

7. What are the Actual and Planned Percent Increases for the following?
 (Management Employees are defined as those who are exempt from receiving overtime pay. Nonmanagement employees are those who are eligible to receive overtime pay.)

	Management	Nonmanagement	RNs	LPNs	CNAs
Actual % Increase <i>GRANTED</i> Between 4/2009 and 3/2010	%	%	%	%	%
Actual % Increase <i>PLANNED</i> Between 4/2010 and 3/2011	%	%	%	%	%

8. What **CRITERIA** are used for granting increases:

	Management	Nonmanagement	RNs	LPNs	CNAs
A. Cost of Living (COLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Merit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is your estimated annual turnover rate in percents for the following jobs?
 [Turnover rate is the number of times, on average, a facility replaced a position in one year (12 months). Turnover does not include hiring for new or increased positions. Excludes employees terminated during their probationary period. Turnover rate = Total number of resignations, terminations, and vacancies divided by the number of actual positions, multiplied by 100.]

	% Turnover		% Turnover
Dept. Heads		Therapy	
Dining Services		RNs	
Environ. Svcs.		LPNs	
Marketing		CNAs	

PLEASE SHOW ADDITIONAL PAY FOR: SHIFT, WEEKEND, DIFFERENTIAL RATES, AND PER DIEM PAY FOR THE JOBS LISTED. (Show additional hourly rate.)

For Working:	50 Staff Nurse	51 Charge Staff Nurse (RN)	52 Practical Nurse (LPN)	53 Charge Nurse (LPN)	55 Certified Nurse Aide	56 Non-Certified Nurse Aide	57 Certified Medication Technician	59 Activity Aide	64 PT Asst.	65 PT Aide
Weekends										
2 nd Shift (Evening)										
3 rd Shift (Night)										
Per Diem Rate										
Pool Rate										

For a copy of the job descriptions please go to our website: www.hhcsinc.com

Job No.	EXEMPT POSITIONS	Number of FTEs in Each Position	Salaries as of March 1 to nearest \$100			Average Annual Bonus Paid
			Average Annual Salary*	Annual Salary Range		
				Minimum	Maximum	
MANAGEMENT AND ADMINISTRATIVE						
1.	EXECUTIVE DIRECTOR					
2.	ASSOCIATE DIRECTOR					
3.	NURSING HOME ADMINISTRATOR (Health Services)					
4.	NURSING HOME ASSISTANT ADMINISTRATOR (Health Services)					
5.	DIRECTOR OF ASSISTED LIVING					
6.	RESIDENTIAL ADMINISTRATOR					
7.	DIRECTOR OF HOSPICE					
8.	CHIEF FINANCIAL OFFICER					
9.	CONTROLLER					
10.	COMPLIANCE OFFICER					
11.	DIRECTOR OF HUMAN RESOURCES					
12.	DIRECTOR OF DEVELOPMENT					
13.	DIRECTOR OF MARKETING					
THERAPY AND NURSING						
14.	DIRECTOR OF THERAPY/REHABILITATION					
15.	DIRECTOR OF NURSES					
16.	ASSISTANT DIRECTOR OF NURSES					
17.	NURSING SUPERVISOR (RN)					
18.	HEAD NURSE (RN)					
19.	NURSING SUPERVISOR (LPN)					
20.	DIRECTOR OF STAFF DEVELOPMENT					
21.	MDS COORDINATOR					
22.	ACTIVITY DIRECTOR					

