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:
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.

<table>
<thead>
<tr>
<th>Position</th>
<th>2nd Shift (evening)</th>
<th>3rd Shift (night)</th>
<th>Weekends</th>
<th>On-call pool rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nurse Aide (CNA)</td>
<td></td>
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<tr>
<td>Charge Nurse (RN)</td>
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<tr>
<td>Charge Nurse (LPN)</td>
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<tr>
<td>Non-Certified Nurse Aide</td>
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<tr>
<td>Qualified Medication Assistant</td>
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</tbody>
</table>

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)
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)

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
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

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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Page description:

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

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)**

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<tr>
<td>Years with this organization:</td>
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<td>Total years of related experience:</td>
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<td>Minimum Annual Salary ($)</td>
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<td>Percent base salary will increase this year (%)</td>
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<td>Anticipated cash bonus this year ($)</td>
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### PLEASE PROVIDE THE **ANNUAL** SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.

<table>
<thead>
<tr>
<th>Position</th>
<th>Minimum Annual Salary ($)</th>
<th>Midpoint Annual Salary ($)</th>
<th>Maximum Annual Salary ($)</th>
<th>Number of Full-time Employees</th>
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<tbody>
<tr>
<td>Assistant Administrator (Assisted Living including Residential Care)</td>
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<tr>
<td>Assistant Administrator (Skilled Nursing)</td>
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<td>Director of Activities</td>
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<tr>
<td>Position</td>
<td>Minimum Annual Salary ($)</td>
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<td>Number of Full-time Employees</td>
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<tr>
<td>Director of Activities</td>
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<td>Director of Resident Services</td>
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<td>Director of Social Services</td>
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<td>Director of Food Service</td>
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<td>Dietitian</td>
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<tr>
<td>Chef</td>
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<td>Director of Environmental Services</td>
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<td>Director of Plant Services (Maintenance)</td>
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<tr>
<td>Chaplain</td>
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<td>Admissions Coordinator</td>
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<td>Wellness Director</td>
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<td>Social Services Designee</td>
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<td>Activity Assistant</td>
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<td>Position</td>
<td>Minimum Annual Salary ($)</td>
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<tr>
<td>Staff Accountant</td>
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<tr>
<td>Senior Accountant</td>
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<tr>
<td>Controller</td>
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<tr>
<td>Director, Sales/Marketing</td>
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<tr>
<td>Marketing Representative</td>
<td>Minimum Annual Salary ($)</td>
<td>Midpoint Annual Salary ($)</td>
<td>Maximum Annual Salary ($)</td>
<td>Number of Full-time Employees</td>
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<tr>
<td>Director, Development</td>
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<tr>
<td>Director, IT</td>
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<tr>
<td>Director, Human Resources</td>
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<tr>
<td>Human Resource Generalist</td>
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<td>Human Resource Assistant</td>
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<tr>
<td>Executive/Administrative Secretary</td>
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<tr>
<td>Administrative Assistant/Support</td>
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<tr>
<td>Office Manager</td>
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<tr>
<td>Accounting Clerk/Bookkeeper/Payables- Receivables</td>
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<tr>
<td>Receptionist/Clerk Typist</td>
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</table>
**PLEASE PROVIDE THE **ANNUAL** **SALARY AND NUMBER OF FULL-TIME EMPLOYEES FOR EACH OF THE FOLLOWING POSITIONS.**

<table>
<thead>
<tr>
<th>Position</th>
<th>Minimum Annual Salary ($)</th>
<th>Midpoint Annual Salary ($)</th>
<th>Maximum Annual Salary ($)</th>
<th>Number of Full-time Employees</th>
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<tbody>
<tr>
<td>Director of Nursing (DON)</td>
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<tr>
<td>Assistant Director of Nursing</td>
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<tr>
<td>Clinical Supervisor of Assisted Living/Residential Care</td>
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<tr>
<td>Director of Staff Development</td>
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<tr>
<td>R.N. Charge Nurse</td>
<td>Minimum Annual Salary ($)</td>
<td>Midpoint Annual Salary ($)</td>
<td>Maximum Annual Salary ($)</td>
<td>Number of Full-time Employees</td>
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<td>R.N.</td>
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<tr>
<td>L.P.N - Charge Nurse</td>
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<tr>
<td>L.P.N.</td>
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<td>MDS Coordinator</td>
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<tr>
<td>Social Worker - MSW/LCSW</td>
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**Page description:**

COMPENSATION
Please provide the **hourly** salary and number of full-time employees for each of the following positions.

<table>
<thead>
<tr>
<th>Position</th>
<th>Minimum Hourly Salary ($)</th>
<th>Midpoint Hourly Salary ($)</th>
<th>Maximum Hourly Salary ($)</th>
<th>Number of Full-time Employees</th>
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<tbody>
<tr>
<td>Staff Coordinator/Scheduler</td>
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<tr>
<td>Office Clerk</td>
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<td>Medical Records Clerk</td>
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<td>Central Supply Clerk</td>
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<td>Van Driver</td>
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<td>Security Person</td>
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<tr>
<td>Qualified Medication Assistant</td>
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<tr>
<td>Certified Nursing Assistant (CNA)</td>
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<td>Nursing Assistant</td>
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<tr>
<td>Restorative Aide</td>
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<td>Personal Care Aide</td>
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<td>Dietary Aide</td>
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## COMPENSATION

<table>
<thead>
<tr>
<th>Position</th>
<th>Minimum Hourly Salary ($)</th>
<th>Midpoint Hourly Salary ($)</th>
<th>Maximum Hourly Salary ($)</th>
<th>Number of Full-time Employees</th>
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<tbody>
<tr>
<td>Cook I - Entry Level</td>
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<td>Cook II</td>
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<td>Baker</td>
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<td>Host/Hostess</td>
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<tr>
<td>Dining Room Supervisor</td>
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<td>Food Service Worker</td>
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<tr>
<td>Wait Staff</td>
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PLEASE PROVIDE THE **HOURLY SALARY** AND **NUMBER OF FULL-TIME EMPLOYEES** FOR EACH OF THE FOLLOWING POSITIONS.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Maintenance, Housekeeping and Laundry Manager</td>
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<tr>
<td>Housekeeping Supervisor/Manager</td>
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<td>Housekeeping/Laundry/Janitorial Worker</td>
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<tr>
<td>Maintenance Supervisor</td>
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<tr>
<td>Maintenance Technician I - Entry Level</td>
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**Page description:**

**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.