

2025 National Post-acute and Long-term Care Study (NPALS) Data Dictionary: Residential Care Community (RCC) Provider File

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/Comments
	CASEID	Case (respondent/facility) ID	C	8			Unique case (RCC) ID
	MODE	Mode of questionnaire completion	C	4	Mail Web		
1	OWNERSHPrc	<p>What is the type of ownership of this residential care community? MARK ONLY ONE ANSWER</p> <p><input type="radio"/> Private—nonprofit</p> <p><input type="radio"/> Private—for profit</p> <p><input type="radio"/> Publicly traded company or limited liability company (LLC)</p> <p><input type="radio"/> Government—federal, state, county, or local</p>	N	8	-9 = Not ascertained 1 = Private—nonprofit 2 = Private—for profit 3 = Publicly traded company or limited liability company (LLC) 4 = Government—federal, state, county, or local	All	Missing were updated with information from frame, where possible.
2	LICENSED	<p>Is this residential care community currently licensed, registered, certified, or otherwise regulated by the State?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → Skip to question 41</p>	N	8	1 = Yes	All	
3	BEDSrc	<p>At this residential care community, what is the number of licensed, registered, or certified residential care beds? Include both occupied and unoccupied <u>beds</u>? If this residential care community is licensed, registered, or certified by <u>apartment or unit</u>, please count the number of single-resident apartments or units as one bed each, two-bedroom apartments or units, as two beds each, and so forth. If none, enter "0."</p> <p>___ Number of beds → If you answered fewer than 4 beds, skip to question 41</p>	N	8	4-509	All	

Note: *Range rounded to 2 decimal places, where applicable.

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
4	TOTRESrc	<p>What is the total number of residents <u>currently living in</u> this residential care community? <i>Include residents for whom a bed is being held while in the hospital. If you have respite care residents, please include them.</i></p> <p>If none, enter "0."</p> <p>___ Number of residents → If you answered "0", skip to question 41</p>	N	8	1-429	All	
5	TWOMEAL	<p>Does this residential care community offer at least 2 meals a day to residents?</p> <p><input type="radio"/> Yes <input type="radio"/> No → Skip to question 41</p>	N	8	1 = Yes	All	
6a	ADLHELP	<p>Does this residential care community offer... MARK YES OR NO IN EACH ROW</p> <p>a. help with activities of daily living (ADLs), such as help with bathing, either directly or arranged through an outside vendor?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>→ If you answered "No" to both 6a and 6b, skip to question 41</p>	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
6b	RXHELP	<p>Does this residential care community offer... MARK YES OR NO IN EACH ROW</p> <p>b. assistance with medications, such as the administration of medications, give reminders, or provide central storage of medications?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	

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		→ If you answered "No" to both 6a and 6b, skip to question 41					
7	IDDMNFAC	<p>Is this residential care community permitted, licensed or regulated to only serve adults with an intellectual or developmental disability, severe mental illness, or both? Do not include Alzheimer disease or other dementias. MARK ONLY ONE ANSWER</p> <p><input type="radio"/> Yes, permitted, licensed, or regulated to serve only persons with intellectual or developmental disability <input type="radio"/> Yes, permitted, licensed, or regulated to serve only persons with severe mental illness <input type="radio"/> Yes, permitted, licensed, or regulated to serve only persons with intellectual or developmental disability and severe mental illness <input type="radio"/> No, none of the above</p> <p>→ If you selected first or second or third choice, skip to question 41</p>	N	8	4 = Marked	All	Choices not labeled first, second, third but provided in sequence and 'skip to question 41' if selected any of the first 3 choices is indicated in the questionnaire. See questionnaire on the website for details.
8a	PC24HOUR1	<p>Does this residential care community provide or arrange for any of the following types of staff to meet any resident needs that may arise? On-site means the staff are located in the same building, in an attached building or next door, or on the same campus. MARK ONLY ONE RESPONSE IN EACH ROW</p> <p>a. Personal care aide or staff caregiver → If you answered "No" to 8a, 8b, and 8c, skip to question 41</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
8b	PC24HOUR2	Does this residential care community provide or arrange for any of the following types of staff to meet any resident needs	N	8	-9 = Not ascertained 1 = Marked	All	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>that may arise? On-site means the staff are located in the same building, in an attached building or next door, or on the same campus. MARK ONLY ONE RESPONSE IN EACH ROW</p> <p>b. Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) → If you answered “No” to 8a, 8b, and 8c, skip to question 41</p>			2 = Not marked		
8c	PC24HOUR3	<p>Does this residential care community provide or arrange for any of the following types of staff to meet any resident needs that may arise? On-site means the staff are located in the same building, in an attached building or next door, or on the same campus. MARK ONLY ONE RESPONSE IN EACH ROW</p> <p>c. Director, Assistant Director, Administrator or Operator (if they provide personal care or nursing services to residents) → If you answered “No” to 8a, 8b, and 8c, skip to question 41</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
9	ONLYDEM	<p>Does this residential care community only serve adults with dementia or Alzheimer disease?</p> <p><input type="radio"/> Yes → Skip to question 12 <input type="radio"/> No</p>	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
10	DEMWING	<p>Does this residential care community have a distinct unit, wing, or floor that is designated as a dementia, Alzheimer, or memory care unit?</p> <p><input type="radio"/> Yes <input type="radio"/> No → Skip to question 13</p>	N	8	-9 = Not ascertained 1 = Yes 2 = No	If ONLYDEM =2	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
11	DEMBEDrc	How many licensed <u>beds</u> are in the dementia, Alzheimer, or memory care unit, wing, or floor? <i>If this residential care community is licensed, registered, or certified by apartments or units, please count the number of single resident apartments or units as one bed each, two bedroom apartments or units as two beds each and so forth. If none, enter "0."</i> ____ Number of beds	N	8	-9 = Not ascertained -1 = Inapplicable 0-120	If DEMWING =1	
12a	DEM_RATIO	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW a. High staff-to-resident ratios compared to other units, wings, or floors <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
12b	DEM_TRAIN	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW b. Staff specially trained in dementia care <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
12c	DEM_ACTIV	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW c. Dementia-specific activities or programming <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	

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12d	DEMLOCK	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW d. Locked exit doors <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
12e	DEMALARM	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW e. Doors with alarms <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
12f	DEMKEYPAD	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW f. Doors with key pads/electronic keys <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
12g	DEMCAMERA	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW g. Security cameras in common areas <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
12h	DEMMONIT	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW h. Personal monitoring devices for residents	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	