*Report Base Salary Only

Job No.	EXEMPT POSITIONS	Number of FTEs in Each Position	Salaries as of March 1 to nearest \$100		Average Annual Bonus Paid	
			Average Annual Salary*	Annual Salary Range		
				Minimum		Maximum
FOOD SERVICES						
23.	DIRECTOR OF DINING/FOOD SERVICES (Graduate Dietitian)					
24.	ASST. DIRECTOR OF DINING/FOOD SERVICES (Graduate Dietitian)					
25.	DIRECTOR OF DINING/FOOD SERVICES (Not a Dietitian)					
26.	ASST. DIRECTOR OF DINING/FOOD SERVICES (Not a Dietitian)					
ENVIRONMENTAL SERVICES						
27.	DIRECTOR OF ENVIRONMENTAL SERVICES					
28.	SECURITY SUPERVISOR					
29.	HOUSEKEEPING AND LAUNDRY SUPERVISOR					
30.	LAUNDRY SUPERVISOR					
31.	HOUSEKEEPING SUPERVISOR					
32.	MAINTENANCE SUPERVISOR					
ADMINISTRATIVE AND PASTORAL						
33.	DIRECTOR OF PURCHASING					
34.	DIRECTOR OF INFORMATION SERVICES					
35.	DIRECTOR OF PASTORAL SERVICES					
MARKETING						
36.	MARKETING REPRESENTATIVE					
37.	MARKETING COORDINATOR					
38.	ADMISSIONS COORDINATOR					
39.	DIRECTOR OF RESIDENT AND FACILITY SERVICE					
SOCIAL SERVICES						
40.	MEDICAL SOCIAL WORKER, M.S.W.					
41.	SOCIAL SERVICE AND ACTIVITY DIRECTOR					
42.	SOCIAL SERVICE DIRECTOR					

* Report Base Salary Only

Job No.	NONEXEMPT	Number of FTEs in Each Position	Hourly Rates as of March 1		
			Average Hourly Rate*	Hourly Range	
				Minimum	Maximum
NURSING AND THERAPY					
50.	STAFF NURSE (RN)				
51.	CHARGE STAFF NURSE (RN)				
52.	PRACTICAL NURSE (LPN)				
53.	CHARGE NURSE (LPN)				
54.	NURSE PRACTITIONER				
55.	CERTIFIED NURSE AIDE				
56.	NON-CERTIFIED NURSE AIDE				
57.	CERTIFIED MEDICATION TECHNICIAN				
58.	NUTRITION AND HYDRATION ASSISTANT (FEEDING ASSISTANT)				
59.	ACTIVITY AIDE				
THERAPY					
60.	OCCUPATIONAL THERAPIST				
61.	OCCUPATIONAL THERAPY AIDE				
62.	OCCUPATIONAL THERAPY ASSISTANT (COTA)				
63.	PHYSICAL THERAPIST				
64.	PHYSICAL THERAPY ASSISTANT (LPTA)				
65.	PHYSICAL THERAPY AIDE				
66.	RESPIRATORY THERAPIST				
67.	SPEECH THERAPIST/LANGUAGE PATHOLOGIST				
ENVIRONMENTAL SERVICES					
68.	HOUSEKEEPING AND LAUNDRY AIDE				
69.	MAINTENANCE HELPER				
70.	MAINTENANCE MECHANIC I				

*Report Base Hourly Rate Only

Job No.	NONEXEMPT	Number of FTEs in Each Position	Hourly Rates as of March 1		
			Average Hourly Rate*	Hourly Range	
				Minimum	Maximum
ENVIRONMENTAL SERVICES (continued)					
71.	MAINTENANCE MECHANIC II				
72.	SECURITY GUARD				
FOOD SERVICE					
73.	REGISTERED CLINICAL DIETITIAN				
74.	DINING ROOM SUPERVISOR				
75.	CHEF/KITCHEN MANAGER				
76.	CHEF				
77.	SOUS COOK				
78.	COOK				
79.	DIETARY AIDE				
80.	WAITPERSON				
81.	HOSTESS				
ADMINISTRATIVE AND CLERICAL					
82.	BUSINESS OFFICE MANAGER				
83.	ACCOUNTS PAYABLE CLERK				
84.	ACCOUNTS RECEIVABLE CLERK				
85.	CLERK I				
86.	CLERK II				
87.	PAYROLL CLERK				
88.	EXECUTIVE ASSISTANT				
89.	ADMINISTRATIVE ASSISTANT				
90.	RECEPTIONIST				

*Report Base Hourly Rate Only

Fringe Benefits

Please answer the following questions pertaining to Fringe Benefits provided to your full-time employees.

I. CAFETERIA PLAN

Does the Facility offer a Cafeteria Plan for funding employee benefits? YES NO

II. VACATION TIME or PAID TIME OFF (PTO) BANK SYSTEM

(Paid Time Off is the combined compensated time for all Paid Holidays, Excused Paid Absences, Personal Days, Vacation Time and Sick Leave.)

