

2010 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. 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. Just type the URL

<http://survey.muohio.edu/snaponline/surveylogin.asp?k=126900590292>

into the address line of your Internet Browser. 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 7 characters in the box at the upper right corner of this page when you are asked for your password. Do NOT complete and return this paper survey if you complete the survey online.

If you still have questions or concerns after reading the letter that follows on page 2, please call the toll-free survey helpline at 1-888-300-6911 between 8:30 and 4:30, Monday through Friday. You may leave a message and a phone number at other times and your call will be returned the next business day.

SERIAL NUMBER

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

Ted Strickland, Governor
Barbara E. Riley, Director

Dear family member or friend:

The Ohio Department of Aging has contracted with the Scripps Gerontology Center at Miami University to survey the family members and friends of residents of nursing homes or hospital sub-acute units to gather *your* opinions about the facility where your relative or friend is staying. We surveyed residents in 2009 and will do so again in 2011, but this year, we want to hear from **you** about the services your loved one receives.

The results of this Family Satisfaction Survey, compiled for each facility, will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltcoho.org) in January 2011. The Consumer Guide assists people in selecting a nursing home by offering comparative information about facilities and also helps facilities improve their services through the information gathered in this and other surveys.

Your participation is voluntary, but critical. More than 24,000 family members and friends participated in this survey in 2008, 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 enclosed. 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 next to "don't know/doesn't apply to resident." If your family member has received care in several places, please base your responses on your knowledge of the facility that sent the survey to you (printed on the survey form). If you have additional comments not covered by the questions, please note them on a separate sheet of paper and return it with your survey. Please indicate whether you would like your comments shared with the facility.

The information that you provide in this survey will remain anonymous. Nothing on the survey identifies you and the resident's name, and your name appears only on the envelope mailed to you. Your participation will not directly affect the care your loved one receives. You will not return the survey to the facility. 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.

If you would like to verify the information in this letter or have any questions about the survey, call the Family Satisfaction Survey toll-free helpline at **1-888-300-6911**. If you have a current concern about a nursing home, please call the Ohio Long-term Care Ombudsman at **1-800-282-1206** for assistance.

I hope you will help us by responding to this survey. Your participation can help make the services at the facility more responsive to the needs of its residents and will help others select the best facility for them and their loved ones. **Please complete your survey online within the next two weeks or complete this survey booklet that you may return to the Scripps Gerontology Center in the enclosed postage-paid envelope.**

Sincerely,

Barbara E. Riley, Director
Ohio Department of Aging

50 W. Broad Street / 9th Floor
Columbus, OH 43215-3363 U.S.A.
www.aging.ohio.gov

614 | 466-5500 Main
614 | 466-5741 Fax
614 | 466-6191 TTY

Ohio Department of Aging Family Satisfaction Survey 2010



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"/>
4. Overall, were you satisfied with the admission process?	<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>
5. 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"/>
6. Does the social worker treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, are you satisfied with the quality of the social workers in the facility?	<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>
8. 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"/>
9. 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"/>
10. 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"/>
11. Does the activities staff treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, are you satisfied with the activities in the facility?	<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>
13. 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"/>
14. 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"/>
15. Can the resident bring in belongings that make his/her room feel homelike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. 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"/>
17. Does the staff let the resident do the things he/she is able to do for himself/herself?	<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>
18. 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"/>
19. During the week, 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. During the weekends, 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"/>
21. During the evening and night, is a staff person available to help the resident if he/she needs it (get a blanket, get a drink, needs a change in position)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. 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"/>
23. Do the nurse aides treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do the nurse aides spend enough time taking care of the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Overall, are you satisfied with the nurse aides who care for the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy

27. Does the physical therapist spend enough time with the 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>
<input type="checkbox"/>				

28. Does the occupational therapist spend enough time with the resident?

<input type="checkbox"/>				
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Administration

29. Is the administration available to talk with you?

<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>
<input type="checkbox"/>				

30. Does the administration treat you with respect?

<input type="checkbox"/>				
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31. Overall, are you satisfied with the administration here?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Meals and Dining

32. Does the resident think that the food is tasty?

<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>
<input type="checkbox"/>				

33. Are foods served at the right temperature (cold foods cold, hot foods hot)?

<input type="checkbox"/>				
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34. Can the resident get the foods he/she likes?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

35. Does the resident get enough to eat?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

36. Overall, are you satisfied with the food in the facility?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Laundry

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 37. 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"/> |
| 38. 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

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|---|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 39. 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"/> |
| 40. 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"/> |
| 41. Is the resident's room quiet enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you satisfied with the resident's room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are the public areas (dining room, halls) quiet enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Does the facility seem homelike? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Is the facility clean enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Are the resident's belongings safe in the facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. 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>
48. Are your telephone calls handled in an efficient manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do residents look well-groomed and cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is the staff here friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. 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"/>
52. 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"/>
53. 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"/>
54. Overall, do you like this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROOF

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. Administrators(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?

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

15. Does the resident know he/she is in a nursing home?

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

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.....

PROOF

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 1-54. 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**

PROOF

SERIAL NUMBER