



Implementation of the 2016 Ohio Nursing Home and Residential Care Facility Family Satisfaction Survey

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SCRIPPS GERONTOLOGY CENTER
An Ohio Center of Excellence



MIAMI UNIVERSITY

**Implementation of the 2016
Ohio Nursing Home and Residential Care
Facility Family Satisfaction Surveys**

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EXECUTIVE SUMMARY

The Ohio Long-Term Care Consumer Guide (OLTCCG), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes and residential care facilities (RCFs) as well as inspection reports, quality measures, and other information useful to consumers. Ohio Revised Code 173.47 requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This year, for the first time, RCF families were included in the survey process. This report presents information about the eighth implementation of the Ohio Nursing Home Family Satisfaction Survey and the first RCF family survey in 2016. The survey implementation was conducted by the Scripps Gerontology Center at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc.

This year Scantron created and mailed survey packets to over 50,000 (50,533) family members and friends of Ohio nursing home residents and over 24,000 (24,208) families of RCF residents.

Since the first administration of the family survey in 2001, the number of nursing homes participating has shown dramatic increases. In 2001, 687 facilities participated, compared to 904 in 2008, 933 in 2010, 947 in 2012 and 2014, and 945 in 2016. The number of families responding has increased from 20,226 to a high of 29,873 in 2010 followed by 27,008 in 2012, 23,639 in 2014, and 20,945 in 2016. Six-hundred twenty-seven RCFs and 12,559 families participated in the first RCF survey.

On average, in each nursing home, about four in 10 (41.4%) of family members contacted completed a survey on paper or online. The characteristics of family respondents have remained consistent over time. The majority of those who respond are female, adult children of nursing home residents who are very involved with the residents. Over half (56.1%) visit several times per week or daily. Many also assist their residents in the nursing home; for example over two-thirds (68.1%) assist their family member with going to activities. About 10% (9.1%) expect their resident's stay to be less than three months; nine in 10 (90.9%) say longer than three months.

Our RCF respondents are similar to the nursing home family and friends. The RCF response rate was much higher with over half (53.2%) of families responding to the survey. They are also female, adult children who visit often. Over half (53.3%) visit daily or several times per week. Almost all (97.9%) expect their resident to be in the RCF longer than three months.

In 2015, we did extensive work to refine all of the nursing home and RCF surveys and develop a new survey for RCF families who had not been included in the survey process in prior years. The new surveys, based on interviews and focus groups with residents and families across Ohio, reflect changing preferences, and include many more items that reflect a desire for person-centered care practices. This process and survey refinements are described in a separate report (Straker, McGrew, Dibert, Burch, & Raymore, 2016).

Ohio's consumer guide website (www.ltc.ohio.gov) provides comprehensive information about Ohio nursing homes and RCFs as well as other aspects of long-term care. Family satisfaction is one important component to assist prospective residents and their caregivers in choosing a nursing home or an RCF. Family satisfaction also provides an important starting point for facilities to improve their care. After 15 years in existence the consumer guide now contains information for all facility families that reflects new consumer expectations for Ohio facilities.

BACKGROUND

The Ohio Long-Term Care Consumer Guide (OLTCCG, www.ltc.ohio.gov), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. Implemented in 2001, the OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes and residential care facilities (RCFs) as well as inspection reports, quality measures, and other information useful to consumers. Ohio Revised Code 173.47 requires the collection of family and resident nursing home and residential care facility satisfaction data in alternating years. This report presents information about the eighth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2016 and the first implementation of the family residential care facility survey. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc.

The process of implementing the mailed survey to family members of nursing home and residential care facility residents throughout Ohio began in March 2016, with estimations of survey volume for production planning.

2016 UPDATES

In 2015, the Scripps Gerontology Center contracted with the Ohio Department of Aging (ODA) to develop a new survey for family members of residential care facility residents, and updates the surveys for nursing home families and RCF and nursing home residents. Previous surveys were developed in 2001, and ODA felt that consumer expectations have changed and a new emphasis on person-centered care practices was not adequately reflected in the items on the previous surveys. Their concerns were borne out as researchers at Scripps conducted a number of focus groups with residents, families, providers, and stakeholders during the summer of 2015.

Table 1. 2016 and 2014 Nursing Home Family Survey Domain Comparison

2016 Revised Family Survey Domains	2014 Nursing Home Family Survey Domains
Moving In (3 items)	Admissions (3 items)
	Social Services (3 items)
Spending Time (6 NH, 7 RCF)	Activities (4 items)
Care and Services (3 items; 1 item differs between NH and RCF)	Choice (7 items)
Caregivers (5 NH, 6 RCF)	Direct Care & Nursing (6 items)
	Therapy (2 items)
	Administration (2 items)
Meals & Dining (3 items)	Meals & Dining (4 items)
	Laundry (2 items)
Environment (NH 4 items, RCF 3 items)	Resident Environment (4 items)
	Facility Environment (5 items)
Facility Culture (8 items)	General (7 items)
Total (NH 32 items, RCF 33 items)	Total 49 items

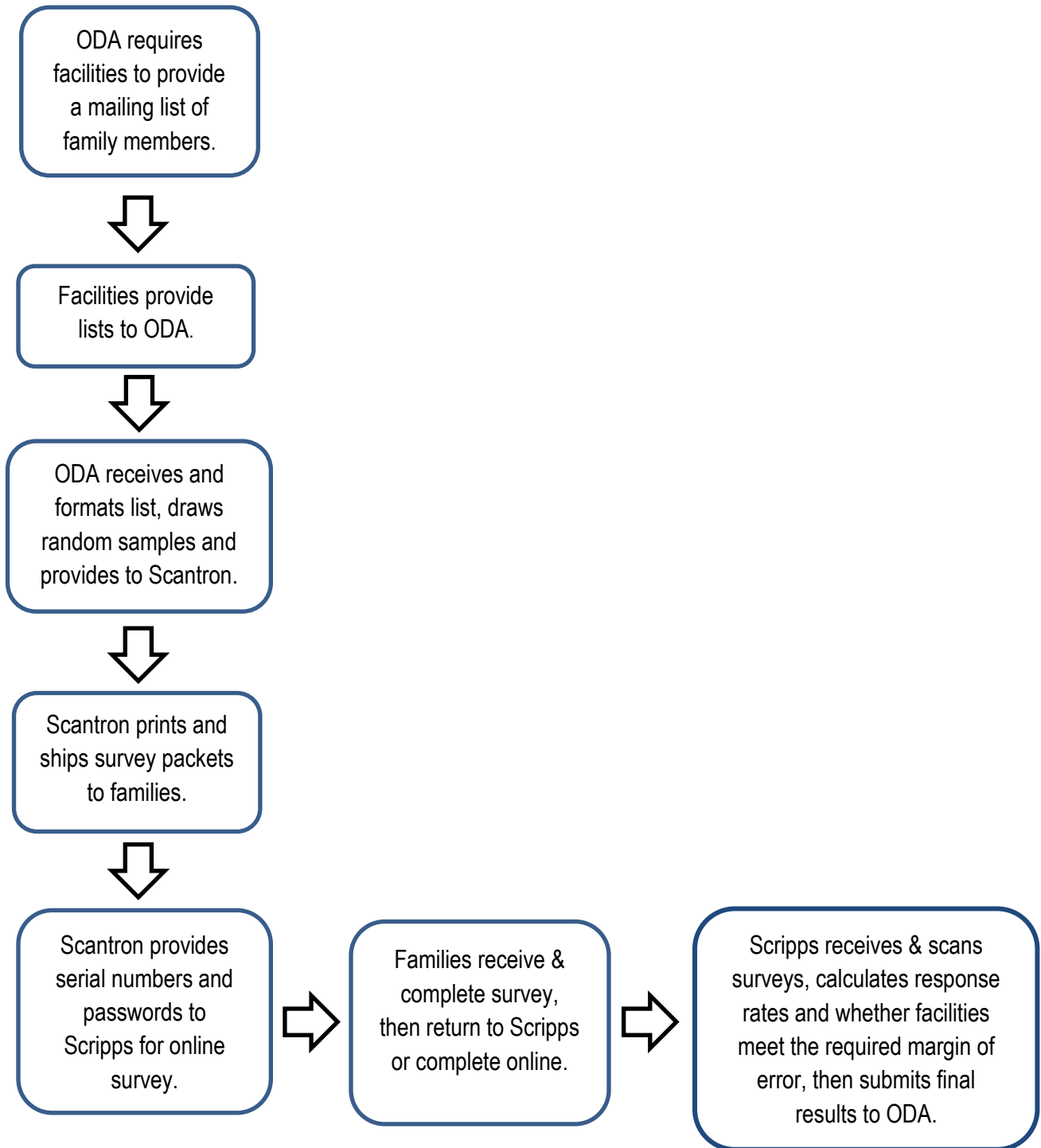
As the revised domains suggest, the new surveys focus more on practices and experiences than departments and people. For example, the old survey asked whether the social worker followed up and responded quickly to concerns. The new survey asks—in the facility culture domain—whether you are encouraged to speak up when you have a problem, and whether your concerns are addressed in a timely way. The changes recognize that with person-centered care, many of the staff participate in problem solving and are also empowered to make decisions to resolve issues. In focus groups, families indicated that they liked being able to problem solve with many staff, and most of their concerns weren't something they needed a specific staff person to address. A copy of the 2016 family survey forms with instructions and cover letters are included in Appendix A.

IMPLEMENTATION

The distribution process for family surveys is designed to assure the integrity of results, and comparability among all facilities by ensuring that the same process is followed for all facilities. Nursing homes and RCFs compile and submit names of family members and friends, and all additional steps are undertaken by ODA, Scripps Gerontology Center, and Scantron. Facilities create lists using an Excel template, ODA draws random samples of family names from the lists in larger facilities, monitors the number of names submitted, and compares against estimated census totals to ensure that enough family names are on the lists. Scantron prints and distributes surveys to families, and Scripps Gerontology Center receives completed surveys, scans the data, and compiles statewide and individual facility reports. The survey process is completely anonymous with ODA and Scantron having family names but no data, and Scripps Gerontology Center having family data but no lists of family names.

Figure 1 summarizes the process as implemented in 2016.

Figure 1. Survey Process 2016



Modified from: E. Pettegrew, ODA

SURVEY DISTRIBUTION TO FAMILIES

The distribution process for family surveys is designed to assure the integrity of results, and comparability among all facilities by ensuring that the same process is followed for all facilities. Nursing homes and RCFs create lists of family and friend names and submit them to ODA using a password-protected Excel template. ODA draws random samples of family names from the lists in larger facilities, monitors the number of names submitted, and compares against estimated census totals to ensure that a reasonable number of family names are on the lists. This includes checking against previous census numbers from the resident surveys and against the number of licensed beds. For facilities with a nursing home and an RCF it's important to assure that the lists submitted on the nursing home and the RCF templates are submitted correctly. Scantron prints and distributes surveys to families, and Scripps receives completed surveys, scans the data, and compiles statewide and individual facility reports. The survey process is completely anonymous with ODA and Scantron having family names but no data, and Scripps having family data but no lists of family names.

Beginning in April 2016, facility master lists of 969 nursing homes and 655 RCFs were developed from lists sent from ODA. Facility census numbers from the 2015 resident surveys were used to estimate the likely number of family surveys needed in each facility. Based on assumptions from previous years about the proportion of residents with family, we estimated a total statewide mailing of 60,000 nursing home surveys and 28,000 RCF surveys.

