



## Six-Week Client Satisfaction Survey

Resident's Name:

Date:

Completed by:

Relationship to Resident:

Will you be able to attend the care conference? Yes                      No

In order to assist us in improving the quality of our services, we would appreciate it if you would take a moment to answer the following questions. You may wish to discuss them with a family member or friend and have them fill it out. In some cases it may be necessary for the family member, friend, or power of attorney to complete them. This information will be used as part of your annual care conference.

Please check the box that most closely reflects your views. Please feel free to make additional comments.

***Note: If you cannot answer any question because you don't know or don't have sufficient information please tick the "INS" line or the N/A (Not Applicable) line.***

### 1. Administration / General

1. How would you rate your experience being admitted to the Lodge?

- Excellent
- Good
- Fair
- Poor
- INS
- N/A

Comments and/or suggestions for improvement:

2. Is there anything that could be done to improve this process?

YES NO

Comments:

3. Did the orientation package provide you with the information needed?

YES NO

Comments:

4. How did you hear about Nisbet Lodge?

5. Why did you choose to live here?

6. Are you aware of how to communicate your needs to staff?

YES NO

Comments:

## 2. Nursing

1. Is the nursing staff aware of your medical needs?

YES                  NO

Comments:

## 3. Doctor

1. If you use an in-house physician, how would you rate your medical assessment and ongoing treatment?

Excellent  
Good  
Fair  
Poor  
INS  
N/A

## 4. Maintenance

1. Was your room in good repair when you arrived?

YES                  NO

Comments:

2. Is there anything that needs repair now?

YES NO

Comments:

## 5. Housekeeping

1. Was the room clean when you arrived?

YES NO

Comments:

2. Is your room maintained in a clean manner?

YES NO

Comments:

## 6. Laundry

1. Were your clothes labelled and returned to you in a quick and efficient manner?

YES NO

Comments:

2. Is your laundry returned to you in a timely manner?

YES NO

Comments:

## 7. Physiotherapy

1. If applicable, how would you rate this service?

Excellent  
Good  
Fair  
Poor  
INS  
N/A

Comments:

## 8. Activation

*(See attached Activation Department Resident Participation Report)*

1. How would you rate the Lodge's activity programs you are involved in?

Excellent  
Good  
Fair  
Poor  
INS  
N/A

Comments:

2. Are there new programs you would be interested in getting involved in?

YES NO

Comments:

## 9. Accounting

1. Have you received your first monthly statement?

YES NO

2. Is the statement clear?

YES NO

Comments:

## 10. Food Services

1. Are you aware that there is an alternative meal selection at each meal?

YES NO

Comments:

2. Do the staff ask which menu item you wish?

YES NO

Comments:

3. How would you rate the meals?

Excellent  
Good  
Fair  
Poor  
INS  
N/A

Comments:

4. How would you rate the service?

Excellent  
Good  
Fair  
Poor  
INS  
N/A

Comments:

## 11. Spiritual

1. Have you had a pastoral visit since you entered Nisbet Lodge?

YES NO

Comments:

2. Do you feel your spiritual needs are being met?

YES NO

Comments:

## 12. Reception

1. Is reception staff friendly?

YES NO

Comments:

2. Are reception staff knowledgeable about our services?

YES NO

Comments:

## 13. Volunteers

1. Have you received a visit from a member of the Hospitality Committee?

YES

NO

Comments:

## 14. Overall

1. Do you feel you are treated with respect by the staff at Nisbet Lodge?

YES

NO

Comments:

**It is our policy to follow up on indicated areas of concern. If you do not wish to be personally contacted, please indicate so by marking an "X" in the box.**

# Nisbet Lodge Staff Follow-up

Date of Care Conference: \_\_\_\_\_

Comments:

## No further action necessary.

Completed original to Director of Human Resources & Staff Development.

Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Job Designation: \_\_\_\_\_

## Action(s) taken following Care Conference

## Date Completed & Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Follow-up Completed

Action(s) completed & original sent to Director of Human Resources & Staff Development.

Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Job Designation: \_\_\_\_\_

*Copy to: Director of Care, Resident Care Managers, Resident Care Coordinators, Director of Finance, Director of Activation, Executive Director, Doctor, Director of Food Services, Registered Dietician, Director of Environmental Services, Director of Quality Improvement, Chaplain, and Physiotherapy.*