



SAUL & CLARIBEL  
SimkinCentre

# Voice of Our Residents Survey

	Always	Often	Sometimes	Never	N/A	
<b>BILL OF RIGHTS</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
I am aware of the Residents' Bill of Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Resident is treated with dignity, honour, and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time is taken to listen and respond to concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff address the Resident by their preferred name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are knocking on the Resident's door prior to entering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>THERAPEUTIC RECREATION SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
Resident is given the choice to attend programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resident is assisted to participate in programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreation programs are visibly posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SPIRITUAL CARE SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
Availability of Rabbinical/Pastoral visits is sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities are provided for Religious/Spiritual Celebrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FOOD SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
The food is appetizing and appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff provide residents with sufficient help at meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal time is a pleasant and social experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resident is given sufficient time to complete their meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resident is aware that there is an alternate food choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food preferences are honoured as able	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NURSING SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
Resident is offered choices regarding care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunity is available to participate in developing plan of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Open lines of communication are encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Residents are offered privacy during medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>REHABILITATION SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
Resident's mobility needs are being met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment needs are discussed in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ENVIRONMENTAL SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
The Simkin Centre is clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The resident's room is well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to have personal items in your room is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I feel safe at the Simkin Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LAUNDRY SERVICES</b>	<b>RESPONSE</b>					<b>COMMENTS</b>
Linens are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Return time for personal laundry is acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide an overall Satisfaction rate regarding the care and services being provided: (check one box below)

POOR	AVERAGE	ABOVE AVERAGE	EXCELLENT
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## ***Voice of Our Residents Survey***

THE FEEDBACK ABOUT THE CARE AND SERVICES YOU RECEIVE AT THE SAUL AND CARIBEL SIMKIN CENTRE ARE OUR GUIDE TO IMPROVEMENT. YOUR COMMENTS ARE VALUED AND APPRECIATED.

**PLEASE TELL US THREE THINGS THAT WE NEED TO IMPROVE**

1

2

3

**PLEASE TELL US THREE THINGS THAT WE ARE DOING WELL**

1

2

3

**GENERAL COMMENTS:**

**IF YOU WOULD LIKE A RESPONSE TO YOUR COMMENTS / CONCERNS, PLEASE COMPLETE THE FOLLOWING**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**FOR OFFICE USE ONLY: FOLLOW UP ON COMMENTS AND CONCERNS:**

**FOLLOW UP COMPLETED BY:**

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_