The facility lists were sorted by zip code and facilities were grouped into geographically sorted batches to allow Scantron to realize postage economies. Every two weeks, e-mails were sent to a batch of nursing homes and RCFs. Administrators were given instructions for choosing the most involved family member or friend for each resident, and were provided with an Excel template for family lists to be submitted to ODA two weeks later. The number of facilities in the batch was determined based on the facility's estimated census with the goal of dividing each mailing into about 8,600 surveys for nursing homes and 4,000 for RCFs. Nine survey mailings were eventually needed to complete survey distribution.

Along with family and friend names and addresses, facilities included their own facility information and their current resident census on the information they sent to ODA. Where the number of family/friend names submitted for survey was significantly less than the resident census, ODA followed up to determine whether there were only a few residents with surveyable family members or friends or if the facility had misunderstood the instructions (e.g., not included those who manage their own affairs or not including short-term residents). ODA staff called for clarification and asked facilities to resubmit their lists if instructions were not properly followed. The number of surveys to be mailed for each facility was based on the number of returned surveys needed to meet the margin of error for their population of surveyable families, assuming a response rate of 30%. This assumed rate is lower than statewide rates achieved in previous years. We hoped that most facilities would achieve a higher response rate and mailing extra surveys would allow them to meet the threshold needed for public reporting and to be eligible for the quality point. Instructions to facilities and family list materials are included in Appendix B.

Every nursing home and RCF is required to participate in the survey process; however, no penalties are assessed if they fail to comply. Several facilities closed during the survey preparation process. The final number of nursing homes used to calculate the participation rates was 964. Unfortunately, we have not been able to determine good estimates for the proportion of family names and addresses that will be deleted due to incorrect addresses. In actuality, 56,836 family and friend names had accurate mailing addresses for printing and mailing nursing home survey packets (we estimated 60,000) and 25,881 RCF survey packets (we estimated 28,000) were mailed.

Where necessary (facilities with census greater than or equal to 84 residents) ODA drew random samples from the list of family names. ODA then submitted family name lists, sorted by zip code, to Scantron bi-weekly. At Scantron, each name on the list was assigned a serial number according to the facility they were responding about and a unique seven-character login ID. Families could use the login ID and the serial number to complete an Internet version of the survey instead of completing and returning the paper one. Each survey was printed with the facility name and address, the facility identifier and the unique serial number and login ID. Envelopes were printed for each family name and the survey with that family's serial number was placed in the proper envelope for mailing. RCF and nursing home surveys and envelopes were printed on different color papers to ensure that returned surveys were scanned into the proper files. After mailing, Scantron provided Scripps with Excel files indicating the survey serial numbers and login passwords that were assigned to each facility. These were loaded into the online surveys to allow family members to access the internet survey if they preferred. Families were directed to the online surveys via a URL on the paper survey cover. They could then login to the online survey using the serial number and password printed on their paper survey.

The first survey lists were due from ODA to Scantron on May 13; surveys were mailed to families beginning May 31, and every two weeks thereafter, through September 6. Each mailing list was checked against the National Change of Address system and family addresses were updated. Addresses that could not be reconciled were not mailed, eliminating unnecessary postage costs by preventing mailing of undeliverable surveys. Reminder postcards were mailed to each batch of families two weeks after the surveys were mailed. Despite ODA advance instructions to facilities to update mailing lists, on average about 9% of nursing facility and 7% of RCF address lists were deleted because the addresses could not be verified or reconciled. Only 38 of the nursing homes had no bad addresses compared to 103 RCFs with completely accurate address lists. In every facility, the more families that can be contacted, the greater the odds that a survey will be returned. Improving these lists would be one simple way for facilities to begin.

SURVEY ASSISTANCE

In order to assist family members and facilities with questions or issues during the 2016 Ohio Nursing Home Family Satisfaction Survey process, a toll-free phone line was set up at the Scripps Gerontology Center. The phone line was staffed Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. and had voice mail capability so callers could leave a message 24-hours a day, seven days a week. In addition, families and facilities could request help or ask questions via e-mail at familysurvey@miamioh.edu. ODA maintained a familysurvey@age.state.oh.us e-mail account to assist facilities with the operational issues in submitting their family lists.

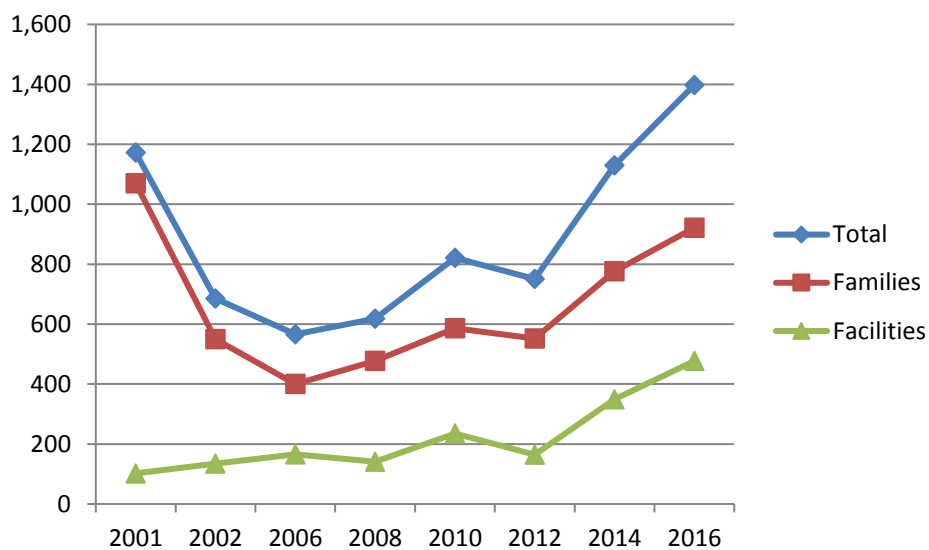
The helpline and e-mail account were managed by two doctoral associates who each worked 20 hours per week. Four undergraduate student workers and one Scripps support staff member assisted as needed for phone coverage. A training manual and a list of frequently asked questions continued to be expanded in order to assist all staff in giving reliable answers. The phone line was regularly staffed from April 21, 2016 through October 31, 2016. Family members made 921 calls, 477 were from facilities and 36 were from ODA staff. Table 2 and Figure 2 show helpline volume during all years of survey administration. Despite increasing the number of facilities by about one-third by adding the RCFs this year, call and e-mail volume increased only 24% over the previous year.

Table 2. Calls and E-mails to the Toll-Free Help Line in 2001-2016

Year	2001	2002	2006	2008	2010	2012	2014	2016
Total	1,172	685	566	618	821	751	1,130	1,398
Families	1,070	550	400	477	588	552	776	921
Facilities	102	135	166	141	233	164	349	477

Note: There were 36 e-mails from ODA staff that are not included in the table above.

Figure 2. Call Volume, 2001-2016



Because mailings to families didn't begin until mid-May, almost all the calls in the first two months are facility calls with questions about creating and submitting their lists of family names.

Table 3. Number of 2016 Help Line Calls and E-mails by Month

Month	Numbers of calls & e-mails	Percent
April	6	0.4
May	101	7.2
June	310	22.2
July	411	29.4
August	378	27.0
September	165	11.8
October	27	2.0
Total	1,398	100

The list submission process posed challenges for some facilities either because they were unable to work with the family list template provided by ODA or they were unable to password protect their document prior to e-mailing it to ODA. A number of facilities called to confirm family list submissions or to find out if they could still submit their family lists when it was past their due date. Table 4 shows the distribution of facility calls among broad topic areas.

Table 4. Topics Raised in Calls and E-mails from Facilities

Subject	Number of calls & e-mails	Percent
Questions on access/format/password protection issues about the family list template	355	66.3
Confirmations about the family list submission	65	12.2
Asking if they can still send in the family list	30	5.6
Questions on family lists (selection criteria for the list; how to submit the list)	42	7.8
Communication issues between ODA and the facilities (e.g., facilities received no information from ODA about survey)	8	1.5
General questions and concern about survey	8	1.5
Guardianship issues	4	0.7
Reliability concerns because of small facility	2	0.4
Asking if the survey is mandatory	1	0.1
Miscellaneous	21	3.9
Total	536	100

Note: The number of topics totals more than the number of contacts from facilities since some calls or e-mails addressed more than one issue.

CALLS FROM FAMILIES

The breakdown of the communications from families is shown in Table 5. The majority of the calls from family members were requests for new surveys, usually in response to receiving a reminder postcard but not having received a survey. Some family calls were in response to the reminder postcards when a survey had already been returned. Despite the instruction to disregard the reminder if their survey had been returned, these families were inquiring whether their survey could be tracked to ensure its receipt.

As shown below, this year a number of families called with online survey questions. Most of them needed confirmation of submission of survey or had complaints about the online survey links not working. While we were not able to determine a cause, these problems were quickly corrected.

Table 5. Topics Covered in Calls and E-mails from Families

Subject	Number of calls & e-mails	Percent
Needed a replacement survey	387	41.4
Online survey questions	120	12.9
Need referral to ODA	40	4.3
Needed to know if it is too late to return survey	30	3.2
Sampling issues (who is survey for, don't know anyone in nursing home)	26	2.8
Survey question wording and response category issues	29	3.1
Confidentiality concern	26	2.8
Received survey after relative's death	19	2.0
Requested confirmation of receiving the survey	16	1.7
More than one family member in a facility	12	1.3
Asking if it is mandatory	14	1.4
Refused to participate	14	1.4
Asking for a second survey	10	1.0
General questions and comments	9	0.9
Complaints about the facility	6	0.6
Questions about survey results	3	0.3
Want space/place for comments	2	0.2
Guardianship issues	1	0.1
Miscellaneous	178	19.0
Total	938	100

Note: The number of topics totals more than the number of contacts from facilities since some calls or e-mails addressed more than one issue.

FACILITY PARTICIPATION

Before the beginning of the survey process ODA sent a mailing to every nursing home and residential care facility in Ohio, informing them about the upcoming family survey.

In order for facility data to be included on the consumer guide the number of returns for the facility must meet a plus or minus 10% margin of error. This number represents the probability that the actual responses, if every family responded, would fall between plus or minus 10% of the average score on the responses received. We used the number of surveys mailed by Scantron to determine the surveyed population at each facility. This number excluded those families whose names and addresses were sent by the facilities for survey distribution but whose addresses could not be adjusted via the national address update system.

Rather than computing whether each item on the survey meets the margin of error, we base the margin of error on the number of surveys returned for a facility since not all items are relevant to all residents. The following sections of the report will consider the continuing trends in nursing home participation and responses followed by the results for residential care facilities.

Nursing Homes

This year's statewide nursing home response rate (40.4%) is four percentage points lower than in 2014 and also reflects the third lowest number of families responding since the surveys began. Table 6 shows that the number of facilities participating is similar to previous years, suggesting the reduced numbers come from lower responses within facilities.

Table 6. Nursing Home Participation Rates 2002-2016

	2002	2006	2008	2010	2012	2014	2016
Number of facilities on mailing list	970	972	965	961	954	964	968
Number of facilities with surveys returned	736 (77%)	849 (87%)	904 (94%)	931 (97%)	947 (99%)	947 (98%)	943 (97%)
Number of facilities meeting +/- 10%	436 (59% of participants)	605 (71% of participants)	633 (70% of participants)	711 (76% of participants)	721 (76% of participants)	595 (63% of participants)	542 (58% of participants)
Average response rate in all participating facilities	44%	50%	52%	47%	45%	41%	40%
Number of facilities not participating	222 (23%)	123 (13%)	61 (6.0%)	31 (3.0%)	6 (0.5%)	17 (1.7%)	25 (2.6%)
Total number of families responding	16,955	23,633	24,572	29,873	27,008	23,639	20,945

As shown in Figures 3 and 4, response rates and family participation continue to pose challenges for Ohio’s nursing homes. We had a lower rate of facilities that met margin of error than in 2014 (58% vs. 63%). In addition, 40% of the 401 facilities not meeting the MOE needed three or fewer surveys. Forty-five (compared to 43 in 2014) needed only one more survey. When facilities don’t meet the margin of error required for representative data they do not have results posted on the Ohio Consumer Guide which limits the usefulness of the guide for the public.

