

***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

**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 receive?

1  2  3  4  5

4. Overall, how would you rate the food?

1  2  3  4  5

5. How would you rate the cleanliness and appearance of the facility?

1  2  3  4  5

6. How would you rate the family and community involvement?

1  2  3  4  5

7. Are concerns or other matters resolved quickly and to your satisfaction?

Yes  No  N/A

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

Yes  No

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.**)