cash bonus this year (\$)

46. Chief Financial Officer

Years with this organization:

Total years of related experience:

Minimum Annual Salary (\$)

Midpoint Annual Salary (\$)

Maximum Annual Salary (\$)

Current Base Salary (\$)

Percent base salary will increase this year (%)

Anticipated cash bonus this year (\$)

47. Chief Operating Officer

Years with this organization:

Total years of related experience:

Minimum Annual Salary (\$)

Midpoint Annual Salary (\$)

Maximum Annual Salary (\$)

Current Base Salary (\$)

Percent base salary will increase this year (%)

Anticipated cash bonus this year (\$)

48. Administrator (Assisted Living including Residential Care)

Years with this organization:

Total years of related experience:

Minimum Annual Salary (\$)

Midpoint Annual Salary (\$)

Maximum Annual Salary (\$)

Current Base Salary (\$)

Percent base salary will increase this year (%)

Anticipated cash bonus this year (\$)

49. Administrator (Skilled Nursing)

Years with this organization:

Total years of related experience:

Minimum Annual Salary (\$)

Midpoint Annual Salary (\$)

Maximum Annual Salary (\$)

Current Base Salary (\$)

Percent base salary will increase this year (%)

Anticipated cash bonus this year (\$)

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COMPENSATION

PLEASE PROVIDE THE ANNUAL SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.

	Minimum Annual Salary (\$)	Midpoint Annual Salary (\$)	Maximum Annual Salary (\$)	Number of Full-time Employees
Assistant Administrator (Assisted Living including Residential Care)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Administrator (Skilled Nursing)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director of Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director of Activities

Director of Resident Services

Director of Social Services

Minimum
Annual
Salary (\$)

Midpoint
Annual
Salary (\$)

Maximum
Annual
Salary (\$)

Number of
Full-time
Employees

Director of Food Service

Dietitian

Chef

Director of Environmental
Services

Director of Plant Services
(Maintenance)

Minimum
Annual
Salary (\$)

Midpoint
Annual
Salary (\$)

Maximum
Annual
Salary (\$)

Number of
Full-time
Employees

Chaplain

Admissions Coordinator

Wellness Director

Social Services Designee

Activity Assistant

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COMPENSATION

PLEASE PROVIDE THE **ANNUAL** SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.

	Minimum Annual Salary (\$)	Midpoint Annual Salary (\$)	Maximum Annual Salary (\$)	Number of Full-time Employees
Staff Accountant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senior Accountant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Controller	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director, Sales/Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Minimum Annual Salary (\$)	Midpoint Annual Salary (\$)	Maximum Annual Salary (\$)	Number of Full-time Employees
Director, Development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director, IT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director, Human Resources	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Human Resource Generalist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Human Resource Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Minimum Annual Salary (\$)	Midpoint Annual Salary (\$)	Maximum Annual Salary (\$)	Number of Full-time Employees

	Salary (\$)	Salary (\$)	Salary (\$)	Employee
Executive/Administrative Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative Assistant/Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting Clerk/Bookkeeper/Payables- Receivables	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Receptionist/Clerk Typist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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COMPENSATION

PLEASE PROVIDE THE ANNUAL SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.

	Minimum Annual Salary (\$)	Midpoint Annual Salary (\$)	Maximum Annual Salary (\$)	Number of Full-time Employees
Director of Nursing (DON)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Director of Nursing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Supervisor of Assisted Living/Residential Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director of Staff Development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R.N. Charge Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Minimum Annual Salary (\$)	Midpoint Annual Salary (\$)	Maximum Annual Salary (\$)	Number of Full-time Employees
R.N.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L.P.N - Charge Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L.P.N.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MDS Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Worker - MSW/LCSW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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COMPENSATION

PLEASE PROVIDE THE HOURLY SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.

	Minimum Hourly Salary (\$)	Midpoint Hourly Salary (\$)	Maximum Hourly Salary (\$)	Number of Full-time Employees
Staff Coordinator/Scheduler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Clerk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Records Clerk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Central Supply Clerk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Van Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Minimum Hourly Salary (\$)	Midpoint Hourly Salary (\$)	Maximum Hourly Salary (\$)	Number of Full-time Employees
Security Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualified Medication Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified Nursing Assistant (CNA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Restorative Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Minimum Hourly Salary (\$)	Midpoint Hourly Salary (\$)	Maximum Hourly Salary (\$)	Number of Full-time Employees
Personal Care Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dietary Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cook I - Entry Level				
Cook II				
Baker				
	Minimum Hourly Salary (\$)	Midpoint Hourly Salary (\$)	Maximum Hourly Salary (\$)	Number of Full-time Employees
Host/Hostess				
Dining Room Supervisor				
Food Service Worker				
Wait Staff				

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COMPENSATION

PLEASE PROVIDE THE HOURLY SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.

	Minimum Hourly Salary (\$)	Midpoint Hourly Salary (\$)	Maximum Hourly Salary (\$)	Number of Full-time Employees
Maintenance, Housekeeping and Laundry Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housekeeping Supervisor/Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housekeeping/Laundry/Janitorial Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance Technician I - Entry Level	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Minimum Hourly Salary (\$)	Midpoint Hourly Salary (\$)	Maximum Hourly Salary (\$)	Number of Full-time Employees
Maintenance Technician II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Groundskeeper Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Groundskeeper - Basic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Painter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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COMMENTS AND SUGGESTIONS

50. What difficulty, if any, did you have in completing this survey?

51. Please add comments or suggestions that would increase the value of this survey to you.