Data collection was extended into February this year and facilities that needed only one additional survey to meet were approached and some additional surveys were sent to families who indicated they could complete the survey. Despite this extensive time and effort, only an additional seven nursing homes and RCFs achieved MOE. Most of the facilities that do not meet MOE are smaller, where a higher proportion of responses are required to assure representative data. And as more facilities focus on sub-acute care for short-stay residents, more and more families do not feel invested in encouraging facility improvements by providing consumer feedback. Their family members may already have returned home by the time their survey is received.

Figure 3. Number of Nursing Home Families Participating, 2001 - 2016

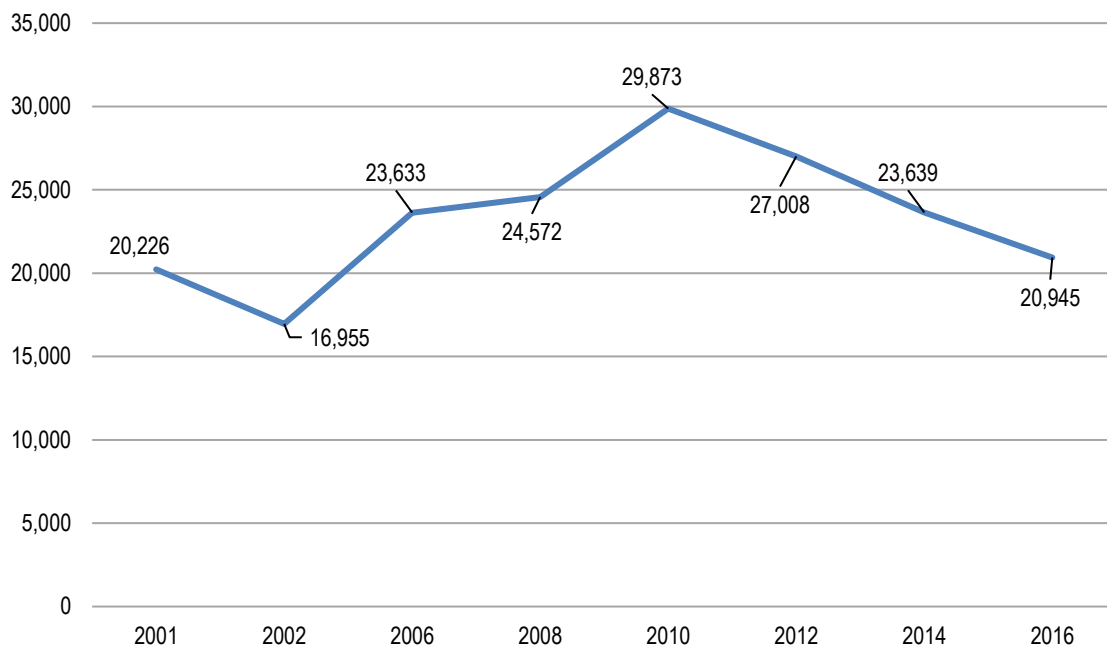
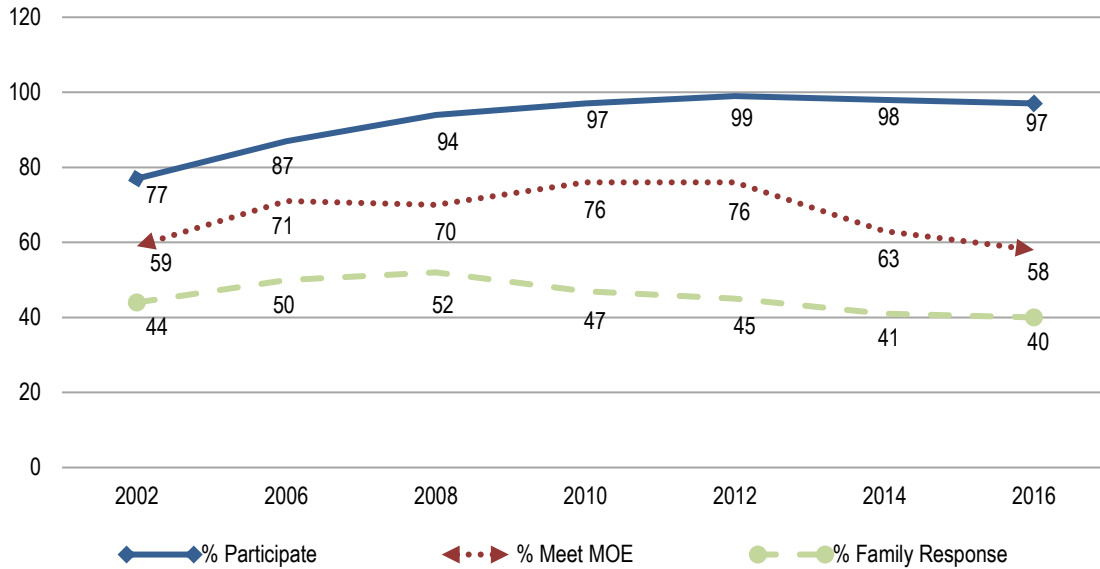


Figure 4. Proportion of Nursing Homes Participating, Meeting Margin of Error, and Average Facility Response Rate, 2002 - 2016



RESIDENTIAL CARE FACILITIES

RCFs had a higher response rate than nursing homes, with an average of 53% of families responding, statewide. Interestingly, this rate is similar to the rates of 50% and 52% found in nursing homes in the early years of survey administration. As shown in Table 7, this year the RCFs exceeded nursing homes in all participation rates except for the percentage of facilities participating where they exhibited lower proportion of facilities with surveys returned. It's likely that RCFs who were doing this process for the first time may have experienced challenges that made it difficult for them to participate. Similar to nursing homes, as they become familiar with the survey and its importance for public information and improvement in their facilities they will become participants. The participation rates in RCFs also support our assumption that families whose residents stay longer are more invested in the facilities and may be more likely to return surveys.

Table 7. Nursing Home and RCF Participation, 2016

	2016 Nursing Homes	2016 RCFs
Number of facilities on mailing list	968	668
Number of facilities with surveys returned	943 (97%)	614 (92%)
Number of facilities meeting +/- 10%	542 (58% of participants)	453 (74% of participants)
Average response rate in all participating facilities	40%	53%
Number of facilities not participating	25 (2.6%)	54 (8.1%)
Total number of families responding	20,945	12,559

RESULTS FROM THE 2016 FAMILY SURVEY

TECHNICAL PROCESSES

The survey was created using a software package, SNAP, developed by the Mercator Corporation of Great Britain. The finished survey was sent to Scantron for printing surveys, creating survey packets, and mailing to families. The survey was printed with a perforated binding edge, which only required that the binding be removed to make the survey ready for scanning.

Families were invited to provide comments on a separate sheet of paper and to return them with their surveys and a number of families did so. As returned survey packets were opened, survey pages with family comments were photocopied, marked with the provider ID and survey serial number, and given to a graduate assistant for scanning, data entry, and coding. Relevant portions from each set of comments were entered into an Excel spreadsheet with a numeric code corresponding to the type/topic of the comment. Survey booklets were disassembled and prepared for scanning. Batches of surveys were scanned and filed according to scanning date.

There were major changes to the survey in 2016:

1. Residential Care Facilities were surveyed for the first time, resulting in a process duplicated from the Nursing Facility-only process from previous years. This entailed a new RCF scanning survey and 10 versions of the online survey (one for each batch of surveys mailed by Scantron).
2. Almost all questions and sections were changed from the previous surveys (with the exception of the Demographics section, which remained the same), along with response categories.

In order to maximize scanning accuracy and minimize manual data input, all questions were multiple-choice with check boxes (the most accurate format for scanning purposes). The only manual input fields on the survey were the Facility ID and the survey serial number. The scanner and associated software were located at Scripps and allowed Scripps staff to implement and fully monitor the scanning process.

In 2016 we continued the online version of the survey, also created using SNAP software. The online survey required that respondents log in using their seven character login printed on the paper survey. This made it possible to identify the facility that respondents were reporting about. The web address for the online version was included in the instructions on the paper survey. There were 10 identical versions of the online survey, in order to accommodate the nine batches (plus extras assigned by Scripps as replacement surveys) in which the paper surveys were sent to the respondents, and an eighth batch of serial numbers assigned to replacement surveys. As in 2014, a web page was created on the Scripps website, with a simple URL, which made it easier for respondents to access. That web page contained pointers to 10 separate links for nursing facilities and residential care facilities, each organized according to the serial numbers printed on the paper surveys. Respondents selected the appropriate link according to the serial number on their survey. Despite having an online survey process for the fourth time, there are still very few families who complete the tool online. This year, about 4.5% (949) of the nursing facility and about 6.2% (778) of the RCF surveys were completed online. Data from the online surveys were compared to scanned survey data to ensure that families completed only an online or paper survey, but not both.

In order to accommodate the high volume of returned surveys, Scripps operated three separate scanners running the same scanning program. At the completion of the survey, all 13 sources of data (from the three scanners and the 10 online versions) for each survey (nursing facility and RCF) were combined into the final dataset for processing and analysis.

SURVEY PROCESSING: TESTING SCANNER ACCURACY AND CONSISTENCY

To test scanner accuracy and consistency, 50 surveys were scanned two times each. The scanned results were compared against the actual surveys to check for accuracy of scanning hardware and software. To test for consistency, the scanned data were analyzed using statistical software to ensure that the two separate scans of the same survey produced the same results. Scanner accuracy testing was critical since the survey had changed from the 2014 version. This was performed on both the nursing facility and RCF surveys.

The data analysis revealed that the calibration performed was sufficiently accurate to proceed without further adjustment. The scanning testing revealed an accuracy rate of 99.6% (three errors divided by (70 questions X 100 surveys), which is well within the industry standard.

SURVEY PROCESSING: THE PRODUCTION RUN

Scanning of surveys began in July of 2016 and continued through December, 2016. Late returned surveys were entered into the combined data files manually and those were completed by mid-February, 2017. Surveys were scanned primarily by student employees, who were trained in the scanning procedure by the research associate who created the survey in the Snap software. Due

to the design of the survey (using only multiple-choice questions) and the favorable results of the accuracy testing, the only data verification required was for the Facility ID, password, and survey serial number fields.

On a weekly basis, a Scripps research associate selected a small sample of scanned surveys to check for accuracy of scanned results. No problems were detected. The scanned results were exported to statistical analysis software and then all electronic files associated with the scanning process were backed up to the network server on a daily basis. The scanned surveys were boxed, labeled with the scan date, and placed in storage. At the peak of survey processing, over 600 surveys were scanned per day. At completion of scanning an electronic image file was created which captures the scanned “picture” of each survey. These files were provided to ODA for record retention purposes. Scanned paper surveys were shredded per ODA instructions.

