



Satisfaction Survey 2017

(POA/ FAMILY)

Name: _____

Date: _____

The goal of this survey is to learn about the satisfaction of care that your Loved One receives at Knollcrest Lodge and to improve the quality of care we provide.

This survey should take approximately 10 minutes. Your participation in this study is completely voluntary. No matter whether you decide to complete the interview or refuse to participate, your Loved One's care here will not be affected in any way. You can skip over any questions you don't want to answer and you can stop participating at any time. All of your answers are completely confidential.

By participating in this survey, you will help us develop better ways of assessing and providing the optimal quality of care for all residents at Knollcrest Lodge.

1 = Never 2 = Rarely 3 = Mostly 4 = Always

1. What number would you use to rate how well the staff listen to your Loved One?	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comments: <hr/>
2. What number would you use to rate your Loved One having a voice and being able to speak up about the Home: <ul style="list-style-type: none"> • He/She can express an opinion without fear of consequences. 	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Overall Satisfaction: <ul style="list-style-type: none"> • Would you recommend Knollcrest as a Home to others? 	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Physical Needs: <ul style="list-style-type: none"> • My Loved One's physical needs are met through services available at Knollcrest. 	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Social Needs: <ul style="list-style-type: none"> • My Loved One was offered meaningful social activities in the past week. 	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Spiritual Needs: <ul style="list-style-type: none"> • My Loved One can participate in religious activities that have meaning to him/her. (if desired) 	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. Cultural Needs: <ul style="list-style-type: none"> • My Loved One's cultural choices are respected 	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Staff treats My Loved One with dignity and respect.	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. My Loved One enjoys mealtimes in the dining room.	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10. My Loved One finds his/her room comfortable.	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11. My Loved One's room and washroom are cleaned to his/her satisfaction.	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Knollcrest Lodge Satisfaction Survey 2017 Cont'd.		(POA/FAMILY)
12. Is your Loved One able to make choices about his/her bedtime? Or when to get up?	Yes No	Comments:
13. Have you ever seen Your Loved One being treated rudely by staff? (if No – skip to 16)	Yes No	
14. If yes, did you report it?	Yes No	
15. If yes, did the home staff act promptly to investigate and correct the situation?	Yes No	
16. Is Your Loved One content with his/her bath- day and time?	Yes No	
17. Do you feel Your Loved One is Safe within his/her Home at Knollcrest?	Yes No	

Additional Comments and Concerns:



Please complete and return this survey to the Main Office. Thank you for your participation.