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		who wander ○ Yes ○ No					
12i	DEMCTYRD	Does this residential care community or designated unit, wing, or floor have each of the following? MARK YES OR NO IN EACH ROW i. An enclosed courtyard ○ Yes ○ No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	If DEMWING =1	
13	CHAIN	Is this residential care community owned by a person, group, or organization that owns or manages <u>two or more residential care communities</u> ? This may include a corporate chain. ○ Yes ○ No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
14	MEDICAID	14. Is this residential care community authorized or otherwise set up to participate in Medicaid? ○ Yes ○ No → Skip to question 16	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
15	MEDPAIDrc	During the <u>last 30 days</u> , for how many of the residents <u>currently living</u> at this residential care community did Medicaid pay some or all of their services received at this residential care community? If none, enter "0." _____ Number of residents	N	8	-9 = Not ascertained -1 = Inapplicable 0-194	All	
16	EHR	An Electronic Health Record (EHR) is a computerized version of the resident's health and personal information used in the management of the resident's health care. Other than for accounting or billing	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>purposes, does this residential care community use Electronic Health Records?</p> <p><input type="radio"/> Yes <input type="radio"/> No → Skip to question 18</p>					
17a	ITMDrc	<p>Does this residential care community's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? Do not include faxing. MARK YES OR NO IN EACH ROW</p> <p>a. Physician <input type="radio"/> Yes <input type="radio"/> No</p>	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	IF EHRS=1	
17b	ITPHARMc	<p>Does this residential care community's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing. MARK YES OR NO IN EACH ROW</i></p> <p>b. Pharmacy <input type="radio"/> Yes <input type="radio"/> No</p>	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	IF EHRS=1	
17c	ITHOSPrC	<p>Does this residential care community's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing. MARK YES OR NO IN EACH ROW</i></p> <p>c. Hospital <input type="radio"/> Yes <input type="radio"/> No</p>	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	IF EHRS=1	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
17d	ITNHrc	Does this residential care community's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing. MARK YES OR NO IN EACH ROW</i> d. Skilled nursing facility, nursing home, or inpatient rehabilitation facility o Yes o No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	IF EHRS=1	
17e	ITLTCOTHrc	Does this residential care community's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing. MARK YES OR NO IN EACH ROW</i> e. Other long-term care provider o Yes o No	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Yes 2 = No	IF EHRS=1	
Derived from 17a-e	ANYEX	Does this residential care community's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing.</i> a. Physician b. Pharmacy c. Hospital d. Skilled nursing facility, nursing home, or inpatient rehabilitation facility e. Other long-term care provider	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Exchange with at least one provider 2 = Exchange with none of the providers	IF EHRS=1	Derived to indicate if residential care community's computerized system supports electronic health information exchange with any of the providers listed in 17a-e
18a	THPHONE	In the <u>last 12 months</u> , did this residential care community use any of the following types of <u>telehealth tools</u> to assess, diagnose, monitor, or treat residents? MARK YES, NO, OR DON'T KNOW IN EACH ROW	N	8	-9 = Not ascertained 1 = Yes 2 = No 3 = Don't know	All	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		a. Telephone audio <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know					
18b	THVIDEO	In the <u>last 12 months</u> , did this residential care community use any of the following types of <u>telehealth tools</u> to assess, diagnose, monitor, or treat residents? MARK YES, NO, OR DON'T KNOW IN EACH ROW b. Videoconference software with audio (e.g., Zoom, Webex, FaceTime) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	N	8	-9 = Not ascertained 1 = Yes 2 = No 3 = Don't know	All	
19a	ICPEOP	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW a. Have a written Emergency Operations Plan that is specific to or includes pandemic response <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19b	ICPCOORD	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW b. Have a designated staff member or consultant responsible for coordinating the infection control program <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19c	ICPFLURES	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		c. Offer annual influenza vaccination to residents ○ Yes ○ No					
19d	ICPFLUSTAFF	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW d. Offer annual influenza vaccination to all employees or contract staff ○ Yes ○ No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19e	ICPCVDRES	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW e. Offer COVID-19 vaccination to residents ○ Yes ○ No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19f	ICPCVDSTAFF	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW f. Offer COVID-19 vaccination to all employees or contract staff ○ Yes ○ No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19g	ICSCRNINFACT	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW g. Screen residents daily for infection (e.g., screen for fever or respiratory symptoms) if an outbreak occurs ○ Yes ○ No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19h	ICLIMIT	Does this residential care community have the following infection control policies and	N	8	-9 = Not ascertained	All	

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		practices? MARK YES OR NO IN EACH ROW h. Limit communal dining and recreational activities in common areas if an outbreak occurs o Yes o No			1 = Yes 2 = No		
19i	ICRESTRICT	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW i. Impose restrictions on family, relatives, visitors, volunteers, or non-essential consultant personnel (e.g., barbers, delivery personnel) entering the building if an outbreak occurs o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
19j	ICMASK	Does this residential care community have the following infection control policies and practices? MARK YES OR NO IN EACH ROW j. Masking if an outbreak occurs o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
20a	SERVHOSP1	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW a. Hospice or palliative care services This residential care community... o Provides the service by paid residential care community employees or Arranges for	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		the service to be provided by outside service providers					
20a	SERVHOSP3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>a. Hospice or palliative care services This residential care community...</p> <p>o Refers residents or family to outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20a	SERVHOSP4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>a. Hospice or palliative care services This residential care community...</p> <p>o Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20a	SERVHOSPR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>a. Hospice or palliative care services This residential care community...</p> <p>o Provides the service by paid residential care community employees or Arranges for</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

Note: *Range rounded to 2 decimal places, where applicable.

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		the service to be provided by outside service providers <input type="radio"/> Refers residents or family to outside service providers <input type="radio"/> Does not provide, arrange, or refer for this service					
20b	SERVSOCW1	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW b. Social work services—provided by licensed social workers or persons with a bachelor’s or master’s degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services This residential care community... <input type="radio"/> Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20b	SERVSOCW3	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW b. Social work services—provided by licensed social workers or persons with a bachelor’s or master’s degree in social work, and may include an array of services such as psychosocial assessment, individual or group	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		counseling, support groups, and referral services This residential care community... o Refers residents or family to outside service providers					
20b	SERVSOCW4	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW b. Social work services—provided by licensed social workers or persons with a bachelor’s or master’s degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services This residential care community... o Does not provide, arrange, or refer for this service	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20b	SERVSOCWR	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW b. Social work services—provided by licensed social workers or persons with a bachelor’s or master’s degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	‘Provides’ means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

Note: *Range rounded to 2 decimal places, where applicable.

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		<p>This residential care community...</p> <ul style="list-style-type: none"> o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers o Refers residents or family to outside service providers o Does not provide, arrange, or refer for this service 					
20c	SERVMH1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental or behavioral health services—target residents’ mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions This residential care community...</p> <ul style="list-style-type: none"> o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers 	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20c	SERVMH3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental or behavioral health services—target residents’ mental, emotional, psychological, or psychiatric well-being and</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

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		<p>may include diagnosing, describing, evaluating, and treating mental conditions This residential care community...</p> <p>o Refers residents or family to outside service providers</p>					
20c	SERVMH4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental or behavioral health services—target residents’ mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions This residential care community...</p> <p>o Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20c	SERVMHR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental or behavioral health services—target residents’ mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions This residential care community...</p> <p>o Provides the service by paid residential care community employees or Arranges for</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	‘Provides’ means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

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Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		the service to be provided by outside service providerso Refers residents or family to outside service providerso Does not provide, arrange, or refer for this service					
20d	SERVTX1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>d. <u>Therapy services</u>—physical, occupational, or speech therapies This residential care community...</p> <p>o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20d	SERVTX3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>d. <u>Therapy services</u>—physical, occupational, or speech therapies This residential care community...</p> <p>o Refers residents or family to outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20d	SERVTX4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>d. <u>Therapy services</u>—physical, occupational, or speech therapies This residential care community...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>					
Derived from 20d	SERVTXR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>d. <u>Therapy services</u>—physical, occupational, or speech therapies This residential care community...</p> <p><input type="radio"/> Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers <input type="radio"/> Refers residents or family to outside service providers <input type="radio"/> Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers
20e	SERVX1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. <u>Pharmacy services</u>—including filling of or delivery of prescriptions This residential care community...</p> <p><input type="radio"/> Provides the service by paid residential</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		care community employees or Arranges for the service to be provided by outside service providers					
20e	SERVX3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. Pharmacy services—including filling of or delivery of prescriptions This residential care community...</p> <p>o Refers residents or family to outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20e	SERVX4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. Pharmacy services—including filling of or delivery of prescriptions This residential care community...</p> <p>o Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20e	SERVXR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. Pharmacy services—including filling of or delivery of prescriptions</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>This residential care community...</p> <ul style="list-style-type: none"> o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers o Refers residents or family to outside service providers o Does not provide, arrange, or refer for this service 					
20f	SERVDIET1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services This residential care community...</p> <ul style="list-style-type: none"> o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers 	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20f	SERVDIET3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services This residential care community...</p> <ul style="list-style-type: none"> o Refers residents or family to outside service providers 	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20f	SERVDIET4	<p>Services currently offered by this residential care community can include services offered</p>	N	8	-9 = Not ascertained	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services This residential care community...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>			<p>1 = Marked 2 = Not marked</p>		
Derived from 24f	SERVDIETR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services This residential care community...</p> <p><input type="radio"/> Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers <input type="radio"/> Refers residents or family to outside service providers <input type="radio"/> Does not provide, arrange, or refer for this service</p>	N	8	<p>-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service</p>	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers
20g	SERVNURS1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>g. Skilled nursing services—must be performed by an RN, LPN or LVN and are medical in nature</p>	N	8	<p>-9 = Not ascertained 1 = Marked 2 = Not marked</p>	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		This residential care community... o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers					
20g	SERVNURS3	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW g. Skilled nursing services—must be performed by an RN, LPN or LVN and are medical in nature This residential care community... o Refers residents or family to outside service providers	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20g	SERVNURS4	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW g. Skilled nursing services—must be performed by an RN, LPN or LVN and are medical in nature This residential care community... o Does not provide, arrange, or refer for this service	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20g	SERVNURSR	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only	All	'Provides' means the community provides the service by paid center employees or arranges for

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>or by telephone). For each service listed below...MARK ALL THAT APPLY IN EACH ROW</p> <p>g. Skilled nursing services—must be performed by an RN, LPN or LVN and are medical in nature This residential care community...</p> <p><input type="radio"/> Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers <input type="radio"/> Refers residents or family to outside service providers <input type="radio"/> Does not provide, arrange, or refer for this service</p>			3 = Does not provide, arrange, or refer for this service		the service to be provided by outside service providers
20h	SERVAPPT1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>h. Transportation services for <u>medical or dental appointments</u> This residential care community...</p> <p><input type="radio"/> Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20h	SERVAPPT3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>h. Transportation services for <u>medical or dental appointments</u> This residential care community...</p> <p><input type="radio"/> Refers residents or family to outside service providers</p>					
20h	SERVAPPT4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>h. Transportation services for <u>medical or dental appointments</u> This residential care community...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20h	SERVAPPTR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>h. Transportation services for <u>medical or dental appointments</u> This residential care community...</p> <p><input type="radio"/> Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers <input type="radio"/> Refers residents or family to outside service providers <input type="radio"/> Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
20i	SERVDENT1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. <u>Routine and emergency dental services by a licensed dentist</u> This residential care community...</p> <p>o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20i	SERVDENT3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. <u>Routine and emergency dental services by a licensed dentist</u> This residential care community...</p> <p>o Refers residents or family to outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20i	SERVDENT4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. <u>Routine and emergency dental services by a licensed dentist</u> This residential care community...</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>o Does not provide, arrange, or refer for this service</p>					
Derived from 20i	SERVDENTR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. <u>Routine and emergency dental services</u> by a <u>licensed dentist</u> This residential care community...</p> <p>o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers</p> <p>o Refers residents or family to outside service providers</p> <p>o Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers
20j	SERVHLTH1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses This residential care community...</p> <p>o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
20j	SERVHLTH3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses This residential care community...</p> <p>o Refers residents or family to outside service providers</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20j	SERVHLTH4	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses This residential care community...</p> <p>o Does not provide, arrange, or refer for this service</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20j	SERVHLTHR	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses</p>	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>This residential care community...</p> <ul style="list-style-type: none"> o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers o Refers residents or family to outside service providers o Does not provide, arrange, or refer for this service 					
20k	SERVHOME1	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>k. <u>Home care</u>—assistance with completing self- care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments This residential care community...</p> <ul style="list-style-type: none"> o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers 	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
20k	SERVHOME3	<p>Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>k. <u>Home care</u>—assistance with completing self- care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments</p>	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		This residential care community... o Refers residents or family to outside service providers					
20k	SERVHOME4	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW k. <u>Home care</u> —assistance with completing self- care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments This residential care community... o Does not provide, arrange, or refer for this service	N	8	-9 = Not ascertained 1 = Marked 2 = Not marked	All	
Derived from 20k	SERVHOMER	Services currently offered by this residential care community can include services offered at this physical location or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW k. <u>Home care</u> —assistance with completing self- care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments This residential care community... o Provides the service by paid residential care community employees or Arranges for the service to be provided by outside service providers o Refers residents or family to outside service providers	N	8	-9 = Not ascertained 1 = Provides 2 = Referral only 3 = Does not provide, arrange, or refer for this service	All	'Provides' means the community provides the service by paid center employees or arranges for the service to be provided by outside service providers

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		o Does not provide, arrange, or refer for this service					
21	CVDCASESRES	In the last 12 months, how many coronavirus disease (COVID-19) cases did this residential care community have among residents? If none, enter "0." ___ Number of COVID-19 cases → If you answered "0," skip to question 23	N	8	-9 = Not ascertained 0-110	All	
22a Recorded	CVDHOSPRESrc	Of the COVID-19 cases in your residential care community in the <u>last 12 months</u> , how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number. a. Hospitalization ___ Number of COVID-19 Cases	N	8	-9 = Not ascertained -1 = Inapplicable 0-68	All	
22a	CVDHOSPRES_DK	Of the COVID-19 cases in your residential care community in the <u>last 12 months</u> , how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number. a. Hospitalization o Don't Know	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Selected 2 = Not selected	All	
22b Recorded	CVDDEATHRESrc	Of the COVID-19 cases in your residential care community in the <u>last 12 months</u> , how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number. b. Death ___ Number of COVID-19 Cases	N	8	-9 = Not ascertained -1 = Inapplicable 0-6	All	
22b	CVDDEATHRES_DK	Of the COVID-19 cases in your residential care community in the <u>last 12 months</u> , how many cases resulted in each of the following? Enter "0" if none or select don't	N	8	-9 = Not ascertained -1 = Inapplicable 1 = Selected	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		know if you do not know the number. b. Death o Don't Know			2 = Not selected		
23a	AG64LESSrc	Of the residents <u>currently living</u> in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents. a. Under 65 years ____ Number of residents	N	8	0-125	All	Multiple imputations used to impute missing data
	AG64LESS_IMPFLG	Imputation flag for AG64LESSrc	N	8	1 = Imputed 0 = Not imputed		
23b	AG65TO74rc	Of the residents <u>currently living</u> in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents. b. 65-74 years ____ Number of residents	N	8	0-146	All	Multiple imputations used to impute missing data
	AG65TO74_IMPFLG	Imputation flag for AG65TO74rc	N	8	1 = Imputed 0 = Not imputed		
23c	AG75TO84rc	Of the residents <u>currently living</u> in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents. c. 75-84 years ____ Number of residents	N	8	0-163	All	Multiple imputations used for missing imputed
	AG75TO84_IMPFLG	Imputation flag for AG75TO84rc	N	8	1 = Imputed 0 = Not imputed		
23d	AG85UPrc	Of the residents <u>currently living</u> in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents. d. 85 years or older ____ Number of residents	N	8	0-255	All	Multiple imputations used to impute missing data

