

**By answering this questionnaire, you will help us to improve the care and services we provide to our residents. We would like to know your opinion, whether it is positive or negative. We also welcome your comments and suggestions.**

**Rest assured that the answers to this questionnaire will be treated confidentially.**

**Answer Key:**

**Yes= MOST or ALL of the time**

**Sometimes= Some of the time, Not always**

**No= RARELY or NEVER**

**N/A= Questions does not apply to you**

**Don't Know= You don't have enough information to answer the question**

## 1. Resident Activities

	Yes	Sometimes	No	N/A	Don't Know
Do you receive assistance from Fairhaven staff to assist you in doing activities you like (e.g. reading, writing letters, using the computer etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are holidays, personal anniversary, and important dates celebrated in a respectful compassionate and cultural manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you participate in the activities offered by the home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If NO, is this important to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do Fairhaven's activities and programs meet your needs/interest?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do we offer activities at an appropriate time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you provided input or suggestions for activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any comments you wish to make about the resident activities offered at the home?

2. Services

	Yes	Somewhat	No	N/A	Don't Know
Are the physiotherapy programs effective to assist you with your independence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the care provided by your physician?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the services provided by the Pharmacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the services provided by the Dental Clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do we meet your religious and spiritual needs? (If resident doesn't have spiritual needs, rate as N/A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the hair dresser services offered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the foot care provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware Fairhaven has a Behaviour Support Ontario team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been involved in the process for Behaviour Support Ontario team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you access your trust fund when you need to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments on our Behaviour Support Ontario Team.

3. Are there any comments you wish to make about the services provided at the home?

4. Information and Communication

	Yes	Sometimes	No	N/A	Don't Know
Are you involved in decisions about your health condition and treatment plan by the members of your care team (includes physician, nurses, physiotherapist, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you involved in decisions about your care and daily routine (food preferences, sleeping, dressing and bathing schedules)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel comfortable expressing your feelings and opinions to staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you receive monthly statements of account of transactions in your trust account and for your accommodations charges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any comments you wish to make about information and communication at the home?

5. Dignity

	Yes	Sometimes	No	N/A	Don't Know
a) Do you feel staff treat you with respect, politeness and courtesy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do you feel volunteers treat you with respect, politeness and courtesy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Does the staff follow up on your requests in a timely manner (e.g. call bells, concerns/complaints)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Do you avoid providing feedback for fear of retaliation (e.g. abuse, withholding care etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Do staff respect your personal privacy (knocking before entering your room) and physical privacy (privacy curtains drawn during personal care)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For question (a), if a response is Sometimes/No, please provide details in the comment section below.

**For question a, if response is No/Sometimes. please provide details in the comment section below.**

6. Safety & Security

	Yes	Sometimes	No	N/A	Don't Know
a) Within the last 12 months, have you had any personal items go missing? (clothing, jewellery, money, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do you feel safe in the home and on the home's external property (garden areas, patios, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

7. Building and Environment

	Yes	Sometimes	No	N/A	Don't Know
Is the temperature comfortable for you day and night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the lighting adequate for you in all areas of the home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the noise level acceptable day and night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the home clean and well maintained (for example repairs, decorating, or painting)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your room clean and tidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your clothes cleaned and returned within two (2) days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you could improve one thing in your home environment, what would it be?

8. Food

	Yes	Sometimes	No	N/A	Don't Know
Are you offered a choice at meal time (main entrée, dessert, and beverage)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the food taste good and look appetizing at breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the food taste good and look appetizing at lunch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the food taste good and look appetizing at supper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the food served at the proper temperature (e.g. is hot food hot and cold food cold)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you offered snacks and beverages between meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you have enough time to complete your meal without rushing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the overall dining experience pleasurable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any comments you wish to make about the food or food services provided in our home?



9. Resident Care

	Yes	Sometimes	No	N/A	Don't know
If required, do the staff assist you in cleaning your teeth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If required do the staff assist you with your nail care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you are currently using an incontinent product, is it well concealed under your clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the incontinent product comfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the incontinent product meet your bladder and bowel control needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your bathing needs met on a consistent basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the temperature in the spa room appropriate and comfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you currently have any discomfort, or have you had discomfort such as pain, heaviness, burning or hurting with no relief?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any comments you wish to make about the personal care services provided to you in our home?

### 10. Overall Quality of Care

	Yes	Sometimes	No	N/A	Don't Know
Are you provided care and treatment in the language of your choice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that the nursing staff know your care routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your overall care needs being met?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel there is enough staff available to provide the care and assistance needed without having to wait a long time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 11. Overall Quality of Care

	Excellent	Very Good	Good	Fair	Poor
Overall how would you rate the quality of care and services you receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Would you recommend our home to a family member or friend?

- Yes
- Maybe
- No

13. Which aspects create an optimal "sense of home" for you at Fairhaven

14. Do you have suggestions for improvements for the home?

15. For Relatives:

Which aspects contribute to a "sense of home" for your loved one and consequently, makes it a place you like to visit?

16. Resident Council And Family Council

	Yes	No
Do you know about Resident Council?	<input type="radio"/>	<input type="radio"/>
Do you participate in Resident Council	<input type="radio"/>	<input type="radio"/>
Do you know about Family Council?	<input type="radio"/>	<input type="radio"/>
Do you participate in Family Council?	<input type="radio"/>	<input type="radio"/>

17. This survey was completed by:

- Resident
- Family Member

18. Resident Home Area

	RSSC	Riverside 2	Riverside 3	Riverside 4	Westview 2	Westview 3	Westview 4	Westview 5	Prefer not to answer
Resident home area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Duration of stay

- Less than 5 months
- 6-11 months
- 1-4 years
- 5 years and over