

2012 Ohio Nursing Home Family Satisfaction Survey

Facility ID:

Password:

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's nursing home and hospital sub-acute unit residents. Please answer as many questions as you can, even if you were only involved with a nursing home resident for a short stay. If a question does not apply to your resident, or you do not know about the service or care, please check the "Don't know/Does not apply to resident" box.

You may complete your survey via the Internet if you would prefer.

Type the URL <http://www.scripps.muohio.edu/content/2012-family-satisfaction-survey> into the address line of your Internet browser. Choose the link from that page based on the serial number printed on the bottom of this page. You will be asked to enter a facility identification number and password to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the password from the upper right corner when you login to the survey. The first two characters of the password are letters; the rest are numbers. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-888-300-6911** 9:00-4:00, M-F or send e-mail to **familysurvey@muohio.edu**. You may leave a message and a phone number any time and your call will be returned the next business day.

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

John Kasich, Governor
Bonnie Kantor-Burman, Director

Dear Family Member or Friend of an Ohio Nursing Home Resident:

To help ensure that Ohioans have access to high-quality, person-centered services and support, the Ohio Department of Aging has contracted with the Scripps Gerontology Center at Miami University to survey family members and friends of residents of nursing homes and hospital sub-acute units to gather *your* opinions about the nursing home where your relative or friend is staying.

The results of this Family Satisfaction Survey will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltcoho.org) in January 2013. The Consumer Guide assists people in selecting a nursing home by offering comparative information and also helps homes improve their services through the information gathered in this and other surveys. The results may also be used to calculate Medicaid payments to your resident's nursing home.

Your participation is voluntary, but critical. More than 29,000 family members and friends participated in the 2010 survey, and we hope you will join them in offering your insight into the care provided by Ohio's nursing homes.

- You may choose to complete your survey online, or fill out the paper survey that follows.
- Please answer as many questions as you can. If you are unfamiliar with a service or the resident does not use a service, mark the box under "don't know/doesn't apply to resident."
- If your family member has received care in several places, please answer for the home that sent the survey to you (printed on the survey form).
- If you have additional comments or concerns, please contact the Ohio Long-term Care Ombudsman at **1-800-282-1206** for assistance. Nursing homes will not see your written comments.

The information that you provide in this survey will remain anonymous. Nothing on the survey itself identifies you. Use the enclosed envelope to anonymously submit your form to the researchers at Scripps or complete the online version of the family survey, using the instructions on the front cover of this packet.

Please call the Family Satisfaction Survey toll-free helpline at **1-888-300-6911** or e-mail familysurvey@muohio.edu if you have any questions about the survey.

I hope you will help us by responding to this important survey. Your participation can help nursing homes improve their quality, and will help others select the best home for their loved one. **Please complete your survey online within the next two weeks or complete this survey booklet and return it to the Scripps Gerontology Center in the enclosed postage-paid envelope.**

Sincerely,



Bonnie Kantor-Burman, Director

Ohio Department of Aging Family Satisfaction Survey 2012



Marking Instructions

Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well). Please do not use pencil.
If you make a mistake, cross out the incorrect answer and check the correct one.

Correct:

If you make a mistake:

***** Please do not fold your survey *****

Admissions

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, Never</i>	<i>Don't know /Doesn't apply to resident</i>
1. Did the staff provide you with adequate information about the different services in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the staff give you clear information about the cost of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social services

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
4. Does the social worker follow-up and respond quickly to your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the social worker treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
6. Does the resident have enough to do in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the facility activities things that the resident likes to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the resident satisfied with the spiritual activities in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the activities staff treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Choices

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
10. Can the resident get out of bed in the morning when he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can the resident go to bed when he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can the resident choose the clothes that he/she wears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Can the resident fix up his/her room with personal items so it looks like home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the staff leave the resident alone if he/she doesn't want to do anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the staff let the resident do the things he/she wants to do for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the resident encouraged to make decisions about his/her personal care routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct Care and Nursing Staff

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
17. Does a staff person check on the resident to see if he/she is comfortable (asks if he/she needs a blanket, needs a drink, needs a change in position)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. During the weekdays, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. At other times, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are the nurse aides gentle when they take care of the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do the nurse aides treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do the nurse aides spend enough time with the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy

If the resident does not receive therapy (e.g. physical, speech, occupational therapy), mark items 23 and 24 "Don't know/Doesn't apply to resident".

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
23. Do the therapists spend enough time with the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the therapy help the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administration

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
25. Is the administration available to talk with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the administration treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meals and Dining

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
27. Does the resident think that the food is tasty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are foods served at the right temperature (cold foods cold, hot foods hot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Can the resident get the foods he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the resident get enough to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laundry

If the facility does not do resident's laundry, mark items 31 and 32 "Don't know/Doesn't apply to resident".