SURVEY DATA MANAGEMENT AND ANALYSIS

Survey data were exported to a spreadsheet application, where the data were cleaned (e.g., formatting of date variables, assignment of variable names) and arranged in a form suitable for statistical analysis. A large part of the data cleaning process involved verification of facility IDs. Due to the fact that those IDs required hand-entering (made necessary by the Snap software’s limitations in accurately scanning alphanumeric fields), errors in entering that field were inevitable. In cases where a survey’s facility ID does not match the master facility list, that survey’s scanned image was viewed and the facility ID was corrected in the Snap software. The data were then run through SAS programs developed for the purpose of aggregating data at the facility level. Additional analyses was run using SPSS 24.0, a second statistical program. A random sample of RCF and NF facility results were selected for checking numerical results. Both analytical processes produced identical results, indicating that the calculations included the proper groups of facilities, (e.g., only those that met margin of error for statewide averages) and the calculations provided identical results. The analytical results were then fed back into an Excel spreadsheet and formatted into individual facility reports. In previous years, two years of results were shown in each report for comparison purposes. Because the items changed so extensively between 2014 and 2016, the 2014 data were dropped and only 2016 results were shown in the reports. Again, a random sample of RCF and NF facilities were selected for checking, to verify that data results loaded in the proper locations on the facility reports. Upon completion of analysis, each Excel report was saved as a PDF file, and provided to ODA for uploading on their website. An Excel file of overall statewide results also provides information about statewide averages, highs and lows for the consumer guide website.

Data Coding

Satisfaction question items were scored as follows:

- 1=Definitely no
- 2=Probably no
- 3=Probably yes
- 4=Definitely yes
- 5=Don't know/Not Applicable

All items were recoded to a 101-point scale as follows:

- 1=0
- 2=33
- 3=67
- 4=100
- 5=Missing

Margin of Error

A list of sample sizes needed in facilities with differing numbers of residents with involved family/friend/person was created in a lookup table in order to determine whether a facility met the plus or minus 10% margin of error (Noble, Bailer, Kunkel, and Straker, 2006). Facilities that did not have enough returned surveys to meet the margin of error were excluded from calculation of statewide average scores and counts of facilities having the highest and lowest statewide scores. However, every facility with returned surveys receives a report of the data collected for their facility to use for quality improvement purposes. In an attempt to increase the number of facilities meeting the margin of error a list of facilities that did not have any returned surveys nor completed audit forms was prepared and sent to ODA in October 2016. As previously described, additional efforts were made early in 2017 to increase the number of facilities meeting the MOE.

STATEWIDE AVERAGES

Statewide averages were computed on each item and on each domain. Facilities with two or fewer surveys were excluded from these calculations. The same calculation decisions used in previous years were used in 2016. However, in calculating domain scores, extensive SAS coding changes were required to accommodate the survey changes. Averages are reported for each item and domain on facility reports. The averages are the average of each facility's average score on each item, rather than the average of all family responses among all facilities. Overall satisfaction is the average of all items in each facility.

SATISFACTION RESULTS

RESPONDENT AND RESIDENT CHARACTERISTICS

In order to build a profile of those who responded to the family satisfaction surveys, and the residents they were responding about, the following demographic questions were included: information about the family member/respondent, respondent's relationship to the resident, some information about the resident, and the kinds of things the family member/respondent does when visiting the nursing home. Demographic information is provided in Tables 8-10. In general, the characteristics of the residents and family members are in keeping with national data on nursing home residents and their caregivers. The majority of involved family members in the survey are adult children. They are very involved in the nursing home, visiting quite often, talking to a variety of staff members, and providing some personal assistance to their family members. In short, the respondents are likely to be a group that is very informed and able to make judgments about the care their family member receives. Comments received with blank surveys that were returned to Scripps indicated that in some cases family members did not feel qualified to evaluate the facility. This was usually because they did not visit often, or their family member had been a resident for such a brief time that they felt unable to make a fair judgment about the care. As shown, the majority of residents for whom family members reported are long-stay rather than short-stay residents.

Respondent and resident characteristics in nursing homes have been quite stable over time. The only change of note over time regards the staff that families talk to. The proportion who always or sometimes talk to the administrator increased from 56.8% to 73.1% in 2010, from 73.1% to 81.9% in 2012 and an additional point to 82.9% in 2014. In 2016, that number declined to 74.9%. In 2012, we examined whether talking to the administrator is a positive or negative activity (e.g., families make a point of talking to the administrator because they have problems or concerns). We examined the association between frequency of speaking with the administrator and whether the family member would recommend the facility and whether they liked it overall. At that time it appeared that talking to the administrator is a positive point. Statistically, a significant relationship was shown between frequency of speaking with the administration and overall satisfaction, whether one liked the facility and whether one would recommend the facility. About three in four of those who always spoke with the administrator would always recommend the facility (74.7%) or always like the facility overall (75.3%), compared to 42.0% who would always recommend and 45.2% who overall like the facility among those who never speak with the administration.

Table 8. Demographic Characteristics of 2016 Respondents and their Residents

	Nursing Home Families	Nursing Home Residents	RCF Families	RCF Residents
Average Age (SD)	64.7 (11.7) (3.9% missing)	81.9 (13.9) (2.8% missing)	63.8 (9.1) (2.3% missing)	87.7 (9.8) (1.5% missing)
Race (Percent)				
Caucasian	90.0		96.7	
African American	7.7		2.2	
Asian	0.8		0.5	
Other	0.4		0.3	
Native American	0.6		0.2	
Hispanic	0.5 (3.0%missing)		0.1 (2.2% missing)	
Female (Percent)	68.4 (2.4% missing)	70.4 (1.5% missing)	65.8 (2.0% missing)	77.8 (1.2% missing)
Relationship to Resident (Percent)				
Child	44.3		68.6	
Spouse	12.5		4.2	
Sibling	9.8		5.8	
Guardian	6.6		2.7	
Parent	5.1		3.1	
Son/daughter-in-law	4.2		5.4	
Niece/Nephew	3.8		5.4	
Other	3.0		2.5	
Friend	1.8		1.5	
Grandchild	1.0 (7.7% missing)		0.8 (6.3% missing)	
Educational Level				
Less than high school	3.1		0.6	
Completed high school	50.7		35.2	
Completed college	31.5		40.2	
Master's or higher	14.7 (3.6% missing)		24.1 (2.2% missing)	

N = 20,945 nursing home families and 12,559 RCF families.

Note: Percentages are based on those who answered the questions. Family member ages below age 18 were considered recording errors and counted as missing.

The new RCF family survey provides some interesting comparisons among respondents and residents in both kinds of facilities. While the average nursing home resident is younger, nursing home family respondents are slightly older (64.7%) than RCF families (63.8%). RCF families are also more likely to be white and female. They are also more likely to have higher education with nearly two-thirds (64.3%) have a college education or higher, compared to less than half (46.2%) of nursing home families having similar education. These differences probably reflect the largely private pay clientele of Assisted Living facilities, reflecting a more affluent resident base.

Table 9. Level of Family Activities, 2016

Frequency of Visits (Percent)	Nursing Home		RCF			
Daily	19.8		10.3			
Several times a Week	36.3		42.9			
Once a Week	20.6		26.5			
Two or Three Times per Month	10.9		10.1			
Once a Month	6.5		4.8			
Few times per Year	5.9		5.4			
	(1.8% missing)		(1.1% missing)			
	Never		Sometimes		Always	
	Nursing Home	RCF	Nursing Home	RCF	Nursing Home	RCF
Helps with (Percent)						
Eating	40.1	64.3	42.8	26.5	17.2	9.2
Dressing	57.3	60.2	33.9	33.3	8.8	6.4
Toileting	68.2	70.1	21.8	22.1	10.0	7.7
Grooming	35.8	47.1	47.5	42.2	16.7	10.7
Going to Activities	32.0	28.7	55.0	57.5	13.1	13.8
Talks to (Percent)						
Nurse aides	1.5	7.0	41.0	49.0	57.5	44.0
Nurses	1.3	6.2	40.9	50.7	57.8	43.1
Social Workers	9.8	41.0	65.3	45.2	24.9	13.8
Physician	49.6	45.5	41.0	39.7	9.4	14.9
Administrator	20.6	12.1	64.0	67.9	15.4	20.0
Other	22.4	19.1	58.2	59.1	19.5	21.8

N = 20,945 nursing home families and 12,559 RCF families.

Note: Percentages are based on those who answered the questions.

Nursing home families are also providing more help in facilities, with a lower proportion of RCF families saying they always provide assistance and a higher proportion saying they never provide assistance. Only in going to activities are RCF families less likely to say they never help, and more likely to say they always help. Interestingly, similar proportions of nursing home and RCF families (68.2 and 70.1) say they never help with toileting. Nursing home families have far more communication with nurse aides than do RCF families, and nursing home families are also more frequent visitors. This may be due to the different relationships to the residents, with nearly two-thirds of RCF families being adult children, compared to less than half of our nursing home family respondents.

Table 10. Residents in Nursing Homes, 2016

Resident's Expected Length of Stay (Percent)	Nursing Home		RCF	
less than 30 days		3.1		0.5
31 – 90		6.0		1.6
more than 90 (2.7% missing)		90.9		97.9

	No Help	Some	A Great Deal	Totally Dep.
Nursing Home Resident Needs Help With (Percent)				
Medication (2.1% missing)	9.7	24.4	21.8	44.1
Toileting (2.1% missing)	15.0	20.9	21.1	43.0
Dressing (1.8% missing)	18.1	21.6	20.2	40.0
Transferring (1.6% missing)	18.1	21.6	20.2	40.0

	No Help	Some	A Great Deal	Totally Dep.
RCF Resident Needs Help With (Percent)				
Eating (1.3% missing)	60.7	26.2	5.9	7.2
Toileting (1.5% missing)	50.3	25.8	10.8	13.1
Dressing (1.3% missing)	37.1	37.3	13.8	11.8
Transferring (1.2% missing)	57.0	21.8	9.5	11.7

N = 20,945 nursing home families and 12,559 RCF families.

Note: Percentages are based on those who answered the questions.

As shown above in Table 10, these RCF and nursing home residents show quite different levels of impairment, with more than four in 10 nursing home residents being completely dependent in all ADLs, while fewer than 15% of RCF residents were completely impaired in any ADL. While there is a general perception that RCF residents are becoming more impaired, only dressing shows fewer than half of the RCF residents needing no assistance. Another striking difference is in the length of stay for these residents, with the RCF respondents reporting about family members who are much more likely to be long-stayers.

SATISFACTION RESULTS

Table 11 shows the frequency of responses for each questionnaire item, along with the statewide means for each item.

Although the statewide frequencies reflect the proportion of individual families that answered in each category, the statewide means are calculated by averaging the data within each facility then averaging each item across all facilities. These are the same mean scores shown as statewide scores on the individual facility reports and on the consumer guide website.

