



Resident/Family Questionnaire

At the Saul and Claribel Simkin Centre, we are committed to providing all of our residents with exceptional care and service. We believe that family members play a vital role in assisting us to fulfill our commitment. As such, we request that you complete the following questionnaire. Your response will help us understand how your loved one feels about moving into and living at the Centre. We also wish to learn about any improvements that we can make.

Thank you for your assistance,

Laurie Cerqueti, BA, RN, BN, MSA
Chief Executive Officer"

(Note: PDF Editable Form - Must open using Adobe Acrobat Reader App if using a Mobile Device)

Prior to admission to The Saul and Claribel Simkin Centre, resident resided:

☐at home ☐in hospital ☐in another personal care home

Currently living on:

☐Simkin 1 ☐Simkin 2 ☐Weinberg 1 ☐Weinberg 2 ☐Weinberg 3

PRE-ADMISSION

1. Did the resident and/or family feel welcome to approach the Social Worker with concerns about his/her admission?
If answered "NO", please explain.

☐ Yes ☐ No

2. Did staff from The Simkin Centre complete a pre-admission visit with the applicant or family (proximity permitting) asking for information about the applicant's health and lifestyle patterns?
If answered "NO", please explain.

☐ Yes ☐ No

3. Did the family and/or resident have an opportunity to tour The Simkin Centre prior to admission?
If answered "NO", please explain

☐ Yes ☐ No

4. Prior to admission, did the resident and/or family members receive a copy of the "Resident Information Handbook"?

☐ Yes ☐ No

5. Are we helpful and informative with your overall financial matters?
If answered "NO", please explain

☐ Yes ☐ No

ADMISSION

6. Did the family and/or resident feel welcome and well received by staff? ☐ Yes ☐ No
If answered "NO", please explain.

7. Did the family members feel supported by staff on the day of admission? ☐ Yes ☐ No
If answered "NO", please explain.

8. Was the family and/or resident oriented to their new environment? ☐ Yes ☐ No
If answered "NO", please explain.

9. Did the legal representative, responsible for the financial affairs of the resident, receive sufficient information regarding the requirements for meeting the resident's financial obligations at time of admission? ☐ Yes ☐ No
If answered "NO", please explain.

10. Is the business office easily accessible to both financial representative and resident? ☐ Yes ☐ No
If answered "NO", please explain

POST ADMISSION

11. Is the resident satisfied with the care received? ☐ Yes ☐ No
If answered "NO", please explain.

12. Are you, as family members, satisfied with the care The Simkin Centre provides to the resident? ☐ Yes ☐ No
If answered "NO", please explain.

13. Did the family and/or resident have an opportunity to ask questions about the "Resident Information Handbook"? ☐ Yes ☐ No
If answered "NO", please explain

14. Do the family and/or resident feel they received adequate information about The Simkin Centre that helped prepare for admission? ☐ Yes ☐ No
If answered "NO", please explain.

15. Do the family feel that staff are friendly? ☐ Yes ☐ No
If answered "NO", please explain.

16. Do you, as family members, feel comfortable to visit your family member at The Simkin Centre? ☐ Yes ☐ No
If answered "NO", please explain.

17. Is the resident receiving regular visits from:
- Family? ☐ Yes ☐ No
- Friends? ☐ Yes ☐ No
- Volunteers? ☐ Yes ☐ No
If answered "NO", please explain.

18. Does the family or resident know you can request to see a doctor?
If answered "NO", please explain.

☐ Yes ☐ No

19. Is family able to contact the Nurse Manager or Unit Co-Ordinator
Nurse when they have a question or concern?
If answered "NO", please explain.

☐ Yes ☐ No

20. Does the resident and family feel comfortable in raising concerns
and/or recommendations to staff?
If answered "NO", please explain.

☐ Yes ☐ No

21. Is the resident and/or family able to contact the Social Worker when
you have a question or concern?
If answered "NO", please explain.

☐ Yes ☐ No

22. Does the resident and/or family feel that the programming scheduled
by the Therapeutic Recreation department represents a variety of
activities and provides the resident with meaningful and purposeful
activity?
If answered "NO", please explain.

☐ Yes ☐ No

23. Does the resident and/or family feel that the resident's spiritual needs
are met adequately?
If answered "NO", please explain.

☐ Yes ☐ No

24. Does the resident and family feel the temperature of food/beverages served are satisfactory? ☐ Yes ☐ No
If answered "NO", please explain.

25. Does the resident and/or family feel that the meal serving size is appropriate: ☐ Yes ☐ No
If answered "NO", please explain.

26. Does the resident know that he/she is welcome to ask for alternative food choices or second servings at meals? ☐ Yes ☐ No
If answered "NO", please explain.

27. Does the resident and/or family feel that the resident's dining area is clean? ☐ Yes ☐ No
If answered "NO", please explain.

28. Does the resident and/or family feel that the resident's room is clean? ☐ Yes ☐ No
If answered "NO", please explain.

29. Do family members require assistance in helping the residents or themselves cope with changes experienced as a result of the admission to The Simkin Centre? ☐ Yes ☐ No
If answered "YES", please explain.