1. Which of the following does the Facility offer? PTO or Vacation Time
2. How many days off are given after the number of years shown are worked?

MANAGEMENT		NONMANAGEMENT		RNS & PROFESSIONALS	
After	Number of Days Off	After	Number of Days Off	After	Number of Days Off
1 Year	_____ Days	1 Year	_____ Days	1 Year	_____ Days
5 Years	_____ Days	5 Years	_____ Days	5 Years	_____ Days
10 Years	_____ Days	10 Years	_____ Days	10 Years	_____ Days
15 Years	_____ Days	15 Years	_____ Days	15 Years	_____ Days
20 Years	_____ Days	20 Years	_____ Days	20 Years	_____ Days

3. When are employees eligible to take Vacation Time or PTO?
- | | |
|---|--|
| <input type="checkbox"/> A. Upon employment | <input type="checkbox"/> D. After 90 days |
| <input type="checkbox"/> B. After 30 days | <input type="checkbox"/> E. After 6 months |
| <input type="checkbox"/> C. After 60 days | <input type="checkbox"/> F. After 1 year |

III. PAID HOLIDAYS (If PTO, skip to question IV.)

1. How many holidays (including Christmas and excluding other religious holidays) are paid though not worked? _____

MANAGEMENT _____	NONMANAGEMENT _____	RNS & PROFESSIONALS _____
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2. How many religious holidays (excluding Christmas) are paid though not worked? _____
3. What is the rate of pay for holidays worked?

	MANAGEMENT	NONMANAGEMENT	RNS & PROFESSIONALS
A. No additional pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 1 1/2 x base pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 2 x base pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 2 1/2 x base pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 3 x base pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Equal time off (no additional pay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When are employees eligible for Paid Holidays?
- | | |
|---|---|
| <input type="checkbox"/> A. Upon employment | <input type="checkbox"/> C. After 60 days |
| <input type="checkbox"/> B. After 30 days | <input type="checkbox"/> D. After 90 days |

IV. EXCUSED PAID ABSENCES (If PTO, skip to question V.)

1. How many days with pay are granted annually for personal leave? (Exclude death in family) _____ Days
2. How many days with pay are granted annually for sick leave? _____ Days
3. How many days with pay are granted per occurrence for death-in-family leave? _____ Days
4. What is the maximum number of days of excused paid absences which can be used or banked? _____ Days
5. After what period of employment may an employee use Paid Days off?
- | | |
|---|--|
| <input type="checkbox"/> A. Upon employment | <input type="checkbox"/> D. After 90 days |
| <input type="checkbox"/> B. After 30 days | <input type="checkbox"/> E. After 6 months |
| <input type="checkbox"/> C. After 60 days | <input type="checkbox"/> F. After 1 year |

V. BREAKS (Not including lunch.)

1. How many breaks are permitted for each shift (not including lunch)? None 1 2 3
 2. What is the time allowed for each break? (Answer in minutes.) 10 min. 15 min. 20 min.

VI. JURY DUTY PAY

What salary payments do employees on jury duty receive?

1. Full pay.
 2. Difference between regular salary and juror's fees.
 3. No salary paid.

VII. EDUCATIONAL ASSISTANCE

- | | MANAGEMENT | NONMANAGEMENT |
|---|--|--|
| 1. Does your Facility have an Educational Assistance Program for COLLEGE LEVEL courses for its employees?
<i>If YES, then answer question 2.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. What reimbursements to employees are made for COLLEGE LEVEL courses? | | |
| A. Full amount of tuition. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Part of tuition. (Indicate Percent.) | _____ % | _____ % |
| C. Up to a fixed dollar amount annually. (Indicate amount.) | \$ _____ | \$ _____ |
| 3. Does your Facility have an Educational Assistance Program for NONCOLLEGE LEVEL courses for its employees?
<i>If YES, then answer question 4.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. What reimbursements to employees are made for NONCOLLEGE LEVEL courses such as nursing personnel training and education, technical training, and business school? | | |
| A. Full amount of tuition. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Part of tuition. (Indicate Percent.) | _____ % | _____ % |
| C. Up to a fixed dollar amount annually. (Indicate amount.) | \$ _____ | \$ _____ |