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
	AG85UP_IMPFLG	Imputation flag for AG85UPrc	N	8	1 = Imputed 0 = Not imputed		
Derived from AG64LESSrc, AG65TO74rc, AG75TO84rc, AG85UPrc	AG65OVER	Of the residents currently living in this residential care community, what is the age breakdown? Enter "0" for any categories with no residents.	N	8	0-429	All	Derived from imputed age categories
24a	MALErc	Of the residents <u>currently living</u> in this residential care community, what is the sex breakdown? Enter "0" for any categories with no residents. a. Male _____ Number of residents	N	8	0-246	All	Multiple imputations used to impute missing data
	MALE_IMPFLG	Imputation flag for MALErc	N	8	1 = Imputed 0 = Not imputed		
24b	FEMALErc	Of the residents <u>currently living</u> in this residential care community, what is the sex breakdown? Enter "0" for any categories with no residents. b. Female _____ Number of residents	N	8	0-299	All	Multiple imputations used to impute missing data
	FEMALE_IMPFLG	Imputation flag for FEMALErc	N	8	1 = Imputed 0 = Not imputed		
25a	HISPANICrc	Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. a. Hispanic or Latino, of any race _____ Number of residents	N	8	0-131	All	Multiple imputations used to impute missing data
	HISPANIC_IMPFLG	Imputation flag for HISPANICrc	N	8	1 = Imputed 0 = Not imputed		

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
25b	MULTIRACerc	Of the residents <u>currently living</u> in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. b. Two or more races, not Hispanic or Latino ____ Number of residents	N	8	0-179	All	Multiple imputations used to impute missing data
	MULTIRACE_IMPFLG	Imputation flag for MULTIRACerc	N	8	1 = Imputed 0 = Not imputed		
25c	MENArc	Of the residents <u>currently living</u> in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. c. Middle eastern or North African, not Hispanic or Latino ____ Number of residents	N	8	0-102	All	Multiple imputations used to impute missing data
	MENA_IMPFLG	Imputation flag for MENArc	N	8	1 = Imputed 0 = Not imputed		
25d	AIANrc	Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. d. American Indian or Alaska Native, not	N	8	0-151	All	Multiple imputations used to impute missing data

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		Hispanic or Latino ____ Number of residents					
	AIAN_IMPFLG	Imputation flag for AIANrc	N	8	1 = Imputed 0 = Not imputed		
25e	ASIANrc	Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. e. Asian, not Hispanic or Latino ____ Number of residents	N	8	0-220	All	Multiple imputations used to impute missing data
	ASIAN_IMPFLG	Imputation flag for ASIANrc	N	8	1 = Imputed 0 = Not imputed		
25f	BLACKrc	Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. f. Black, not Hispanic or Latino ____ Number of residents	N	8	0-129	All	Multiple imputations used to impute missing data
	BLACK_IMPFLG	Imputation flag for BLACKrc	N	8	1 = Imputed 0 = Not imputed		
25g	NHOPIrc	Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents.	N	8	0-51	All	Multiple imputations used to impute missing data

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		g. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino ____ Number of residents					
	NHOPI_IMPFLG	Imputation flag for NHOPIrc	N	8	1 = Imputed 0 = Not imputed		
25h	WHITerc	Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. h. White, not Hispanic or Latino ____ Number of residents	N	8	0-303	All	Multiple imputations used to impute missing data
	WHITE_IMPFLG	Imputation flag for WHITerc	N	8	1 = Imputed 0 = Not imputed		
25i	OTHERRACErc	Of the residents <u>currently living</u> in this residential care community, what is the racial-ethnic breakdown? <i>Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category.</i> Enter "0" for any categories with no residents. i. Some other category reported in this residential care community's system ____ Number of residents	N	8	0-137	All	Multiple imputations used to impute missing data
	OTHERRACE_IMPFLG	Imputation flag for OTHERRACErc	N	8	1 = Imputed 0 = Not imputed		

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
Derived from MENArc, AIANrc, NHOPrc, MULTIRACerc, OTHERRACerc	RACE_OTHER	<p>Of the residents currently living in this residential care community, what is the racial-ethnic breakdown? Count each resident only once. If a non-Hispanic resident falls under more than one category, please include them in the "Two or more races" category. Enter "0" for any categories with no residents.</p> <p>b. Two or more races, not Hispanic or Latino c. Middle eastern or North African, not Hispanic or Latino d. American Indian or Alaska Native, not Hispanic or Latino g. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino i. Some other category reported in this residential care community's system</p> <p>_____ Number of residents</p>	N	8	0-179	All	Derived from imputed race/ethnicity categories (25 b,c,d,g,i)
26a	TRANSHELPrC	<p>Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents.</p> <p>a. With transferring in and out of a bed or chair</p> <p>_____ Number of Residents</p>	N	8	-9 = Not ascertained 0-201	All	
26b	EATHELPrC	<p>Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents.</p>	N	8	0-176	All	Multiple imputations used to impute missing data

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		b. With eating, like cutting up food ____ Number of Residents					
	EATING_IMPFLG	Imputation flag for EATHELPrC	N	8	1 = Imputed 0 = Not imputed		
26c	DRESHELPrC	Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents. c. With dressing ____ Number of Residents	N	8	-9 = Not ascertained 0-221	All	
26d	BATHHELPrC	Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents. d. With bathing or showering ____ Number of Residents	N	8	0-238	All	Multiple imputations used to impute missing data
	BATHING_IMPFLG	Imputation flag for BATHHELPrC	N	8	1 = Imputed 0 = Not imputed		
26e	TOILHELPrC	Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents. e. With using the bathroom (toileting) ____ Number of Residents	N	8	-9 = Not ascertained 0-221	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
26f	WALKHELPrC	<p>Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the residents currently living in this residential care community, about how many now need any assistance in each of the following activities? Enter "0" for any categories with no residents.</p> <p>f. With locomotion or walking— this includes using a cane, walker, or wheelchair and/or help from another person _____ Number of Residents</p>	N	8	-9 = Not ascertained 0-219	All	
27a	DXALZrc	<p>Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents.</p> <p>a. Alzheimer disease or other dementias _____ Number of Residents</p>	N	8	-9 = Not ascertained 0-134	All	
27b	DXARTHrc	<p>Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents.</p> <p>b. Arthritis _____ Number of Residents</p>	N	8	-9 = Not ascertained 0-201	All	
27c	DXASTH	<p>Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents.</p> <p>C. Asthma _____ Number of Residents</p>	N	8	-9 = Not ascertained 0-80	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
27d	DXKIDNYrc	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. d. Chronic kidney disease _____ Number of Residents	N	8	-9 = Not ascertained 0-115	All	
27e	DXCOPD	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. e. COPD (chronic bronchitis or emphysema) _____ Number of Residents	N	8	-9 = Not ascertained 0-140	All	
27f	DXDEPrc	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. f. Depression _____ Number of Residents	N	8	-9 = Not ascertained 0-125	All	
27g	DXDIABrc	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. g. Diabetes _____ Number of Residents	N	8	-9 = Not ascertained 0-100	All	
27h	DXCADIOrc	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents.	N	8	-9 = Not ascertained 0-213	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		h. Heart disease (for example, congestive heart failure, coronary or ischemic heart disease, heart attack, stroke) ____ Number of Residents					
27i	DXHBPrC	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. i. High blood pressure or hypertension ____ Number of Residents	N	8	-9 = Not ascertained 0-189	All	
27j	DXDD	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. j. Intellectual or developmental disability ____ Number of Residents	N	8	-9 = Not ascertained 0-55	All	
27k	DXOSTEOrc	Of the residents currently living in this residential care community, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no residents. k. Osteoporosis ____ Number of Residents	N	8	-9 = Not ascertained 0-175	All	
28	EMERNUMrc	As best you know, of the residents currently living in this residential care community, about how many were treated in a hospital emergency department in the last 90 days? If none, enter "0." ____ Number of residents	N	8	-9 = Not ascertained 0-106	All	
29	OVRNITE	As best you know, of the residents currently living in this residential care community, about how many were discharged from an	N	8	-9 = Not ascertained 0-94	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		overnight hospital stay in the last 90 days? <i>Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. If none, enter "0."</i> _____ Number of residents					
30	FALLNUMrc	As best you know, of the residents currently living in this residential care community, about how many had a fall in the last 90 days? <i>Include falls that occurred in your residential care community or off-site, whether or not the resident was injured, and whether or not anyone saw the resident fall or caught them. Please just count one fall per resident who fell, even if the resident fell more than one time. If one of your residents fell during the last 90 days, but is currently in the hospital or rehabilitation facility, please include that person in your count. If no residents had a fall, enter "0."</i> _____ Number of residents	N	8	-9 = Not ascertained 0-157	All	
31a	RNFT1	An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone). Enter "0" for any categories with no employees.</i> a. Registered nurses (RNs) - Full-time employees _____ Number of Full-Time Employees	N	8	-9 = Not ascertained 0-160	All	
31a	RNPT1	An individual is considered an employee if the residential care community is required to	N	8	-9 = Not ascertained	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone)</i>. Enter "0" for any categories with no employees.</p> <p>a. Registered nurses (RNs) - Part-time employees _____ Number of Part-Time Employees</p>			0-50		
31b	LPNFT1	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone)</i>. Enter "0" for any categories with no employees.</p> <p>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time employees _____ Number of Full-Time Employees</p>	N	8	-9 = Not ascertained 0-76	All	
31b	LPNPT1	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone)</i>. Enter "0" for any categories with no employees.</p>	N	8	-9 = Not ascertained 0-51	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time employees ____ Number of Part-Time Employees					
31c	AIDEFT1	An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees. c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees ____ Number of Full-Time Employees	N	8	-9 = Not ascertained 0-150	All	
31c	AIDEPT1	An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees. c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time employees ____ Number of Part-Time Employees	N	8	-9 = Not ascertained 0-70	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
31d	SOCWFT1	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time employees _____ Number of Full-Time Employees</p>	N	8	-9 = Not ascertained 0-15	All	
31d	SOCWPT1	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time employees _____ Number of Part-Time Employees</p>	N	8	-9 = Not ascertained 0-5	All	
31e	ACTFT1	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line</i></p>	N	8	-9 = Not ascertained 0-100	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>or by telephone). Enter "0" for any categories with no employees.</p> <p>e. Activities directors or activities staff - Full-time employees _____ Number of Full-Time Employees</p>					
31e	ACTPT1	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>e. Activities directors or activities staff - Part-time employees _____ Number of Part-Time Employees</p>	N	8	-9 = Not ascertained 0-40	All	
31a Derived from RNFT1	RNFT1rc	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>a. Registered nurses (RNs) - Full-time employees _____ Number of Full-Time Employees</p>	N	8	-9 = Not ascertained 0-100	All	Outlier adjusted number of RN full-time employees. Outlier replaced with size-specific mean
31a Derived from RNPT1	RNPT1rc	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how</p>	N	8	-9 = Not ascertained 0-50	All	Outlier adjusted number of RN part-time employees. Outlier replaced with size-specific mean

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>a. Registered nurses (RNs) - Part-time employees _____ Number of Part-Time Employees</p>					
31b Derived from LPNFT1	LPNFT1rc	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time employees _____ Number of Full-Time Employees</p>	N	8	-9 = Not ascertained 0-76	All	Outlier adjusted number of LPN full-time employees. Outlier replaced with size-specific mean
31b Derived from LPNPT1	LPNPT1rc	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time</p>	N	8	-9 = Not ascertained 0-26	All	Outlier adjusted number of LPN part-time employees. Outlier replaced with size-specific mean

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		employees ____Number of Part-Time Employees					
31c Derived from AIDEFT1	AIDEFT1rc	An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees. c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees ____Number of Full-Time Employees	N	8	-9 = Not ascertained 0-126	All	Outlier adjusted number of aide full-time employees. Outlier replaced with size-specific mean
31c Derived from AIDEPT1	AIDEPT1rc	An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees. c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time employees ____Number of Part-Time Employees	N	8	-9 = Not ascertained 0-70	All	Outlier adjusted number of aide part-time employees. Outlier replaced with size-specific mean
31d Derived from SOCWFT1	SOCWFT1rc	An individual is considered an employee if the residential care community is required to	N	8	-9 = Not ascertained	All	Outlier adjusted number of social worker full-time employees.

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p>issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time employees _____ Number of Full-Time Employees</p>			0-5		Outlier replaced with size-specific mean
31d Derived from SOCWPT1	SOCWPT1rc	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time employees _____ Number of Part-Time Employees</p>	N	8	-9 = Not ascertained 0-1	All	Outlier adjusted number of social worker part-time employees. Outlier replaced with size-specific mean
31e Derived from ACTFT1	ACTFT1rc	<p>An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p>	N	8	-9 = Not ascertained 0-13	All	Outlier adjusted number of activities directors full-time employees. Outlier replaced with size-specific mean

