



RE: Your recent stay at [Facility Name]  
Discharge Date: XX/XX/XXXX

Dear Recent Nursing Home Resident/Rehab Patient:

The Minnesota Department of Human Services (DHS) and the Minnesota Department of Health work together to improve the quality of our state's nursing homes. We want consumers to be pleased with their experience and receive the best possible care.

DHS is asking consumers with a recent stay in a nursing home about their experience. The enclosed questionnaire would like your honest opinions. We will not share your answers with the nursing home. Instead, we will combine the nursing home's surveys into a report to guide improvement efforts.

DHS will also report a summary of results on our Minnesota nursing home report card website at <http://nhreportcard.dhs.mn.gov>. The report card includes clinical care, quality of life and consumer satisfaction, and other information. This website helps people choose the right nursing home for them and motivates nursing homes to improve.

Please complete the survey and return it in the enclosed, pre-paid envelope. The survey will be mailed to Vital Research, an independent research firm. Vital Research is required to collect your information in a completely confidential manner.

Thank you for taking the time to share your opinions with us. If you have questions about this survey, please contact Teresa Lewis at DHS at 651-431-4208 or [Teresa.Lewis@state.mn.us](mailto:Teresa.Lewis@state.mn.us), or visit [vitalresearch.com/mnshortstay2017](http://vitalresearch.com/mnshortstay2017).

**If you would like to make a formal complaint about your stay, please call the Minnesota Adult Abuse Reporting Center toll-free at 1-844-880-1574.**

Sincerely,

A handwritten signature in cursive script that reads 'Valerie Cooke'.

Valerie Cooke, Director  
Nursing Facility Rates and Policy Division  
Department of Human Services

<<Resident\_ID>>