VIII. GROUP LIFE INSURANCE

- | | MANAGEMENT | NONMANAGEMENT |
|--|--|--|
| 1. Does the Facility carry Life Insurance for its employees?
<i>If YES, answer next question.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Average Annual Premium per Employee \$ _____ or \$ _____ /\$1,000 | | |
| 2. How much insurance is provided for: | | |
| A. Fixed amount (Indicate \$ amount.) | \$ _____ | \$ _____ |
| B. 1 x salary | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 1.5 x salary | <input type="checkbox"/> | <input type="checkbox"/> |
| D. 2 x salary | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other (Indicate.) | _____ | _____ |
| 3. Facility pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Employee pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Facility and employee share cost.
If facility & employee share cost: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Facility Pays _____ % | _____ % |
| 6. What is the waiting period for enrollment? | | |
| <input type="checkbox"/> A. Upon employment | <input type="checkbox"/> D. After 90 days | |
| <input type="checkbox"/> B. After 30 days | <input type="checkbox"/> E. After 6 months | |
| <input type="checkbox"/> C. After 60 Days | <input type="checkbox"/> F. After 1 year | |

IX. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- | | MANAGEMENT | NONMANAGEMENT |
|---|--|--|
| 1. Does the Facility carry AD&D coverage for its employees?
<i>If YES, answer next question.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Average Annual Premium per Employee \$ _____ or \$ _____ /\$1,000 | | |
| 2. How much AD&D is provided for: | | |
| A. Fixed amount (Indicate \$ amount.) | \$ _____ | \$ _____ |
| B. 1 x salary | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 1.5 x salary | <input type="checkbox"/> | <input type="checkbox"/> |
| D. 2 x salary | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other (Indicate.) | _____ | _____ |
| 3. Facility pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Employee pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Facility and employee share cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| If Facility & employee share cost: | Facility Pays _____% | _____% |

X. SHORT-TERM NONOCCUPATIONAL SICKNESS AND ACCIDENT DISABILITY INSURANCE

1. Does the Facility have a Short-Term Nonoccupational Sickness and Accident Disability Insurance Program?
If YES, answer next question. YES NO
2. Are Short-Term Disability benefits provided in addition to State Disability benefits payments? YES NO
3. Facility pays entire cost.
4. Employee pays entire cost.
5. Facility and employee share cost. If Facility & employee share cost: Facility Pays _____% of premium

XI. LONG-TERM NONOCCUPATIONAL SICKNESS AND ACCIDENT DISABILITY INSURANCE

- | | MANAGEMENT | NONMANAGEMENT |
|---|--|--|
| 1. Does the Facility have a Long-Term Nonoccupational Sickness and Accident Disability Insurance Program?
<i>If YES, answer next question.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Facility pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employee pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Facility and employee share cost. | <input type="checkbox"/> | <input type="checkbox"/> |
| If Facility & employee share cost: | Facility Pays _____% | _____% |
| 5. What is the waiting period for enrollment? | | |
| <input type="checkbox"/> A. Upon employment | | <input type="checkbox"/> D. After 90 days |
| <input type="checkbox"/> B. After 30 days | | <input type="checkbox"/> E. After 6 months |
| <input type="checkbox"/> C. After 60 Days | | <input type="checkbox"/> F. After 1 year |

XII. HEALTH INSURANCE

1. Does the Facility have a Health Insurance Program? YES NO
If YES, answer next question.
Average Annual Premium per Employee (employer and employee combined) \$ _____ (Single) Self Funded
2. Employee Coverage
 - A. Facility pays entire cost.
 - B. Employee pays entire cost.
 - C. Facility and employee share cost. Facility Pays _____% of premium

XII. HEALTH INSURANCE (continued)

3. Dependent Coverage

- A. Are dependents covered under the Health Insurance Plan? YES NO
If YES, answer next question.
- B. Facility pays entire cost of dependent coverage.
- C. Employee pays entire cost of dependent coverage.
- D. Facility and employee share cost of dependent coverage. Facility Pays _____% of premium

4. What is the waiting period for enrollment?

- A. Upon employment D. After 90 days
 B. After 30 days E. After 6 months
 C. After 60 Days F. After 1 year

XIII. DENTAL INSURANCE PLAN

1. Does the Facility have a Dental Insurance Plan?

YES NO

If YES, answer next question.

