



## Confidential Resident Survey

**Facility Name:** \_\_\_\_\_

### Please Check the Box That Best Answers the Question

- |   |  |
|---|--|
| <p>1. What is the most important reason why you or your family selected this facility?</p> <p><input type="checkbox"/> Location</p> <p><input type="checkbox"/> Reputation</p> <p><input type="checkbox"/> Recommendation of doctor or hospital</p> <p><input type="checkbox"/> Recommendation of friend or relative</p> <p><input type="checkbox"/> Other Reason</p> | <p>4. How long have you lived in this facility?</p> <p><input type="checkbox"/> Less than 1 month</p> <p><input type="checkbox"/> 1-3 months</p> <p><input type="checkbox"/> 3-6 months</p> <p><input type="checkbox"/> 6 months to 1 year</p> <p><input type="checkbox"/> 1-3 years</p> <p><input type="checkbox"/> More than 3 years</p> |
| <p>2. Who visits you most often?</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Brother or sister</p> <p><input type="checkbox"/> Other family member</p> <p><input type="checkbox"/> Friend</p>  | <p>5. What is your age?</p> <p><input type="checkbox"/> Under 45</p> <p><input type="checkbox"/> 45-54</p> <p><input type="checkbox"/> 55-64</p> <p><input type="checkbox"/> 65-74</p> <p><input type="checkbox"/> 75-84</p> <p><input type="checkbox"/> 85-94</p> <p><input type="checkbox"/> 95 or over</p>                              |
| <p>3. How often does this person visit you?</p> <p><input type="checkbox"/> One or more times a week</p> <p><input type="checkbox"/> One or more times a month</p> <p><input type="checkbox"/> One or more times a year</p> <p><input type="checkbox"/> Less than once a year</p>   | <p>6. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>   |

### How much do you agree or disagree with the following statements?

7. Thinking about <u>your room</u> , please give us your opinion.	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. My room is comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My room is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My bed linens are changed as often as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My bathroom is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My room is usually the right temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I am satisfied with my room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>8. Thinking about the <u>facility activities</u>, please give us your opinion.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I am able to talk to the Activities Director when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The facility offers activities that I both enjoy and can in which I can participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Activities are offered seven days a week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall, I am satisfied with the activities this facility provides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>9. Thinking about the <u>food and dining experience</u>, please give us your opinion.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I can choose where and when to eat my meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food is tasty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, the menu offers a good variety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have choices of what I want to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The dining room area is clean and comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I get the help I need while eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overall, I am satisfied with my dining experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>10. Thinking about the <u>physical aspects</u> of the facility, please give us your opinion.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I feel safe at this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that my belongings are safe at this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The facility as a whole is well maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall, the facility is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Overall, I am satisfied with the physical aspects of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11. Thinking about the <u>staff and management</u>, please give us your opinion.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I see familiar faces among the staff and care providers daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can rely on staff members for help and answers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The staff and management work to improve my quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The staff treats me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I receive clear explanations about things I need or want to know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I am satisfied with the staff and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>12. Thinking about the <u>overall care provided</u>, please give us your opinion.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I see a doctor when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can receive proper dental care when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with the daily personal care I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with the medical care and routine nursing care I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When rehabilitation therapy is ordered for me, it is provided in a satisfactory manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am satisfied with the restorative nursing care I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13. Thinking about your <u>overall satisfaction</u>, please give us your opinion.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. I would recommend this facility to family, friends or others as a place to consider for nursing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall, I am satisfied with this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your comments below will be entered into a total document of results from this facility and shared with the facility management; however, your identity will not be disclosed.**

14. What do you like best about living at this facility? \_\_\_\_\_

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15. Please give suggestions on how to improve your life at this facility. \_\_\_\_\_

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16. Did you complete the survey without assistance or with someone's help?

**Without** assistance     **With** someone's help

17. If you had someone's help to complete the survey, please provide their name and relationship to you.

Name of person who helped you complete the Survey: \_\_\_\_\_

Relationship to you:     Family Member     Staff Member     Friend     Another Resident     Other

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**Thank you for your participation. If you have any questions or need assistance in completing this Survey, please call 813.341.2709.**

**After completing this form, please mail or fax to:**

By Mail: Senior Care Group  
Attention: Compliance Dept.  
1240 Marbella Place Drive  
Tampa, Florida 33619

By Fax: 813.676.0125