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		e. Activities directors or activities staff - Full-time employees _____Number of Full-Time Employees					
31e Derived from ACTPT1	ACTPT1rc	An individual is considered an employee if the residential care community is required to issue a W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this residential care community currently has. <i>Include employees who work at this physical location or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees. e. Activities directors or activities staff - Part-time employees _____Number of Part-Time Employees	N	8	-9 = Not ascertained 0-10	All	Outlier adjusted number of activities directors part-time employees. Outlier replaced with size-specific mean
32	CONTRACTSTF	Contract or agency staff refer to individuals or organization staff under contract with and working at this residential care community but are not directly employed by the community. Does this community have any nursing, aide, social work, or activities contract or agency staff? <i>Include contract staff who work at this physical location or virtually (on-line or by telephone).</i> <input type="radio"/> Yes <input type="radio"/> No → Skip to question 34	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
33a	RNFT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency	N	8	-9 = Not ascertained 0-13	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		staff. a. Registered nurses (RNs) - Full-time contract or agency staff ____Number of Full-Time Contract or Agency Staff					
33a	RNPT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. Do not include individuals directly employed by the residential care community. Enter "0" for any categories with no contract or agency staff. a. Registered nurses (RNs) - Part-time contract or agency staff ____Number of Part-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-15	All	
33b	LPNFT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time contract or agency staff ____Number of Full-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-8	All	
33b	LPNPT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by</i>	N	8	-9 = Not ascertained 0-15	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<p><i>the residential care community.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time contract or agency staff ____ Number of Part-Time Contract or Agency Staff</p>					
33c	AIDEFT2	<p>For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time contract or agency staff ____ Number of Full-Time Contract or Agency Staff</p>	N	8	-9 = Not ascertained 0-40	All	
33c	AIDEPT2	<p>For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care</p>	N	8	-9 = Not ascertained 0-60	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		assistants, and medication technicians or medication aides - Part-time contract or agency staff ____Number of Part-Time Contract or Agency Staff					
33d	SOCWFT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time contract or agency staff ____Number of Full-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-6	All	
33d	SOCWPT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time contract or agency staff ____Number of Part-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-4	All	
33e	ACTFT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this	N	8	-9 = Not ascertained 0-6	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. e. Activities directors or activities staff - Full-time contract or agency staff ____ Number of Full-Time Contract or Agency Staff					
33e	ACTPT2	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. e. Activities directors or activities staff - Part-time contract or agency staff ____ Number of Part-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-5	All	
33a Derived from RNFT2	RNFT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. a. Registered nurses (RNs) ____ Number of Full-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-4	All	Outlier adjusted number of RN full-time contract or agency staff. Outlier replaced with size-specific mean
33a Derived from RNPT2	RNPT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this	N	8	-9 = Not ascertained 0-5	All	Outlier adjusted number of RN part-time contract or agency

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		residential care community currently has. Do not include individuals directly employed by the residential care community. Enter "0" for any categories with no contract or agency staff. a. Registered nurses (RNs) ____ Number of Part-Time Contract or Agency Staff					staff. Outlier replaced with size-specific mean
33b Derived from LPNFT2	LPNFT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) ____ Number of Full-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-5	All	Outlier adjusted number of LPN full-time contract or agency staff. Outlier replaced with size-specific mean
33b Derived from LPNPT2	LPNPT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) ____ Number of Part-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-8	All	Outlier adjusted number of LPN part-time contract or agency staff. Outlier replaced with size-specific mean
33c Derived from AIDEFT2	AIDEFT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this	N	8	-9 = Not ascertained 0-12	All	Outlier adjusted number of aide full-time contract or agency staff.

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides ____ Number of Full-Time Contract or Agency Staff					Outlier replaced with size-specific mean
33c Derived from AIDEPT2	AIDEPT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees ____ Number of Part-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-20	All	Outlier adjusted number of aide part-time contract or agency staff. Outlier replaced with size-specific mean
33d Derived from SOCWFT2	SOCWFT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff.	N	8	-9 = Not ascertained 0-3	All	Outlier adjusted number of social worker full-time contract or agency staff. Outlier replaced with size-specific mean

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work ____Number of Full-Time Contract or Agency Staff					
33d Derived from SOCWPT2	SOCWPT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work ____Number of Part-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-1	All	Outlier adjusted number of social worker part-time contract or agency staff. Outlier replaced with size-specific mean
33e Derived from ACTFT2	ACTFT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency staff. e. Activities directors or activities staff ____Number of Full-Time Contract or Agency Staff	N	8	-9 = Not ascertained 0-2	All	Outlier adjusted number of activities directors full-time contract or agency staff. Outlier replaced with size-specific mean
33e Derived from ACTPT2	ACTPT2rc	For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this residential care community currently has. <i>Do not include individuals directly employed by the residential care community.</i> Enter "0" for any categories with no contract or agency	N	8	-9 = Not ascertained 0-1	All	Outlier adjusted number of activities directors part-time contract or agency staff. Outlier replaced with size-specific mean

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		staff. e. Activities directors or activities staff - Full-time employees ____Number of Part-Time Contract or Agency Staff					
31a Derived from RNFT1rc and RNPT1rc	RNFTE1	Number of full-time equivalent RN employees (full-time & part-time combined) a. Registered nurses (RNs) - Full-time employees a. Registered nurses (RNs) - Part-time employees	N	8	-9 = Not ascertained 0-115	All	May include values greater than 0 but less than 1
31b Derived from LPNFT1rc and LPNPT1rc	LPNFTE1	Number of full-time equivalent LPN employees (full-time & part-time combined) b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time employees b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time employees	N	8	-9 = Not ascertained 0-89	All	May include values greater than 0 but less than 1
31c Derived from AIDEFT1rc and AIDEPT1rc	AIDFTE1	Number of full-time equivalent aide employees (full-time & part-time combined) c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time employees	N	8	-9 = Not ascertained 0-161	All	May include values greater than 0 but less than 1
31d Derived from	SOCWFTE1	Number of full-time equivalent social worker employees (full-time & part-time combined)	N	8	-9 = Not ascertained 0-5	All	May include values greater than 0 but less than 1

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
SOCWFT1rc and SOCWPT1rc		d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time employees d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time employees					
31e Derived from ACTFT1rc and ACTPT1rc	ACTFTE1	Number of full-time equivalent activities employees (full-time & part-time combined) e. Activities directors or activities staff - Full-time employees e. Activities directors or activities staff - Part-time employees	N	8	-9 = Not ascertained 0-17.50	All	May include values greater than 0 but less than 1
33a Derived from RNFT2rc and RNPT2rc	RNFTE2	Number of full-time equivalent RN contract staff (full-time & part-time combined) a. Registered nurses (RNs) - Full-time contract or agency staff b. Registered nurses (RNs) - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-4	All	May include values greater than 0 but less than 1
33b Derived from LPNFT2rc and LPNPT2rc	LPNFTE2	Number of full-time equivalent LPN contract staff (full-time & part-time combined) b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time contract or agency staff b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-5	All	May include values greater than 0 but less than 1
33c Derived from AIDEFT2rc and AIDEPT2rc	AIDEFTE2	Number of full-time equivalent aide contract staff (full-time & part-time combined) c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time contract or agency staff	N	8	-9 = Not ascertained 0-15	All	May include values greater than 0 but less than 1

