

All surveys are kept anonymous and confidential. Please complete the survey within 7 days and mail back in the postage paid envelope provided. This provider is accumulating and sharing these results with others across the State and Nation to help improve the Quality of Services and Quality of Life and to achieve the highest standards of practice for the communities they serve. The following questions are part of a national initiative to measure the quality of skilled nursing care centers. We greatly appreciate your responses to this survey!

Facility Name

Your Facility Name Here

Rating Guide:

1-Poor 2-Average 3-Good 4-Very Good 5-Excellent

1. In recommending this facility to your friends and family, how would you rate it overall?

1 2 3 4 5

2. Overall, how would you rate the staff?

1 2 3 4 5

3. How would you rate the care you received?

1 2 3 4 5

4. How would you rate the discharge process?

1 2 3 4 5

5. Would you recommend this facility to a friend or family member?

Yes No

6. Who referred you to our facility?

Physician Hospital Friend/Family Other

7. How many communities did you visit before choosing our facility?

Zero 1-2 3-4 5+

8. What is the primary reason you chose our facility?

Location Cost/charge Recommendation Other

9. Did someone help you complete this survey?

No Yes, they read the questions or wrote down my answers Yes, they answered for me

10. Additional Comments: (Completing this section is optional. **All surveys are kept anonymous and confidential.**)