



## Department of Aging

John Kasich, Governor  
Beverley L. Laubert, Interim Director

Dear Family Member or Friend of an Ohio Long-Term Care Facility Resident:

You have the right to expect excellence from the providers who give long-term care and support to your loved ones. At the Ohio Department of Aging, we work every day to help our elders and their families seek and receive the highest quality care and live the highest quality of life possible at every nursing home and assisted living facility in the state.

We are working with the Scripps Gerontology Center at Miami University to survey family members, friends or guardians of Ohioans who live in long-term care facilities, including nursing homes, residential care facilities and hospital sub-acute units. We want to know what you think about your relative's or friend's home. The results of this Family Satisfaction Survey will be posted on the Ohio Long-Term Care Consumer Guide Web site ([www.ltc.ohio.gov](http://www.ltc.ohio.gov)) early in 2019. The Consumer Guide helps people select a long-term care provider by offering comparative information. The survey results also help long-term care providers improve their services.

I hope you will add your voice to this important conversation about quality care. The information that you provide in this survey is anonymous; nothing on the survey identifies you, and providers will not see your responses to the multiple-choice questions. Your participation is voluntary, but critical. More than 32,000 family members and friends participated in the 2016 survey.

You may submit your survey responses online using the instructions on the front cover of this packet or complete the printed survey form and return it anonymously to the researchers at Scripps using the enclosed postage-paid envelope. If your family member has received care in several places, please respond thinking about the home identified on the form. Even if their stay was a short one or they have already returned home, your input about their brief experience is still very important.

**Please submit or mail your survey responses within two weeks of receiving this packet.**

Call the Family Satisfaction Survey toll-free helpline at **1-844-864-0049** between 9 a.m. and 4 p.m. or e-mail [familysurvey@miamioh.edu](mailto:familysurvey@miamioh.edu) if you have any questions about the survey.

If you have concerns about the care your loved one is receiving, please contact the Office of the State Long-term Care Ombudsman at **1-800-282-1206** for assistance. Comments written on the survey form itself may not otherwise be seen by an ombudsman who can help.

Thank you for your participation.

Sincerely,

Beverley L. Laubert  
Interim Director

# Ohio Department of Aging Nursing Home Family Satisfaction Survey 2018

**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 \*\*\***

## Moving In

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
1. When the resident moved in, were you given thorough information to help you know what to expect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the resident given a thorough orientation to the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you feel warmly welcomed as a new family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Spending Time

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
4. Does the resident have something enjoyable to look forward to most days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the staff do a good job keeping the resident connected to the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the resident have plenty of opportunities to do things that are meaningful to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the resident like the provided activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the nursing home provide things the resident enjoys doing on the weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have plenty of opportunities to be involved in the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Care and Services**

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
10. Are the resident's preferences about daily routine carried out (e.g. time and place for meals and time and type of bath)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have enough opportunities for input into decisions about your resident's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you get enough information to make decisions with or about your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Caregivers**

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
13. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do the staff know what the resident likes and doesn't like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do the staff regularly check to see if the resident needs anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you gotten to know the staff who care for your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do the staff come quickly anytime your resident needs help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Meals and Dining**

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
18. Is there a lot of variety in the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are you included in mealtimes if you want to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the food good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Environment**

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
21. Is the nursing home thoroughly clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Can the resident get outside often enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have a good place to visit privately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are the resident's belongings safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Facility Culture**

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
25. Are you encouraged to speak up when you have a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are your concerns addressed in a timely way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you kept well informed about how things are going with your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do the staff seem happy to work at the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do the staff go above and beyond to give your resident a good life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g. things like completing paperwork, purchasing clothing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Would you highly recommend this nursing home to a family member or friend?	<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**

		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

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9

0

1

2

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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 this 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:**

	Never	Sometimes	Always
I. Eating	<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"/>	Professional /Volunteer Guardian.	<input type="checkbox"/>
Son/Daughter in law.	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

**11. Do you talk to the following staff?**

	Never	Sometimes	Always
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 much help does the resident need with the activities below? Please check the appropriate box.**

**12a. Taking medication**

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.....

**12c. 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.....

**12b. 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.....

**12d. 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's nursing homes. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-32. 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

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Your comments below will be shared anonymously with the nursing home and the Ohio Long-Term Care Ombudsman 's office: