

Facility ID:

OH

2021 Ohio Nursing Home Family Satisfaction Survey

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. This survey 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/Not applicable" box. You may skip any question you don't want to answer. Do NOT remove this page from your survey. We need it to know which facility you are responding about.

You may have received a text message with a link to the online survey on your phone. **You may also complete your survey online using your computer.** Type the URL <http://miamioh.edu/scrippsaging/Nhome-family-survey> into the address line of your Internet browser or **scan the QR code at the bottom of this page with the QR Code scanner on your smart phone or tablet.** You will be asked to enter a facility identification number and serial number to login to the survey from your browser. Type the facility ID (the numbers in the box in the upper right corner of this page next to "OH") **exactly** as it appears. Enter the serial number from the lower right corner of this page when you login to the survey. **Do NOT complete and return this paper survey if you complete the survey online.**

We would also like your responses to a brief survey about the COVID-19 experience in the nursing home if your resident was in the facility prior to May 2021 during the visitation restriction. Type the URL <http://tinyurl.com/covidfamilysatisfaction21> into your browser to access the survey.

If you have questions or concerns after reading the letter from ODA on the next page, please call the toll-free survey helpline at **1-844-864-0049**, Monday-Friday, 9 am - 4 pm or send an e-mail to familysurvey@miamioh.edu. You may leave a message and a phone number any time and your call will be returned the next business day. If you have questions or concerns about the rights of research subjects or the voluntariness of participation contact the Miami University Research Ethics and Integrity Office at 513-529-3600 or humansubjects@miamioh.edu.



PLEASE DO NOT FOLD YOUR SURVEY.



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 Ohioans receive the highest quality care and live the highest quality of life possible at every nursing home and assisted living facility in the state. Through a partnership with the Scripps Gerontology Center at Miami University, we are surveying family members, friends, or guardians of Ohioans who live in or receive services from a long-term care facility including a nursing home, assisted living facility, or hospital sub-acute unit. The results of this Family Satisfaction Survey will be posted on the Long-Term Care Consumer Guide Web site (www.ltc.ohio.gov) in 2022.

The COVID-19 public health emergency has been particularly difficult for residents and family members, so sharing your opinions about how well services are being provided is more important than ever. The consumer guide helps families select a long-term care provider by offering comparative information and the survey results help providers improve their services. Even if their stay was a short one or they have already returned home, your input about their brief experience is still very important to the conversation about quality care and quality of life.

While your participation is voluntary, it is critical. The information that you provide in this survey is anonymous; nothing on the survey identifies you or your loved one, and providers will not see your responses to the multiple-choice questions. More than 32,000 family members and friends already participated in the 2018 survey.

Please submit your survey responses within two weeks of receiving this packet by using the online instructions on the front cover of this packet or completing the printed survey form and returning it anonymously to the researchers at Scripps Gerontology Center using the enclosed postage-paid envelope. If you have questions or concerns about the survey, a toll-free helpline is available at 1-844-864-0049 to assist.

As a reminder, the Office of the State Long-Term Care Ombudsman stands ready to help if you have concerns about the care your loved one is currently receiving. We encourage you to contact their office at 1-800-282-1206 as comments written on the survey form itself may not be seen timely by an ombudsman who can help.

Sincerely,

Ursel J. McElroy

Ursel J. McElroy
Director, Ohio Department of Aging

Fostering sound public policy, research, and initiatives that benefit older Ohioans.

Ohio Department of Aging Nursing Home Family Satisfaction Survey 2021

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 *****

Admission

	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't know /Not Applicable
1. When the resident first went to the nursing home, 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

	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't know /Not Applicable
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. Is the resident's daily routine (e.g., time and place for meals and time and type of bath) scheduled the way they like?	<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., 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)?

2. How old are you (years)?

3. What is your race/ethnicity?

Asian/Pacific
Islander

☐

Hispanic

☐

African
American/Black

☐

Native

☐

American/Indian

Caucasian/White

☐

Other

☐

4. Mark the gender for the resident.

☐

Male

☐

Female

5. Mark the gender for you.

☐

Male

☐

Female

6. What is your educational level?

Less than high
school

☐

Completed college

☐

High school
completed

☐

Master's or higher

☐

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. What funding sources currently pay for your resident's stay? Check all that apply.

Private/Self pay..... ☐

Long-term care insurance..... ☐

Medicare..... ☐

Medicaid..... ☐

MyCare Ohio Plan (Aetna, Buckeye, CareSource, Molina, or United)..... ☐

Veteran's Administration..... ☐

Other funding source..... ☐

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

Spouse..... ☐ Brother/Sister..... ☐

Child..... ☐ Friend..... ☐

Grandchild..... ☐ Parent..... ☐

Niece/Nephew..... ☐ Professional/Volunteer Guardian .. ☐

Son/Daughter in law..... ☐ Other..... ☐

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

Daily..... ☐ Two or three times a month..... ☐

Several times a week..... ☐ Once a month..... ☐

Once a week..... ☐ Few times a year..... ☐

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

Help with:

	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>
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"/>

12. Do you talk to the following staff?

	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>
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"/>

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

13a. 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..... ☐

13c. 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..... ☐

13b. 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..... ☐

13d. 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..... ☐

For Informational Purposes Only

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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.

Facility ID:

OH

Year:

***** 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. If you have an emergency situation, please call the Ohio Long-Term Care Ombudsman's office at 1-800-282-1206.

For Informational Purposes Only

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