Table 11. Item Frequencies and Averages for Nursing Home and RCF Family Survey Items, 2016

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not applicable	Nursing Home RCF
Moving In						80.5 88.6
1. When the resident moved in, were you given thorough information to help you know what to expect?	4.3 1.4	5.9 3.7	26.2 20.6	57.9 72.3	5.7 2.0	80.8 88.6
2. Was the resident given a thorough orientation to the nursing home/RCF?	6.1 2.2	10.6 6.0	25.6 24.6	41.9 59.8	15.9 8.7	73.3 84.1
3. Did you feel warmly welcomed as a new family member?	2.2 0.7	3.6 1.5	22.7 14.3	67.6 81.9	3.9 1.5	86.5 93.0
Spending Time						68.5 74.8
4. Does the resident have something enjoyable to look forward to most days?	5.6 2.2	15.9 10.7	39.7 40.9	30.6 42.3	8.2 3.8	66.9 75.3
5. Do the staff do a good job keeping the resident connected to the community?	5.7 2.2	13.4 9.7	34.4 35.7	32.9 44.9	13.7 7.4	68.5 77.0
6. Does the resident have plenty of opportunities to do things that are meaningful to them?	5.2 2.4	13.9 10.9	34.3 34.7	37.0 47.5	9.6 4.5	70.1 76.8
7. (RCF item only.) Does the residential care facility have enough opportunities for your resident to go on special outings and events?	3.2	8.9	28.9	49.9	9.1	76.5
7/8. Does the resident like the provided activities?	5.5 4.0	17.3 15.4	34.2 36.8	29.2 35.8	13.7 8.0	66.0 70.9
8/9. Does the nursing home/RCF provide things the resident enjoys doing on the weekend?	8.5 7.1	19.1 21.6	31.9 34.9	23.1 23.8	17.4 12.6	60.0 60.9

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not applicable	Nursing Home RCF
9/10. Do you have plenty of opportunities to be involved in the nursing home/RCF?	3.4 1.8	7.5 6.1	30.2 29.2	54.0 59.2	5.0 3.7	79.3 83.1
Care and Services						79.1 84.9
11. (RCF item only.) Does this living arrangement help the resident maintain their independence?	1.0	3.1	25.0	65.9	5.0	87.7
10. (NF item only.) Are the resident's preferences about daily routine carried out (e.g., time and place for meals and time and type of bath)?	4.1	8.7	7.9	44.8	5.7	75.8
11/12. Do you have enough opportunities for input into decisions about your resident's care?	3.1 2.2	7.0 7.0	27.2 25.3	61.4 63.6	1.3 1.9	81.9 84.3
12/13. Do you get enough information to make decisions with or about your resident?	3.9 2.7	8.8 8.2	27.4 26.8	58.7 60.7	1.3 1.6	79.7 82.5
Caregivers						75.9 83.6
13/14. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	4.0 2.3	8.0 7.2	31.2 29.7	55.8 59.8	.9 1.0	79.3 83.1
14/15. Do the staff know what the resident likes and doesn't like?	2.2 1.0	8.3 6.4	36.6 35.2	50.3 54.8	2.6 2.6	78.8 83.0
15/16. Do the staff regularly check to see if the resident needs anything?	5.2 2.0	13.6 8.6	35.4 31.8	40.5 53.0	5.2 4.6	71.8 81.1
16/17. Have you gotten to know the staff who care for your resident?	2.0 1.4	6.6 6.0	36.7 25.4	63.5 65.7	1.2 1.5	83.8 86.5
18. (RCF item only.) Do the staff encourage your resident to be as independent as they are able to be?	0.9	3.7	28.9	61.4	5.2	86.3
17/19. Do the staff come quickly (RCF item--Do you feel confident the staff would come quickly) anytime your resident needs help?	9.6 3.5	15.0 7.7	36.5 27.0	32.7 60.5	6.2 1.3	65.7 82.1
Meals and Dining						73.7 78.8
18/20. Is there a lot of variety in the meals?	6.2 4.1	11.6 10.1	35.7 36.0	38.2 44.1	8.2 5.5	70.3 74.7
19/21. Are you included in mealtimes if you want to be?	3.4 1.2	4.3 2.7	25.3 20.3	56.6 70.5	10.5 5.3	81.8 88.3

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not applicable	Nursing Home RCF
20/22. Is the food good?	6.6 4.7	9.8 9.2	37.4 38.0	33.6 40.3	12.7 7.8	69.5 73.4
Environment						80.3 83.5
21/23. Is the nursing home (RCF) thoroughly clean?	3.6 1.4	6.6 4.0	30.6 25.7	58.3 68.5	0.9 .4	80.3 86.5
22/24. Can the resident get outside often enough?	7.3 2.2	14.8 7.8	29.4 26.1	36.0 58.5	12.4 5.4	68.1 82.6
23. (NF item only.) Do you have a good place to visit privately?	3.8	5.9	25.4	63.3	1.6	82.4
24/25. Are the resident's belongings safe?	7.3 2.3	10.8 5.6	37.8 37.1	41.1 53.0	2.9 2.0	71.1 81.2
Facility Culture						77.0 82.3
25/26. Are you encouraged to speak up when you have a problem?	2.3 1.5	4.7 5.0	23.6 23.1	67.9 68.1	1.5 2.3	85.9 87.2
26/27. Are your concerns addressed in a timely way?	4.7 2.9	8.8 6.9	28.9 27.1	55.8 60.0	1.8 3.1	79.5 83.0
27/28. Are you kept well informed about how things are going with your resident?	4.3 3.3	8.8 9.8	26.3 27.1	60.0 58.0	0.6 1.8	79.7 80.8
28/29. Do the staff seem happy to work at the nursing home/RCF?	4.9 1.7	10.2 6.1	39.1 35.5	41.7 53.7	4.1 3.0	73.3 81.6
29/30. Do the staff go above and beyond to give your resident a good life?	5.3 2.2	12.0 8.4	34.6 33.0	44.0 53.0	4.1 3.1	73.0 80.7
30/31. Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g., things like completing paperwork, purchasing clothing)?	6.2 5.9	12.7 15.2	31.0 28.7	38.7 34.4	11.3 15.8	71.3 70.9
31/32. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	5.4 1.9	8.4 4.5	29.1 24.6	56.1 68.3	0.9 0.7	77.9 86.7
32/33. Would you highly recommend this nursing home/RCF to a family member or friend?	7.5 3.2	9.0 5.9	26.1 22.1	54.9 67.0	2.4 1.8	75.4 84.6

Note: Frequencies are based on individual data statewide. N = 20,945 for nursing facilities (NF) and 12,559 for residential care facilities (RCFs). The top lines in each cell are NF numbers, RCF numbers are in bold. Means are based on the average among all facility's item averages.

Domain scores were computed by averaging the scores on all the items in the domain. In order for a respondent to be included in the domain average, he/she had to answer at least all but two of the domain items. For example, where six items are in a domain, respondents had to answer at least four. While this criteria is important in keeping respondents who did not know about many of the items from influencing the data, it did result in several cases where facilities did not have any respondents who answered enough domain items to compute a domain score.

In previous years we have provided extensive comparisons to previous survey years. This year because the items were changed so extensively for nursing facilities any comparisons over time would be invalid. The next survey will provide comparative data to observe any changes over time.

FAMILY COMMENTS

In 2014, any comment that family members included on their surveys were documented, counted, and coded. These comments were entered into an Excel spreadsheet, assigned a code corresponding to the topic(s) addressed in their comment, and then categorized into larger constructs. Scanned originals and the Excel files were forwarded to ODA weekly since some families specifically requested interventions and assistance.

This year, families were instructed to place any additional comments on the back of the survey form, and were informed that the comments would be forwarded to facilities, unless otherwise instructed. Comments were scanned, and forwarded to ODA weekly. ODA kept the comments for each facility and at the end of the data collection period forwarded the files to the appropriate facilities.

However, because of the numerous survey changes this year we felt it was worthwhile to track comments made about any of the questions, responses or overall survey issues even though we were no longer recording facility-specific issues. These are often written inside the survey as explanations for particular responses on specific items. The internal comments included comments that the respondents raised on some issues about the survey. One set of common explanations include the reasons that some questions were skipped or marked as not applicable. These included comments like: "Not applicable, resident has severe dementia," "Not applicable for the patient," "She has dementia," "My mother has end stage Alzheimer's," "The resident is blind," "Too many questions. Some are too personal. Some you could not answer unless you actually lived there yourself," "Generalized questions are not so reliable. Do I have input?"

As in previous years, numerous respondents wished for a different set of responses that more closely reflected their answers. "This survey doesn't have appropriate response categories."

Some suggested including response categories like 'sometimes,' 'most of the time,' 'mostly,' 'maybe,' 'not always,' 'somewhat,' etc. instead of responses provided in the surveys such as 'definitely yes,' 'probably yes.' "The answers choice do not match my response, can I add another response?", "These choices are hard to determine because of the word probably. I think the word usually might be better than probably."

Few comments raised issues on questions about background information mostly on age and race questions. Comments on background information include: "These questions are offensive and should not be on any form," "What difference does it make?," "Why is this important?," "What is Caucasian anyway?," "Caucasian is an offensive term," "This survey is not anonymous." A few comments suggested adding "some college" to the responses to the educational status question.

Some comments suggested they were not sure what certain wordings in the survey exactly meant. Some comments suggested requiring clarification on the questions asked. A couple examples include: "Not sure how to describe this 'above and beyond' ('Do the staff go above and beyond to give your resident a good life?'), "What is plenty?" ('Does the resident have plenty of opportunities to do things that are meaningful to them?'). These comments suggest that respondents care about the significance/conclusions of the survey. These comments imply that respondents took the time to reflect on the survey itself and to offer suggestions to improve the survey in the future.

Some of the comments were just elaborations of the answers provided. Respondents answered those questions in words and made complaints about various things in the facility rather than choosing the options provided. Complaints about many different areas were noted including majority of the complaints about specific services (food, activities), staffing, and facility's environment. By identifying these specific areas, it suggests that family members make sure that these areas are addressed accordingly.

Complaints about specific services such as food include: "No diabetic menu," "Most of the time no," "All the food is blended due to swallowing issues," "The food preparation has really gone downhill. They need to make some changes or bring in new chefs," "Soft food often not available in unit," "All meals are very poor," "There are a lot of dislikes in the menu. They should be removed," "Too much salt on processed food," "The food is horrible," "Too much cabbage, corn, beans. Food not digestible by elderly." "No fresh fruits or vegetables. Most food offerings do not meet needs of resident's monitoring diets for health reasons i.e., diabetes, cholesterol, weight." Comments on activities included: "None provided," "Activities are held but nothing off the grounds," "Mom has Alzheimer's, so she doesn't really know what is going on activities wise or participate in activities," "The resident is blind and cannot participate in many activities."

Complaints about staffing include: "Not enough staff," "Understaffing in help," "Not enough help in dementia units. Staff that does good is overworked," "A lot of time they are short staffed," "Not enough aid especially at night. Found out they give baths at 3-4 am because of only one aid in unit 3- stupid!" "Waited for over 1 hour for someone to come and help him to the bathroom," "Help is not available particularly in the evenings and weekend," "The general scheduling of staff could be much better. The person who does it is not effective and communicates poorly and discourages staff from talking honestly about problems. She prefers to keep it in the house. Under staffed at times. Some staff members are knowledgeable but others are not. The staff is stretched too thin especially in the nights and weekends. We would prefer that he keeps the same caregivers that he knows but often times they are scheduled elsewhere for whatever reason. They have had a lot of turnover and some good people are no longer there."

Complaints about the facility's environment included comments mostly about security of the resident's belongings. Comments about resident's belonging being unsafe include: "Theft is not a problem but sometimes clothes are lost or misplaced," "Two stuffed bears taken from her room," "There was a recent theft from her room w/ items replaced and numerous loss of marked clothing," "They stole my son's shoes and clothes." "Half of all toiletries and clothes have been stolen," "Things stolen in multiple occasions. Police called in the last time," "The resident's expensive hearing aid was lost the second week of care," "Money was taken." Some comments also included physical structure of the building which included: "The smell in the hallways 80% of the time is human waste," "Carpet is old and badly stained smells," "Air conditioning is totally inefficient and often various areas are much too warm," "At times the room smell of urine and bedding was not changed after accidents right away."

