

RE: FACILITY NAME

[RID]

Thinking of your overall experience at this facility during your recent stay, please fill in the response that best describes your experience. Use pencil or pen (blue or black ink). Like this: ● Not like this: ○

Admissions

	Strongly Agree			Strongly Disagree	Not Applicable
1. I felt welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The person that did my admission paperwork took enough time to explain the material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I arrived, all the supplies and equipment I needed were available (for example, special mattress, bedside commode, oxygen).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The staff oriented me to the equipment in my room (including call light).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The staff oriented me to the daily schedule (including meal times).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clinical Care

	Definitely or Almost Always			Rarely/ Never	Not Applicable
6. When I was there, I was confident that the staff knew their jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was included as decisions were made concerning my health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was satisfied that the facility provided me with "best available" medical treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The nurses were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My pain was well controlled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The nursing assistants were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The nursing staff informed me about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your daily life during your stay.

Fill in the response that describes you best. Use pencil or pen (blue or black ink). Like this: ● Not like this: ○ ~~○~~

Therapy

	Definitely or Almost Always			Rarely/ Never	Not Applicable
13. My therapy included realistic preparation for going home (climbing stairs, dressing, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The therapist encouraged me to do my exercises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The therapist explained the purpose of each exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The exercises helped me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The therapists were courteous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The therapy staff involved me in the therapy plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The therapists told me about my progress from day to day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The therapist knew what was safe for me to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The length of each therapy session was:	<input type="radio"/> Too Long	<input type="radio"/> Just Right	<input type="radio"/> Too Short		

Assistance

	Definitely or Almost Always			Rarely/ Never	Not Applicable
22. Someone answered my call for help/assistance right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I received help getting in and out of bed when I requested it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Staff helped me bathe as often as I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Problems were solved to my satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your daily life during your stay.

Fill in the response that describes you best. Use pencil or pen (blue or black ink). Like this: ● Not like this: ○

Communication

	Definitely or Almost Always			Rarely/ Never	Not Applicable
26. The staff talked with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. The staff listened to what I said.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. A staff member (such as a social worker, head therapist, or head nurse) coordinated my stay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dining

	Definitely or Almost Always			Rarely/ Never	Not Applicable
29. I received a variety of foods there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I received fresh fruits and vegetables there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Food was served at the right temperature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I received the food I ordered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Environment & Safety

	Definitely or Almost Always			Rarely/ Never	Not Applicable
33. I was kept awake by noise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. The temperature in my room was comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. The facility smelled clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I felt safe there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discharge

37. To my knowledge, the decision to discharge me was made by (check all that apply):

- the doctor the facility staff
 the insurance company my family and/or me

38. I was discharged (check only one):

- before I was physically ready too long after I was physically ready
 at just about the right time

39. My family was involved in care conferences as much as I wanted them to be.

Strongly Agree Strongly Disagree Not Applicable

-

40. Post discharge arrangements were made.

-

41. I felt prepared for discharge.

-

42. I was given adequate discharge instructions.

-

43. The discharge plan met my needs after I left the facility.

-

Overall Satisfaction

44. Overall were you satisfied with this facility?

Yes No Don't Know Not Applicable

-

45. Would you recommend this facility to a friend?

-

46. Overall, what grade would you give Fair Oaks Nursing & Rehab Llc, where A is the best it could be and F is the worst it could be?
(Think of grades in school where A is the highest grade and F is the lowest grade.)

A B C D F DK/NA

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Thank you!

47. Who completed this survey? (Check all that apply.)

- Short Stay Resident (me/myself) Friend Other
 Spouse Other Family Member (for example, son, daughter)

Please return your completed questionnaire in the pre-paid envelope to Vital Research, 6380 Wilshire Blvd. Ste 1700, Los Angeles CA 90048. If you have any questions, please call Marissa Hughes at (888) 848-2555.