

CALVARY PLACE PERSONAL CARE HOME

Resident & Family Satisfaction Survey



THE RESULTS OF SURVEYS ARE EVALUATED AND USED TO IMPROVE THE CARE
AND OPERATION OF CALVARY PLACE.

Please answer the following survey questions as best you can, keeping your loved one's feelings in mind.

The completion of this questionnaire is optional; ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

PERSONAL HEALTH CARE	YES	NO	COMMENTS
1. Do you consistently have the same staff look after you?			
2. Do you participate in decisions regarding your care?			
3. Are you allowed to decide your daily routine e.g. do you go to bed at the time you want?			
4. Are staff available when you need them?			
5. Do you receive help promptly when you need to go to the bathroom?			
6. Do you feel you are treated with respect by staff?			
7. Are staff respectful of your need for privacy?			
8. Are you satisfied with the quality of personal care you receive?			

SAFE PATIENT HANDLING AND DEVICES	YES	NO	
1. Are you satisfied with the assistive devices available to assist with transfers? eg. mechanical lifts, ceiling lifts, Sit/Stand lifts			
2. Are you satisfied with assistive devices for bed mobility? i.e. sliders			
3. Are you satisfied with the assessment and assistance you receive with mobility? eg. equipment, staff assist			
4. Do you feel safe during transfers and during mobility?			

COMMUNICATION WITH STAFF	YES	NO	
1. Do you feel comfortable raising concerns with staff?			
2. Are you listened to when you have concerns?			
3. Do you feel assured that personal and medical information about yourself is confidentially treated?			
4. Are you being called by the name of your choice?			
5. Are you aware/advised of your medical condition and any changes to that condition?			
6. Are you kept informed of changes etc. at the Home?			

SPIRITUAL/RELIGIOUS/CULTURAL	YES	NO	
1. Are you given the choice to attend or not to attend worship services?			
2. Is support given in times of spiritual and emotional distress?			
3. Are your religious and/or cultural needs & beliefs respected?			

SOCIAL LIFE	YES	NO	
1. Do you have an opportunity to meet residents with similar interests and backgrounds?			
2. Do you feel welcome to have family celebrations at Calvary Place?			
3. Do you take part in social/recreational activities planned by the staff?			
4. Do you feel that your recreational needs have been met?			
5. Are you aided in having a meaningful life at Calvary Place?			

MEALS	YES	NO	
1. Are the serving sizes of meals appropriate for you?			
2. Is the temperature of food appropriate?			
3. Is the dining area neat and clean?			
4. Does the serving staff treat you with respect and professionalism?			
5. Is mealtime a pleasant experience?			

LAUNDRY	YES	NO	
1. Is the quality of laundry services satisfactory?			
2. Are your clothes stored neatly in closet/dresser?			

PHYSICAL SURROUNDINGS	YES	NO	
1. Is the temperature of the building comfortable?			
2. Is the noise level of the Home at an acceptable level?			
3. Do you feel safe and secure?			
4. Is your room organized the way you wish?			
5. Are maintenance requests attended to in a timely manner?			
6. Do you feel at home?			

BUSINESS	YES	NO	
1. Are you happy with how your financial affairs are handled?			
2. Are the hours of availability of the Accounting office suitable?			

Do you have any concerns or suggestions that would help improve your life at Calvary Place?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

Return the completed questionnaire to **Helmut Plett**, CEO/DOC, at hplett@calvaryplace.mb.ca

YOUR EVALUATION/COMMENTS ARE GREATLY APPRECIATED.

GOD BLESS!