Even though many family members were dissatisfied with the facility, staff, or services where their family members resided, some of the family members recommended the facility to other people. "We always recommend and have had some we have made recommendations to move their loved ones into (facility name). This is by far the best facility its type in our county," "I recommend (facility name) to everyone, staff is awesome and can't say enough about all the workers," "Our facility is outstanding," "It's as good as you can expect under the circumstances. Most of the aides work very hard. Much better care than the last place where my mother fell out of bed 8 times landing in a hospital after last fall." These comments suggest that respondents were very pleased with the care and services their family members received from the respective nursing homes.

While many families would recommend their facilities to others, some expressed: "For the cost of the facility, I find care, food, cleanliness could be better," "This place is severely understaffed and cannot do everything they could or should," "Staff is continuous changing over the last year- all positions turn over every time I visit. Retention is very poor," "I would not recommend this facility to anyone," "There's no good nursing home! Short-handed staff. But then I hear this goes on all over," "After my husband's stay, I told my family if I got to that point, give me a gun or a bottle of pills." Often, family members offered complaint comments alongside praise for their facility. "It's probably the best in (city name) but not as good since personnel changes were made," "For the most part they do an ok job, a lot of time it appears they are short staffed-especially on weekends," "Better than a lot but not the best."

Some family members commented on the changes in the facility's administration. They express: "I have tried to talk to the administrator but he always has the telephone receptionist 'deal with' me and convey message occasionally. He never returns my call (my mother has been there for 14 months)," "Staff not extremely happy with the management/ staffing lately management is changed 3x my mother been there since 1.5 years."

Interestingly, despite having resident family members who were deceased, some of the respondents expressed their thoughts on the nursing home facilities where their family members had resided. One comment included: "Sorry this is late. Dad passed away May 20 so everything was in hold for a while. (Facility name) was a nice place. The staff was very good to my dad."

This suggests that respondents have a sense of social accountability for future families needing the services of nursing home facilities, despite knowing that any changes or improvements will not benefit their own family members.

In summary, the internal survey comments provide a rich source of information about issues related to construction of the survey including the family member perceptions of nursing home life. Comments that raised issues on construction of the survey will help refine the survey in the future whereas comments on family members' perceptions make a valuable addition to the reports provided to facilities.

The Ombudsman's office provided these comments to the facilities for the first time this year. They said that seeing the comments combined into one facility report was really enlightening in helping facilities understand some of the quantitative responses about their facilities.

SURVEY PSYCHOMETRICS

As previously mentioned, the 2016 nursing home family survey was substantially modified from previous years, while the RCF family survey was new this year for the first time. Since this is the first opportunity to have a significant amount of data available it is important to conduct analyses on the internal reliability of the instrument and its domain structures. Table 12 shows the domain coefficient alphas for nursing homes and RCFs and item-total correlations for each item. To control for within-facility correlations, aggregated data from each nursing home and RCF was used for these analyses. The results show high reliability of the domains and stability of the instrument across both settings. George and Mallory (2003) suggest that alphas above .90 are excellent and .80 are good. Alphas of .70 and above are acceptable with alphas of .60 and smaller being questionable and .50 and below unacceptable. All alphas from both the NF and RCF scales are excellent.

The correlation of individual items with the other year in the scale indicates how well all of them are measuring a similar construct. Gliem and Gliem suggest that these should be at least .40 or above. This standard is met by all of the individual items in both surveys.

Table 12. Internal Reliability of Domains on Nursing Home and RCF Surveys

Domain (RCF responses are in bold)	Nursing Home Item-Total Correlation	RCF Item-Total Correlation	Nursing Home Domain Alpha	RCF Domain Alpha
Moving In			.902	.875
1. When the resident moved in, were you given thorough information to help you know what to expect?	.868	.798		
2. Was the resident given a thorough orientation to the nursing home /RCF?	.818	.761		
3. Did you feel warmly welcomed as a new family member?	.794	.765		
Spending Time			.953	.932
4. Does the resident have something enjoyable to look forward to most days?	.885	.858		
5. Do the staff do a good job keeping the resident connected to the community?	.893	.872		
6. Does the resident have plenty of opportunities to do things that are meaningful to them?	.908	.875		
7. (RCF item only.) Does the residential care facility have enough opportunities for your resident to go on special outings and events?	.816	.713		Alpha would improve to .934 if this item dropped
7/8. Does the resident like the provided activities?	.865	.759		
8/9. Does the nursing home/RCF provide things the resident enjoys doing on the weekend?	.776	.770		
9/10. Do you have plenty of opportunities to be involved in the nursing home/RCF?	.776	.722		
Care and Services			.921	.838
11. (RCF item only.) Does this living arrangement help the resident maintain their independence?				Alpha would improve to .947 if this item dropped
10. (NF item only.) Are the resident's preferences about daily routine carried out (e.g., time and place for meals and time and type of bath)?	.766	.496	Alpha would improve to .948 if this item dropped	
11/12. Do you have enough opportunities for input into decisions about your resident's care?	.875	.831		
12/13. Do you get enough information to make decisions with or about your resident?	.893	.843		

Domain (RCF responses are in bold)	Nursing Home Item-Total Correlation	RCF Item-Total Correlation	Nursing Home Domain Alpha	RCF Domain Alpha
Caregivers			.928	.937
13/14. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	.845	.859		
14/15. Do the staff know what the resident likes and doesn't like?	.854	.842		
15/16. Do the staff regularly check to see if the resident needs anything?	.887	.859	Alpha would improve to .934 if this item dropped	
16/17. Have you gotten to know the staff who care for your resident?	.686	.732		
18. (RCF item only.) Do the staff encourage your resident to be as independent as they are able to be?		.799		
17/19. Do the staff come quickly (RCF item--Do you feel confident the staff would come quickly) anytime your resident needs help?	.840	.818		
Meals and Dining			.879	.835
18/20. Is there a lot of variety in the meals?	.806	.787		
19/21. Are you included in mealtimes if you want to be?	.662	.526	Alpha would improve to .917 if this item dropped	Alpha would improve to .919 if this item dropped
20/22. Is the food good?	.840	.812		
Environment			.874	.770
21/23. Is the nursing home (RCF) thoroughly clean?	.728	.593		
22/24. Can the resident get outside often enough?	.683	.535		
23. (NF item only.) Do you have a good place to visit privately?	.721			
24/25. Are the resident's belongings safe?	.805	.688		
Facility Culture			.968	.963
25/26. Are you encouraged to speak up when you have a problem?	.801	.789	Alpha would improve to .969 if this item dropped	
26/27. Are your concerns addressed in a timely way?	.893	.874		
27/28. Are you kept well informed about how things are going with your resident?	.870	.854		

Domain (RCF responses are in bold)	Nursing Home Item-Total Correlation	RCF Item-Total Correlation	Nursing Home Domain Alpha	RCF Domain Alpha
28/29. Do the staff seem happy to work at the nursing home/RCF?	.880	.872		
29/30. Do the staff go above and beyond to give your resident a good life?	.925	.899		
30/31. Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g., things like completing paperwork, purchasing clothing)?	.836	.810		
31/32. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	.933	.910		
32/33. Would you highly recommend this nursing home/RCF to a family member or friend?	.909	.913		

Alpha for all nursing home items is .985; RCF is .979.

As shown in the previous table, four items on the nursing home survey and three items on the RCF survey could be dropped from their domains to improve the alpha of the domain. Only one—“Are you included in mealtimes if you want to be?” appeared as an item to be dropped from the Meals & Dining domain across both surveys. The item “Does this living arrangement help the resident maintain their independence?” also shows the lowest item-total correlation of either survey, suggesting it might be considered for elimination from the survey altogether. In general, the few items that might be moved to another domain to improve an existing domain seem reasonable. For example, the item “Are you included in mealtimes if you want to be?” is conceptually not related to menus and food quality, but says more about how family members are treated by the facilities—both nursing homes and RCFs. Additional work on survey items could include confirmatory factor analysis to consider other domain structures. However, the results from these analyses do not suggest an immediate need to make revisions prior to the administration of the resident surveys later this year.

Short-Stay Residents

One area of continuing interest is the increasing number of short-stay residents in nursing homes. As noted in Table 9, nearly 10% of the nursing home families were responding for residents who were expected to be in the facility less than 90 days. The number of short-stay families in RCFs was slightly over 2%. An analysis of the facilities who failed to meet margin of error indicated that most of those were small facilities—and smaller facilities may also be more likely to focus on short-stay sub-acute care. The families of short-stay residents may have less of an interest in providing input about the facility, and they may have different concerns than families

of long-stay residents. During survey development we heard from families of short-stay residents as well as long-stay, and we also heard provider perspectives about short- and long-stay residents. Issues are in two areas; about whether long- and short-stay residents and families have similar concerns about facilities, and whether the process of surveying short-stay families while their residents are still receiving rehabilitation care at the facility may not truly get at the full short-stay experience. Providers felt that short-stay residents influence facility results in negative ways because their concerns are different, and some suggested that short-stay residents be excluded from the satisfaction surveys altogether. In order to examine what effect, if any, short-stay residents had on nursing home facility outcomes, we undertook two analyses: 1) mean comparisons of individual items for all short- and long-stay families, and analyses of statewide facility means using only long-stay residents.

Using t-tests to compare all short-stay families with all long-stay families, we found 27 items out of 32 where long- and short-stay families showed mean item scores that were significantly different. On all of these, the short-stay families had lower scores than long-stay. However, because short-stay residents are distributed across many facilities and represented only 10% of our respondents overall we wondered whether these differences would result in statewide item means based on facility averages.

For our second analysis we selected only the long-stay residents and examined statewide items scores and the overall statewide scores. First, we noted that removing short-stay families resulted in a very few facilities not having valid responses on some items. And we noted that the statewide average increased from 77.9 based on all families, to 78.1 based only on long-stay. An examination of the means found that long-stay residents only showed higher statewide averages than averages based on all families, on 27 out of 32 items. On all of the environment items, long-stay families showed lower scores. However, these differences are small, with most having a magnitude of about .5 such as 77.9 for all families having peace of mind, compared to a 78.6 average for only long-stay families.

Our results suggest that long-stay and short-stay residents show differences that result in different results for the groups as a whole, with short-stay families having significantly lower ratings. However, because the proportion of short-stay families is small across the state they are not influencing statewide scores in any discernable way.

Providers and families told us that some of the things that are important are the discharge process, the care set up for someone at home, and the overall time from rehab to discharge. None of these can be assessed with the current satisfaction survey process.

STATEWIDE QUALITY

One of the reasons for providing consumers with information about nursing homes is to provide an impetus for facilities to improve quality. Consumer satisfaction information, particularly when it is objective and specific as most of the items in the Ohio Nursing Home Family Satisfaction Survey are, also tells facilities where to target their quality improvement efforts.

Results from previous years had been tracked, with a focus on examining which items were areas of concern for facilities, and which items showed areas of excellence. A score of 75 or less indicated a problem item, while a score of 90 or higher showed an area of excellence. In 2014, three items on the nursing home surveys (activities, taste of the food, getting foods one likes) showed scores of 75 or lower. As shown in Table 13 below, with the new survey items, 15 nursing home items and five RCF items show statewide average scores of 75 or below.