Average Annual Premium per Employee (employer and employee combined) \$_____ (Single) Self Funded

2. Employee Coverage

- A. Facility pays entire cost.
- B. Employee pays entire cost.
- C. Facility and employee share cost. Facility Pays _____% of premium

3. Dependent Coverage

A. Are dependents covered under the Dental Insurance Plan?

YES NO

If YES, answer next question.

- B. Facility pays entire cost of dependent coverage.
- C. Employee pays entire cost of dependent coverage.
- D. Facility and employee share cost of dependent coverage. Facility Pays _____% of premium

4. What is the waiting period for enrollment?

- A. Upon employment D. After 90 days
 B. After 30 days E. After 6 months
 C. After 60 Days F. After 1 year

XIV. VISION INSURANCE PLAN

1. Does the Facility have a Vision Insurance Plan?

YES NO

If YES, answer next question.

Average Annual Premium per Employee (employer and employee combined) \$_____ (Single) Self Funded

2. Employee Coverage

- A. Facility pays entire cost.
- B. Employee pays entire cost.
- C. Facility and employee share cost. Facility Pays _____% of premium

3. Dependent Coverage

A. Are dependents covered under the Vision Insurance Plan?

YES NO

If YES, answer next question.

- B. Facility pays entire cost of dependent coverage.
- C. Employee pays entire cost of dependent coverage.
- D. Facility and employee share cost of dependent coverage. Facility Pays _____% of premium

4. What is the waiting period for enrollment?

- A. Upon employment D. After 90 days
 B. After 30 days E. After 6 months
 C. After 60 Days F. After 1 year

XV. LONG TERM CARE INSURANCE

- 1. Does the Facility have a Long Term Care Insurance program? YES NO
- 2. Employee Coverage
 - A. Facility pays entire cost.
 - B. Employee pays entire cost.
 - C. Facility and employee share cost. Facility Pays _____% of premium

XVI. CHILD CARE PLAN

- 1. Does the Facility sponsor a program for employee childcare? YES NO
If YES, answer next question.
- 2. Which of the following does the Agency offer? On-site child care Off-site child care
- 3. Does Facility offer a discounted rate for using a specific child care provider? YES NO
 - A. Facility pays entire cost of childcare coverage.
 - B. Employee pays entire cost of childcare coverage.
 - C. Facility and employee share cost of childcare coverage. Facility Pays _____%

XVII. PENSION PLAN

- 1. Does the Facility have a Pension Plan? YES NO
If Yes, answer next question.
- 2. Is it a Defined Benefit Plan? YES NO
- 3. Facility pays entire cost. Facility Contributes What Average % of Salary _____%
- 4. Employee pays entire cost. Employee Contributes What Average % of Salary _____%
- 5. Facility and employee share cost. Facility Contributes What Average % of Salary _____%

XVIII. 401(k)/403(b) PLAN

- 1. Does the Facility have a 401(k) or 403(b) Plan? YES NO
- 2. Employee contributes what average percent of salary? _____%
- 3. Does the Facility match employees' contributions? YES NO
If yes, the employer matches, what is the amount?
 - A. _____% of salary.
 - B. _____cents per \$1.00 of employee contribution, up to _____% of salary or \$_____.
- 4. What is the eligibility period for enrollment? Upon employment or _____months/_____hours
- 5. Vesting - number of months until fully (100%) vested. Immediate Vested or _____months

XIX. SEVERANCE

- 1. Does the Facility provide Severance Pay? YES NO
- 2. Indicate Number of Weeks Pay Given for Years in Service.
Number of Weeks _____ Number of Years _____ Maximum Number of Weeks Allowed _____
- 3. Is Pay Contingent Upon Years in Service? YES NO

XX. MILEAGE

- 1. Does the Facility provide mileage expense reimbursement? YES NO
- 2. What is the rate per mile allowed? \$ _____ or 2010 Federal Rate \$0.50 per mile (eff. Jan. 2010)

XXI. PROFESSIONAL ASSOCIATION FEES

- 1. Does the Facility pay the cost of professional association membership fees? YES NO

XXII. EDUCATIONAL AND PROFESSIONAL MEETINGS

- 1. Does the Facility pay for time off for educational and professional meetings? YES NO