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time contract or agency staff					
33d Derived from SOCWFT2rc and SOCWPT2rc	SOCWFTE2	Number of full-time equivalent social worker contract staff (full-time & part-time combined) d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time contract or agency staff d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-3	All	May include values greater than 0 but less than 1
33e Derived from ACTFT2rc and ACTPT2rc	ACTFTE2	Number of full-time equivalent activities contract staff (full-time & part-time combined) e. Activities directors or activities staff - Full-time contract or agency staff e. Activities directors or activities staff - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-2.50	All	May include values greater than 0 but less than 1
31a Recoded from RNFTE1	RNFTE1recode	Outlier adjusted number of full-time equivalent RN employees (full-time & part-time combined) a. Registered nurses (RNs) - Full-time employees a. Registered nurses (RNs) - Part-time employees	N	8	-9 = Not ascertained 0-115	All	May include values greater than 0 but less than 1
31b Recoded from LPNFTE1	LPNFTE1recode	Outlier adjusted number of full-time equivalent LPN employees (full-time & part-time combined)	N	8	-9 = Not ascertained 0-89	All	May include values greater than 0 but less than 1

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time employees b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time employees					
31c Recoded from AIDEFTE1	AIDEFTE1recode	Outlier adjusted number of full-time equivalent aide employees (full-time & part-time combined) c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time employees	N	8	-9 = Not ascertained 0-137	All	May include values greater than 0 but less than 1
31d Recoded from SOCWFTE1	SOCWFTE1recode	Outlier adjusted number of full-time equivalent social worker employees (full-time & part-time combined) d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time employees d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time employees	N	8	-9 = Not ascertained 0-4	All	May include values greater than 0 but less than 1
31e Recoded from ACTFTE1	ACTFTE1recode	Outlier adjusted number of full-time equivalent activities employees (full-time & part-time combined) e. Activities directors or activities staff - Full-time employees e. Activities directors or activities staff - Part-time employees	N	8	-9 = Not ascertained 0-15	All	May include values greater than 0 but less than 1

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
33a Recoded from RNFTE2	RNFTE2recode	Outlier adjusted number of full-time equivalent RN contract staff (full-time & part-time combined) a. Registered nurses (RNs) - Full-time contract or agency staff a. Registered nurses (RNs) - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-3	All	May include values greater than 0 but less than 1
33b Recoded from LPNFTE2	LPNFTE2recode	Outlier adjusted number of full-time equivalent LPN contract staff (full-time & part-time combined) b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time contract or agency staff b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-5	All	May include values greater than 0 but less than 1
33c Recoded from AIDEFTE2	AIDEFTE2recode	Outlier adjusted number of full-time equivalent aide contract staff (full-time & part-time combined) c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time contract or agency staff c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-15	All	May include values greater than 0 but less than 1
33d Recoded from SOCWFTE2	SOCWFTE2recode	Outlier adjusted number of full-time equivalent social worker contract staff (full-time & part-time combined)	N	8	-9 = Not ascertained 0-2.02	All	May include values greater than 0 but less than 1

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time contract or agency staff d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time contract or agency staff					
33e Recoded from ACTFTE2	ACTFTE2recode	Outlier adjusted number of full-time equivalent activities contract staff (full-time & part-time combined) e. Activities directors or activities staff - Full-time contract or agency staff e. Activities directors or activities staff - Part-time contract or agency staff	N	8	-9 = Not ascertained 0-1.50	All	May include values greater than 0 but less than 1
31a and 4 Derived from RNFTE1recode and TOTRESrc	RNHPPD1	RN employee hours per person per day	N	8	-9 = Not ascertained 0-15	All	RNHPPD1= (RNFTE1recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
31b and 4 Derived from LPNFTE1recode and TOTRESrc	LPNHPPD1	LPN employee hours per person per day	N	8	-9 = Not ascertained 0-6.25	All	LPNHPPD1= (LPNFTE1recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
31c and 4 Derived from AIDEFTE1recode and TOTRESrc	AIDEHPPD1	AIDE employee hours per person per day	N	8	-9 = Not ascertained 0-24	All	AIDEHPPD1= (AIDEFTE1recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
31d and 4 Derived from SOCWFTE1recode and TOTRESrc	SOCWHPPD1	Social worker employee hours per person per day	N	8	-9 = Not ascertained 0-2.50	All	SOCWHPPD1= (SOCWFTE1*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
31e and 4 Derived from	ACTHPPD1	Activities directors employee hours per person per day	N	8	-9 = Not ascertained	All	ACTHPPD1= (ACTFTE1recode*35)/TOTRESrc/7

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
ACTFTE1recode and TOTRESrc					0-10		days. Cases with >24 top coded at 24.
33a and 4 Derived from RNFTE2recode and TOTRESrc	RNHPPD2	RN contract staff hours per person per day	N	8	-9 = Not ascertained 0-5	All	RNHPPD2= (RNFTE2recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
33b and 4 Derived from LPNFTE2recode and TOTRESrc	LPNHPPD2	LPN contract staff hours per person per day	N	8	-9 = Not ascertained 0-3.37	All	LPNHPPD2= (LPNFTE2recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
33c and 4 Derived from AIDEFTE2recode and TOTRESrc	AIDEHPPD2	AIDE contract staff hours per person per day	N	8	-9 = Not ascertained 0-5.83	All	AIDEHPPD2= (AIDEFTE2recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
33d and 4 Derived from SOCWFTE2recode and TOTRESrc	SOCWHPPD2	Social worker contract staff hours per person per day	N	8	-9 = Not ascertained 0-2.5	All	SOCWHPPD2= (SOCWFTE2*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
33e and 4 Derived from ACTFTE2recode and TOTRESrc	ACTHPPD2	Activities directors contract staff hours per person per day	N	8	-9 = Not ascertained 0-5	All	ACTHPPD2= (ACTFTE2recode*35)/TOTRESrc/7 days. Cases with >24 top coded at 24.
31a Derived from RNFT1 and RNPT1	ANYRN_EMP	One or more full-time or part-time RN employee staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYRN_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) RN employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent RN employees were coded as ANYRN_EMP=1.

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
31b Derived from LPNFT1 and LPNPT1	ANYLPN_EMP	One or more full-time or part-time LPN employee staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYLPN_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) LPN employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent LPN employees were coded as ANYLPN_EMP=1.
31c Derived from AIDEFT1 and AIDEPT1	ANYAIDE_EMP	One or more full-time or part-time aide employee staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYAIDE_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) aide employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent aide employees were coded as ANYAIDE_EMP =1.
31d Derived from SOCWFT1 and SOCWPT1	ANYSOCW_EMP	One or more full-time or part-time social worker employee staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYSOCW_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) social work employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent social work employees were coded as ANYSOCW_EMP =1.
31e Derived from ACTFT1 and ACTPT1	ANYACT_EMP	One or more full-time or part-time activities employee staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYACT_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) employee values were below 1 but more than 0. In 2025

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
							NPALS, all cases with > 0 full-time equivalent activities employees were coded as ANYACT_EMP=1.
33a Derived from RNFT2 and RNPT2	ANYRN_CON	One or more full-time or part-time RN contract staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYRN_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) RN employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent RN contract staff were coded as ANYRN_CON=1.
33b Derived from LPNFT2 and LPNPT2	ANYLPN_CON	One or more full-time or part-time LPN contract staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYLPN_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) LPN contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent LPN contract staff were coded as ANYLPN_CON=1.
33c Derived from AIDEFT2 and AIDEPT2	ANYAIDE_CON	One or more full-time or part-time aide contract staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYAIDE_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean adjusted full-time equivalent (FTE) aide contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent aide contract staff were coded as ANYAIDE_CON =1.
33d Derived from	ANYSOCW_CON	One or more full-time or part-time social worker contract staff	N	8	-9 = Not ascertained 1 = Yes	All	Note: In 2018, 2020, and 2022 waves, ANYSOCW_CON was recoded to 2 ('No') if outliers