- | | <i>Yes,
always</i> | <i>Yes,
sometimes</i> | <i>No, hardly
ever</i> | <i>No,
never</i> | <i>Don't
know
/Doesn't
apply to
resident</i> |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 31. Does the resident get their clothes back from the laundry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the resident's clothing come back from the laundry in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Environment

- | | <i>Yes,
always</i> | <i>Yes,
sometimes</i> | <i>No, hardly
ever</i> | <i>No,
never</i> | <i>Don't
know
/Doesn't
apply to
resident</i> |
|---|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 33. Can the resident get outdoors when he/she wants to, either with help or on their own? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Can you find places to talk with the resident in private? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Is the resident's room quiet enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Are you satisfied with the resident's room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Are the public areas (dining room, halls) quiet enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Does the facility seem homelike? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Is the facility clean enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Is the resident's personal property safe in the facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Are you satisfied with the safety and security of this facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
42. Are your telephone calls handled in an efficient manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Do residents look well-groomed and cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is the staff here friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you get adequate information from the staff about the resident's medical condition and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are you satisfied with the medical care in this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Would you recommend this facility to a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Overall, do you like this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background Information

1. How old is the resident (years)?

Example: 101

1	<input type="checkbox"/>	0	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>
4	<input type="checkbox"/>	3	<input type="checkbox"/>
5	<input type="checkbox"/>	4	<input type="checkbox"/>
6	<input type="checkbox"/>	5	<input type="checkbox"/>
7	<input type="checkbox"/>	6	<input type="checkbox"/>
8	<input type="checkbox"/>	7	<input type="checkbox"/>
9	<input type="checkbox"/>	8	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

10

0

1

2

3

4

5

6

7

8

9

2. How old are you (years)?

Example: 85

	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

3. What is your race/ethnicity?

Asian/Pacific Islander <input type="checkbox"/>	Hispanic <input type="checkbox"/>
African American/Black <input type="checkbox"/>	Native American/Indian <input type="checkbox"/>
Caucasian/White <input type="checkbox"/>	Other <input type="checkbox"/>

6. What is your educational level?

Less than high school <input type="checkbox"/>	Completed college <input type="checkbox"/>
High school completed <input type="checkbox"/>	Master's or higher <input type="checkbox"/>

4. Mark the gender for the resident

Male

Female

5. Mark the gender for you

Male

Female

7. Do you expect the resident's total stay in nursing home to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

Less than 1 month

From 1 to 3 months.....

Greater than 3 months

8. On average, how often do you visit the resident?

Daily	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>

9. When you visit the resident, what do you help the resident with?

Help with:

	Always	Sometimes	Never
I. Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Grooming (combing hair, cutting nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Going to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your relationship to the resident?
You are their _____.

Spouse.....	<input type="checkbox"/>	Brother/sister.....	<input type="checkbox"/>
Child.....	<input type="checkbox"/>	Friend.....	<input type="checkbox"/>
Grandchild.....	<input type="checkbox"/>	Parent.....	<input type="checkbox"/>
Niece/Nephew.....	<input type="checkbox"/>	Guardian.....	<input type="checkbox"/>
Son/Daughter in law.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

11. Do you talk to the following staff?

	Always	Sometimes	Never
I. Nurse Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Administrator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How is the resident's nursing home care paid for? (Mark all that apply.)

Medicare	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>
Private Pay (entire bill paid by resident, family funds)	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>
Other Insurance	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

13. Does the resident know the current season?

	Always	Sometimes	Never
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Does the resident recognize you?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15. Does the resident know he/she is in a nursing home?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16. Where was the resident before being admitted to this nursing home? (Mark only one.)

Own home	<input type="checkbox"/>
Hospital.....	<input type="checkbox"/>
Another nursing home.....	<input type="checkbox"/>
Other.....	<input type="checkbox"/>

17. How much help does the resident need with the activities below? Please check the appropriate box.

17a. Eating

- Needs no assistance or supervision from another person.....
- Needs some assistance or supervision from another person.....
- Needs a great deal of assistance or supervision from another person.....
- Resident is totally dependent.....

17c. Dressing

- Needs no assistance or supervision from another person.....
- Needs some assistance or supervision from another person.....
- Needs a great deal of assistance or supervision from another person.....
- Resident is totally dependent.....

17b. Going to bathroom

- Needs no assistance or supervision from another person.....
- Needs some assistance or supervision from another person.....
- Needs a great deal of assistance or supervision from another person.....
- Resident is totally dependent.....

17d. Transferring (moving from or to a bed or chair)

- Needs no assistance or supervision from another person.....
- Needs some assistance or supervision from another person.....
- Needs a great deal of assistance or supervision from another person.....
- Resident is totally dependent.....

Thank you for your time! Your participation will help others know more about Ohio nursing homes. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-48. Place your completed survey in the business reply envelope and drop into the mail.

***** Please do not fold your survey *****

Return to:

**Scripps Gerontology Center
Miami University
Oxford, OH 45056**