Table 13. Priority Areas for Improvement among Nursing Homes and RCFs, 2016

Domains	Items	Nursing Homes	RCFs
Moving In	Was the resident given a thorough orientation to the nursing home?	73.3	
Spending Time	Does the resident have something enjoyable to look forward to most days?	66.9	
	Do the staff do a good job of keeping the resident connected to the community?	68.5	
	Does the resident have plenty of opportunities to do things that are meaningful to them?	70.1	
	Does the resident like the provided activities?	66.0	70.9
	Does the nursing home/RCF provide things the resident enjoys doing on the weekend?	60.0	60.9
Caregivers	Do the staff regularly check to see if the resident needs anything?	71.8	
	Do the staff come quickly anytime your resident needs help?	65.7	
Meals and Dining	Is there a lot of variety in the meals?	70.3	74.7
	Is the food good?	69.5	73.4
Environment	Can the resident get outside often enough?	68.1	
	Are the resident's belongings safe?	71.1	
Facility Culture	Do the staff seem happy to work at the nursing home?	73.3	
	Do the staff go above and beyond to give your resident a good life?	73.0	
	Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g., things like completing paperwork, purchasing clothing)?	71.3	70.9

As shown on page 33, all of the RCF problem areas are also problems in nursing homes. Some of the problem areas may be intractable for facilities to address; food items have always appeared on the problem lists. Cooking in quantity and producing a variety of tasty foods for people on special diets is notoriously difficult. However, when facilities undertake the culture change process the dining experience is often one of the first modifications made. We might hope that as more facilities offer a wider variety of menu options residents will find choices that they find “good food.”

In 2014, we reported 14 areas of nursing home excellence—items with statewide averages of 90 and over. Seven items—four of which were being treated with respect by a variety of staff members—were included. The current data found only one item with a statewide average of 90 or above in the RCF survey and none among the nursing homes. In an effort to continue to focus on things facilities do well, we lowered the benchmark to 85 and above and report those items in Table 14.

Table 14. Areas of Best Performance among Nursing Homes and Residential Care Facilities, 2016

Domains	Items	Nursing Homes	RCFs
Moving In	When the resident moved in, were you given thorough information to help you know what to expect?		88.6
	Did you feel warmly welcomed as a new family member?	86.5	93.0
Care and Services	Does this living arrangement help the resident maintain their independence? (RCF item only.)		87.7
Caregivers	Have you gotten to know the staff who care for your resident?		86.5
	Do the staff encourage your resident to be as independent as they are able to be?		86.3
Meals and Dining	Are you included in mealtimes if you want to be?		88.3
Environment	Is the residential care facility thoroughly clean?		86.5
Facility Culture	Are you encouraged to speak up when you have a problem?	85.9	87.2
	Do you have peace of mind about the care your resident is getting when you aren't at the nursing home/residential care facility?		86.7
TOTALS		2 Areas of Excellence	9 Areas of Excellence

One of the goals for the revisions to the resident and family facility surveys was to raise the bar for Ohio nursing homes—to tap the areas of care that distinguish great facilities from average ones, and poor ones from average. In addition, we wanted to also tap new areas that focused on person-centered practices where facilities may be early in the process of embracing that culture change. It appears that both of these goals were achieved with the new tool. And, we learned from our work with families and residents around tool development that what we are also seeing are increasingly savvy consumers with heightened expectations. Ohio families often have experience with numerous facilities and know what facilities can and should be. The higher performance of residential care facilities in a number of areas shows that institutional settings can provide care that families highly approve of. However, the different resources available and resident characteristics in these two different settings suggest that overall comparisons between the industries would be objectively unfair.

MAKING QUALITY IMPROVEMENTS

A new feature in the facility reports was a priority index. To calculate the priority index for a facility, we correlated each domain with the item on whether someone would recommend the facility. The domains most highly correlated and having the lowest scores in a facility provide the greatest opportunities for facilities to make improvements.

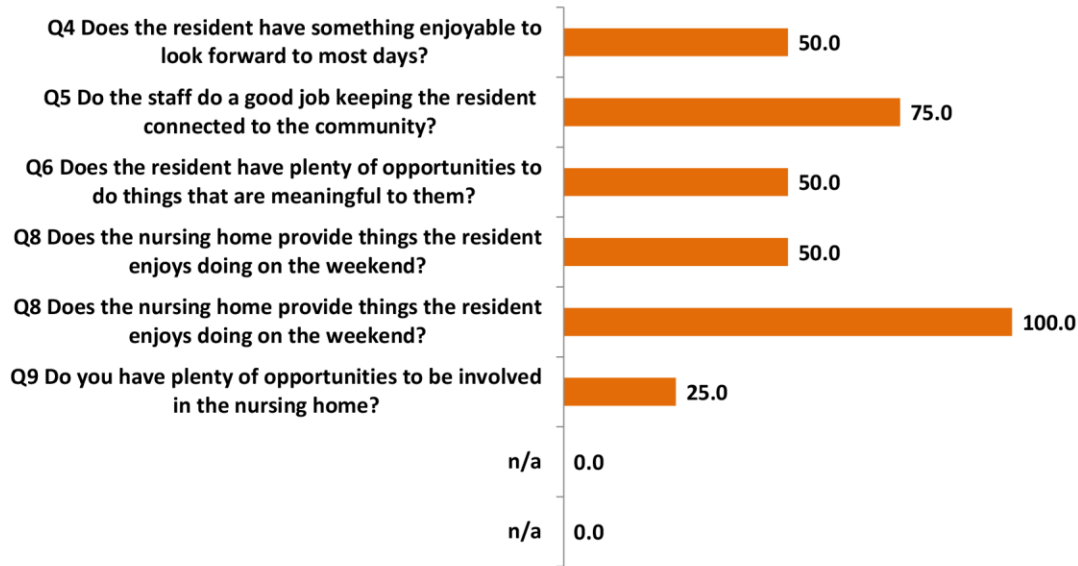
After indicating priority scores for all domains, individual items within each of the top two domains were shown, with the highest scores on each indicating areas of greatest priority for improvement. An example of a facility priority index is shown in Figure 5.

Figure 5. Priority Index Report

Target Questions: SPENDING TIME

A PI score was calculated for each of the questions within the top two priority domains. In cases of tied targeted domain scores, the domain with the lowest mean is presented below. Questions with highest PI scores are the ones that may benefit from quality improvement.

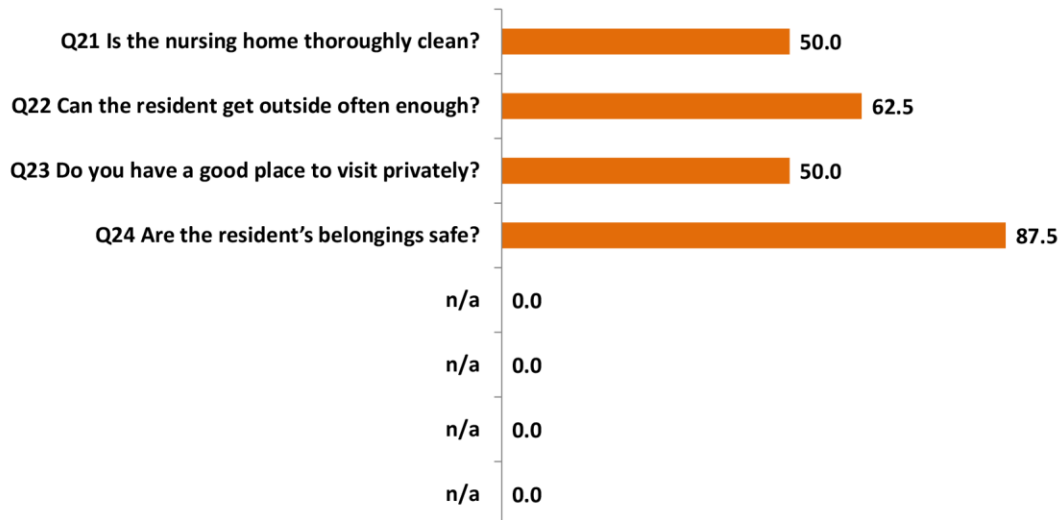
Priority Index Scores



Target Questions: ENVIRONMENT

A PI score was calculated for each of the questions within the top two priority domains. In cases of tied targeted domain scores, the domain with the lowest mean is presented below. Questions with highest PI scores are the ones that may benefit from quality improvement.

Priority Index Scores



RECOMMENDATIONS FOR 2018

The nursing home consumer guide is a “work in progress” by mandate; aside from work to develop newly revised tools for 2016, the practices and procedures used this year resulted from methods used and improved over the last few years. The lower number of facilities meeting the margin of error and overall statewide response rate reductions cause some concern and suggest some additional ideas for improvements.

1. Continue to use mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates. Include promotional materials such as high-quality posters, pre-printed bill stuffers, news releases, or other materials to encourage family participation. Consider a statewide ad campaign or public service announcements directly to families to encourage them to participate.
2. Continue to use advance notices from ODA regarding preparation for family list compilation and list uploads.
3. Work with trade associations to place reminders in their regular newsletters and e-newsletters. Facilities that have not received a request for family list submission should be alerted to timing for survey participation.
4. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home or the residential care facility will ever see individual results.
5. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
6. Interview administrators from facilities with high response rates and create a list of *Best Practices to Encourage Family Participation*.
7. Continue the use of the Family Survey web page for facilities and families on the ODA web site. This would increase the transparency of the process and encourage facilities and families who have questions about the process to participate.
8. Begin the survey process earlier in the calendar year to take advantage of student availability beginning in May for survey support.
9. Provide ODA with lists of facilities with no surveys from first three batches beginning in August, and facilities with no surveys from all batches in September.
10. Add the number of duplicates removed from the family lists to ensure an accurate number of involved families and friends to use for margin of error.
11. Explore strategies to assist smaller facilities in meeting margin of error.
12. Continue to explore scoring changes that provide a valid description that will be accurately interpreted by facilities and families.

CONCLUSIONS

This report on the eighth family survey implementation provides guidance for further refinements to the family satisfaction survey process in future years. Ohio leads the nation in providing the most comprehensive consumer satisfaction information about nursing homes and residential care facilities. Work conducted with Ohio's data in relationship to Nursing Home Compare has illustrated the importance of family and resident information as a distinct aspect of overall facility quality (Williams, Straker, and Applebaum, 2015). We continue to implement a rigorous survey process that results in robust survey data for important consumer decision-making and quality improvement by facilities.

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APPENDIX A

FAMILY SURVEY FORMS AND INSTRUCTIONS

2016 Ohio Residential Care Facility Family Satisfaction Survey

Facility ID:

Password:

Thank you for taking the time to complete the Ohio Residential Care Facility (RCF) Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's RCF or assisted living residents. Please answer as many questions as you can, even if you were only involved with a 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 won't know which facility you are responding about.

You may complete your survey via the Internet if you would prefer.

Type the URL <http://miamioh.edu/scrippsaging/2016-family-survey> into the address line of your Internet browser. Choose the link from that page based on the serial number printed on the bottom of this page. You will be asked to enter a facility identification number and password to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the password from the upper right corner when you login to the survey. The first two characters of the password are letters; the rest are numbers. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-844-781-0233** 9:00-4:00, M-F or send 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.

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

John Kasich, Governor
Bonnie K. Burman, Sc.D., Director

Dear Family Member or Friend of an Ohio Long-Term Care Facility Resident:

Every Ohioan has the right to expect excellence from the long-term care providers who care for and support us or our loved ones. Our goal at the Ohio Department of Aging is to make high-quality, person-centered services and supports the norm at every Ohio nursing home and assisted living facility in the state, and to help residents seek and receive nothing less than the highest quality care possible.