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
SOCWFT2 and SOCWPT2					2 = No		were mean-adjusted and mean-adjusted full-time equivalent (FTE) social work contract staff values were below 1. In 2025 NPALS, all cases with > 0 full-time equivalent social work contract staff were coded as ANYSOCW_CON =1.
33e Derived from ACTFT2 and ACTPT2	ANYACT_CON	One or more full-time or part-time activities contract staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	Note: In 2018, 2020, and 2022 waves, ANYACT_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) activities contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent activities contract staff were coded as ANYACT_CON=1.
31a and 33a Derived from ANYRN_EMP and ANYRN_CON	ANYRN	One or more full-time or part-time RN (employee or contract) staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
31b and 33b Derived from ANYLPN_EMP and ANYLPN_CON	ANYLPN	One or more full-time or part-time LPN (employee or contract) staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
31c and 33c Derived from ANYAIDE_EMP and ANYAIDE_CON	ANYAIDE	One or more full-time or part-time aide (employee or contract) staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
31d and 33d Derived from ANYSOCW_EMP and	ANYSOCW	One or more full-time or part-time social worker (employee or contract) staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
ANYSOCW_CO N							
31e and 33e Derived from ANYACT_EMP and ANYACT_CON	ANYACT	One or more full-time or part-time activities (employee or contract) staff	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
34	SHORTSTAFF	In the last 12 months, how often was this residential care community short-staffed? o Always o Sometimes o Never	N	8	-9 = Not ascertained 1 = Always 2 = Sometimes 3 = Never	All	
35a	INSEMPsrc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW a. Health insurance for the employee only o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35b	INSFAMrc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW b. Health insurance that includes family coverage o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35c	DNTLVISrc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW c. Dental, vision, or prescription drug benefits o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35d	INSLIFerc	Does this residential care community offer the following benefits to full-time aide	N	8	-9 = Not ascertained	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		employees? MARK YES OR NO IN EACH ROW d. Life insurance o Yes o No			1 = Yes 2 = No		
35e	PENSIONrc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW e. A pension, a 401(k), or a 403(b) o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35f	CHLDCARErc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW f. Paid childcare, childcare subsidies, or assistance o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35g	PTOLEAVErc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROWg. Paid personal time off, vacation time, or sick leaveo Yeso No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35h	OVERTIMErc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW h. Overtime pay o Yes o No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
35i	BONUSrc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW i. Bonuses or regular pay increases	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<input type="radio"/> Yes <input type="radio"/> No					
35j	REIMBURSErc	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW j. Reimburse/pay for initial training <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
Derived from 35a-j	ANYAIDEBEN	Does this residential care community offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW a. Health insurance for the employee only b. Health insurance that includes family coverage c. Dental, vision, or prescription drug benefits e. A pension, a 401(k), or a 403(b) f. Paid childcare, childcare subsidies, or assistance g. Paid personal time off, vacation time, or sick leave h. Overtime pay i. Bonuses or regular pay increases j. Reimburse/pay for initial training	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
36a	TRAINHOURS	How many hours of training does this residential care community require aide employees to have for each of the following? If none, enter "0." a. Initial training prior to providing care Number of hours _____	N	8	-9 = Not ascertained 0-720	All	
36b	EDUCHOURS	How many hours of training does this residential care community require aide employees to have for each of the following? If none, enter "0."	N	8	-9 = Not ascertained 0-500	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		b. Continuing education, ongoing, or on-the-job training Number of hours _____					
37	ASSTDEVICES	Does this residential care community provide assistive devices, such as lifting aides, belts, trapeze bars, or other assistive equipment, to your aide employees when they are moving or lifting participants who cannot move around on their own? <input type="radio"/> Yes <input type="radio"/> No	N	8	-9 = Not ascertained 1 = Yes 2 = No	All	
38a	AIDETRCARE	How often does this residential care community offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW a. Discussing resident care with residents' families <input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know	N	8	-9 = Not ascertained 1 = Training is always offered 2 = Training is offered occasionally or as needed 3 = Training is offered rarely or never 4 = Don't Know	All	
38b	AIDETRDEM	How often does this residential care community offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW b. Dementia care	N	8	-9 = Not ascertained 1 = Training is always offered 2 = Training is offered occasionally or as needed	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know			3 = Training is offered rarely or never 4 = Don't Know		
38c	AIDETRABUS	<p>How often does this residential care community offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW</p> <p>c. Working with residents that act out or are abusive</p> <input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know	N	8	-9 = Not ascertained 1 = Training is always offered 2 = Training is offered occasionally or as needed 3 = Training is offered rarely or never 4 = Don't Know	All	
38d	AIDETRINJUR	<p>How often does this residential care community offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW</p> <p>d. Preventing personal injuries at work</p> <input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know	N	8	-9 = Not ascertained 1 = Training is always offered 2 = Training is offered occasionally or as needed 3 = Training is offered rarely or never 4 = Don't Know	All	
38e	AIDETREOL	How often does this residential care community offer training to prepare aide	N	8	-9 = Not ascertained	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW. End of life issues (advance care planning and help families cope with grief) <input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know			1 = Training is always offered 2 = Training is offered occasionally or as needed 3 = Training is offered rarely or never 4 = Don't Know		
38f	AIDETRVALUE	How often does this residential care community offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW f. Relating to residents of different cultures or ethnicities, or with different values or beliefs <input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know	N	8	-9 = Not ascertained 1 = Training is always offered 2 = Training is offered occasionally or as needed 3 = Training is offered rarely or never 4 = Don't Know	All	
38g	AIDEINFECT	How often does this residential care community offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working. MARK ONLY ONE RESPONSE IN EACH ROW g. Infection control (putting on and taking off personal protective equipment, hand washing)	N	8	-9 = Not ascertained 1 = Training is always offered 2 = Training is offered occasionally or as needed 3 = Training is offered rarely or never	All	

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

Question Number	Variable Name	Survey Question Text	C or N	Length	Code categories/Range*	RCCs Asked	Notes/ Comments
		<input type="radio"/> Training is always offered <input type="radio"/> Training is offered occasionally or as needed <input type="radio"/> Training is offered rarely or never <input type="radio"/> Don't Know			4 = Don't Know		
Frame	FACILITY_STATE		C	2	AK - WY	All	
Frame	REGION	US Census region	N	8	1 = Northeast 2 = Midwest 3 = South 4 = West	All	
Frame	MSA	Metropolitan statistical area status	N	8	1 = Metropolitan 2 = Micropolitan 3 = Neither	All	
	POPFAC	The estimated total number of NPALS eligible facilities (RCCs) in the population for sampling stratum	N	8	4.24-3716.64		Derived using estimation specifications. Rounded to 2 decimal points here
	FACWT	RCC final weight	N	8	1.07-63.65		Derived using estimation specifications. Rounded to 2 decimal points here
	STRATA	The estimation strata	N	8	101-5604		Derived using estimation specifications.

Note: *Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025