We have contracted with the Scripps Gerontology Center at Miami University to survey family members and friends of residents of long-term care facilities, including nursing homes, residential care facilities and hospital sub-acute units, to gather *your* opinions about the home where your relative or friend is staying. The results of this Family Satisfaction Survey will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltc.ohio.gov) early in 2017.

The Consumer Guide assists people in selecting a long-term care provider by offering comparative information, but it also helps providers improve their services through the information gathered in this and other surveys. Your participation is voluntary, but critical, as it helps providers identify what they can do to better serve your loved one and others under their care.

More than 27,000 family members and friends participated in the 2014 survey. I hope you will add your voice to the conversation about quality care. The information that you provide in this survey is anonymous: Nothing on the survey identifies you, and providers will not see your responses.

You may submit your survey responses online using the instructions on the front cover of this packet or complete the printed survey form and return it anonymously to the researchers at Scripps using the enclosed postage-paid envelope. If your family member has received care in several places, please respond thinking about the home that sent the survey to you (printed on the form).

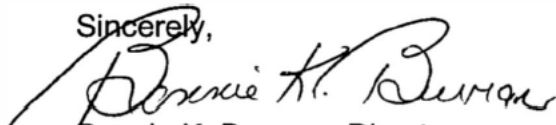
Please submit or mail your survey responses within two weeks of receiving this packet.

Call the Family Satisfaction Survey toll-free helpline at **1-844-781-0233** between 9 a.m. and 4 p.m. or e-mail familysurvey@miamioh.edu if you have any questions about the survey.

If you have concerns about the care your loved one is receiving, please contact the Office of the State Long-term Care Ombudsman at **1-800-282-1206** for assistance. Comments written on the survey form itself may not be seen by an ombudsman who can help.

Your participation in this survey will help providers improve their quality, and will help others select the best home for their loved ones. Thank you in advance for your participation.

Sincerely,



Bonnie K. Burman, Director

Ohio Department of Aging Residential Care Facility Family Satisfaction Survey 2016



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 *****

Moving In

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
1. When the resident moved in, 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 residential care?	<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

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
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 residential care facility have enough opportunities for your resident to go on special outings and events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the resident like the provided activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the residential care facility provide things the resident enjoys doing on the weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have plenty of opportunities to be involved in the residential care facility?	<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>
11. Does this living arrangement help the resident maintain their independence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 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"/>
13. 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>
14. 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"/>
15. 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"/>
16. 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"/>
17. 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"/>
18. Do the staff encourage your resident to be as independent as they are able to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you feel confident staff would come quickly anytime your resident needed 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>
20. Is there a lot of variety in the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. 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"/>
22. 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>
23. Is the residential care facility thoroughly clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Can the resident get outside often enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. 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>
26. 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"/>
27. Are your concerns addressed in a timely way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. 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"/>
29. Do the staff seem happy to work at the residential care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. 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"/>
31. Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g. things like paperwork, purchasing clothing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have peace of mind about the care your resident is getting when you aren't at the residential care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Would you highly recommend this residential care facility 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)?

Example: 101

1 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
3 <input type="checkbox"/>	2 <input type="checkbox"/>
4 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <input type="checkbox"/>	4 <input type="checkbox"/>
6 <input type="checkbox"/>	5 <input type="checkbox"/>
7 <input type="checkbox"/>	6 <input type="checkbox"/>
8 <input type="checkbox"/>	7 <input type="checkbox"/>
9 <input type="checkbox"/>	8 <input type="checkbox"/>
10 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>

1 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/>	1 <input type="checkbox"/>
3 <input type="checkbox"/>	2 <input type="checkbox"/>
4 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <input type="checkbox"/>	4 <input type="checkbox"/>
6 <input type="checkbox"/>	5 <input type="checkbox"/>
7 <input type="checkbox"/>	6 <input type="checkbox"/>
8 <input type="checkbox"/>	7 <input type="checkbox"/>
9 <input type="checkbox"/>	8 <input type="checkbox"/>
10 <input type="checkbox"/>	9 <input type="checkbox"/>

2. How old are you (years)?

Example: 85

1 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/>	1 <input type="checkbox"/>
3 <input type="checkbox"/>	2 <input type="checkbox"/>
4 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <input type="checkbox"/>	4 <input type="checkbox"/>
6 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
7 <input type="checkbox"/>	6 <input type="checkbox"/>
8 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
9 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>

1 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/>	1 <input type="checkbox"/>
3 <input type="checkbox"/>	2 <input type="checkbox"/>
4 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <input type="checkbox"/>	4 <input type="checkbox"/>
6 <input type="checkbox"/>	5 <input type="checkbox"/>
7 <input type="checkbox"/>	6 <input type="checkbox"/>
8 <input type="checkbox"/>	7 <input type="checkbox"/>
9 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>

3. What is your race/ethnicity?

Asian/Pacific Islander <input type="checkbox"/>	Hispanic <input type="checkbox"/>
African American/Black <input type="checkbox"/>	Native American/Indian <input type="checkbox"/>
Caucasian/White <input type="checkbox"/>	Other <input type="checkbox"/>

6. What is your educational level?

Less than high school <input type="checkbox"/>	Completed college <input type="checkbox"/>
High school completed <input type="checkbox"/>	Master's or higher <input type="checkbox"/>

4. Mark the gender for the resident Male Female

5. Mark the gender for you Male Female

7. Do you expect the resident's total stay in this residential care facility to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

Less than 1 month	<input type="checkbox"/>
From 1 to 3 months.....	<input type="checkbox"/>
Greater than 3 months	<input type="checkbox"/>

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

Daily	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>

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

Help with:

	Never	Sometimes	Always
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"/>

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

Spouse.....	<input type="checkbox"/>	Brother/sister.....	<input type="checkbox"/>
Child.....	<input type="checkbox"/>	Friend.....	<input type="checkbox"/>
Grandchild.....	<input type="checkbox"/>	Parent.....	<input type="checkbox"/>
Niece/Nephew.....	<input type="checkbox"/>	Guardian.....	<input type="checkbox"/>
Son/Daughter in law.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

11. Do you talk to the following staff?

	Never	Sometimes	Always
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"/>

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

12a. 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.....

12c. 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.....

12b. 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.....

12d. 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.....

■

■

Thank you for your time! Your participation will help others know more about Ohio residential care facilities. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-33. Place your completed survey in the business reply envelope and drop into the mail.

***** Please do not fold your survey *****

Return to: Scripps Gerontology Center
Miami University
Oxford, OH 45056

Your comments below will be shared anonymously with the residential care facility and the Ohio Long-Term Care Ombudsman 's office:

APPENDIX B

FACILITY LIST INSTRUCTIONS

2016 Ohio Nursing Home Family Satisfaction Survey

Facility ID:

Password:

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. It 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 won't know which facility you are responding about.

You may complete your survey via the Internet if you would prefer.

Type the URL <http://miamioh.edu/scrippsaging/2016-family-survey> into the address line of your Internet browser. Choose the link from that page based on the serial number printed on the bottom of this page. You will be asked to enter a facility identification number and password to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the password from the upper right corner when you login to the survey. The first two characters of the password are letters; the rest are numbers. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-844-781-0233** 9:00-4:00, M-F or send 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.

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

John Kasich, Governor
Bonnie K. Burman, Sc.D., Director

Dear Family Member or Friend of an Ohio Long-Term Care Facility Resident:

Every Ohioan has the right to expect excellence from the long-term care providers who care for and support us or our loved ones. Our goal at the Ohio Department of Aging is to make high-quality, person-centered services and supports the norm at every Ohio nursing home and assisted living facility in the state, and to help residents seek and receive nothing less than the highest quality care possible.

We have contracted with the Scripps Gerontology Center at Miami University to survey family members and friends of residents of long-term care facilities, including nursing homes, residential care facilities and hospital sub-acute units, to gather *your* opinions about the home where your relative or friend is staying. The results of this Family Satisfaction Survey will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltc.ohio.gov) early in 2017.

The Consumer Guide assists people in selecting a long-term care provider by offering comparative information, but it also helps providers improve their services through the information gathered in this and other surveys. Your participation is voluntary, but critical, as it helps providers identify what they can do to better serve your loved one and others under their care.

More than 27,000 family members and friends participated in the 2014 survey. I hope you will add your voice to the conversation about quality care. The information that you provide in this survey is anonymous: Nothing on the survey identifies you, and providers will not see your responses.

You may submit your survey responses online using the instructions on the front cover of this packet or complete the printed survey form and return it anonymously to the researchers at Scripps using the enclosed postage-paid envelope. If your family member has received care in several places, please respond thinking about the home that sent the survey to you (printed on the form).

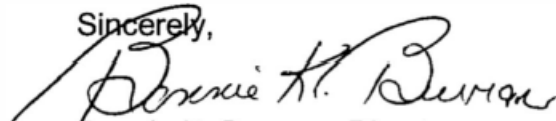
Please submit or mail your survey responses within two weeks of receiving this packet.

Call the Family Satisfaction Survey toll-free helpline at **1-844-781-0233** between 9 a.m. and 4 p.m. or e-mail familysurvey@miamioh.edu if you have any questions about the survey.

If you have concerns about the care your loved one is receiving, please contact the Office of the State Long-term Care Ombudsman at **1-800-282-1206** for assistance. Comments written on the survey form itself may not be seen by an ombudsman who can help.

Your participation in this survey will help providers improve their quality, and will help others select the best home for their loved ones. Thank you in advance for your participation.

Sincerely,



Bonnie K. Burman, Director

Ohio Department of Aging Nursing Home Family Satisfaction Survey 2016



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 *****

Moving In

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
1. When the resident moved in, 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

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
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. Are the resident's preferences about daily routine carried out (e.g. time and place for meals and time and type of bath)?	<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. things like 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)?

Example: 101

1	<input type="checkbox"/>	0	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>
4	<input type="checkbox"/>	3	<input type="checkbox"/>
5	<input type="checkbox"/>	4	<input type="checkbox"/>
6	<input type="checkbox"/>	5	<input type="checkbox"/>
7	<input type="checkbox"/>	6	<input type="checkbox"/>
8	<input type="checkbox"/>	7	<input type="checkbox"/>
9	<input type="checkbox"/>	8	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>

0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

2. How old are you (years)?

Example: 85

		0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

3. What is your race/ethnicity?

Asian/Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	Native American/Indian	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	Other	<input type="checkbox"/>

6. What is your educational level?

Less than high school	<input type="checkbox"/>	Completed college	<input type="checkbox"/>
High school completed	<input type="checkbox"/>	Master's or higher	<input type="checkbox"/>

4. Mark the gender for the resident

Male
 Female

5. Mark the gender for you

Male
 Female

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

Daily	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>

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

Help with:

	Never	Sometimes	Always
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"/>

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

Spouse.....	<input type="checkbox"/>	Brother/sister.....	<input type="checkbox"/>
Child.....	<input type="checkbox"/>	Friend.....	<input type="checkbox"/>
Grandchild.....	<input type="checkbox"/>	Parent.....	<input type="checkbox"/>
Niece/Nephew.....	<input type="checkbox"/>	Guardian.....	<input type="checkbox"/>
Son/Daughter in law.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

11. Do you talk to the following staff?

	Never	Sometimes	Always
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"/>

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

12a. Taking medication

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.....

12c. 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.....

12b. 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.....

12d. 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.....

■

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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.

***** Please do not fold your survey *****

Return to: Scripps Gerontology Center
Miami University
Oxford, OH 45056

Your comments below will be shared anonymously with the nursing home and the Ohio Long-Term Care Ombudsman 's office: