

<<Facility\_Name\_1>>

<<Facility\_Name\_2>>

<<Tray #>> <<TOPLINE>>

<<Sort #>> <<Full Name>>

<<Address Line 1>>



<<Address Line 2>>

<<City>> <<State>> <<ZIP Code>>



Dear employee,

<<Facility\_Full>> is committed to providing high quality, person-centered care. Our ability to do that depends on you, our most valuable resource. We want to provide the best possible work environment for you so you can provide great care for our residents. To do so, it is important to us that we hear directly from you, as well as residents and family members.

**This survey will help us hear from you** about your job satisfaction. We also value your opinion on the care we provide to our residents. Please be sure to answer all of the questions. We will use your responses to help us improve your work environment and the quality of care we provide.

Your responses to the survey questions will remain completely confidential. NRC Health will send us a report of all of the completed surveys. We will not know how any one person answered the questions. Please be open in sharing your feedback. It will help us improve your work environment and the quality of care we provide.

**There are two ways to complete the survey. Please complete and submit only one version of the survey:**

**1. You can complete the survey online.** We encourage you to take the on-line version as it will be much quicker. To complete the survey online, type <<survey\_link>> into your web browser. Enter <<survey ID>> to access the survey.

**2. You can complete the survey on paper.** To ensure anonymity, you will place your completed survey in a sealed envelope. The completed survey will be sent to NRC Health in the envelope provided. <<Facility\_Full>> will not see it.

**THANK YOU** for helping us make <<Facility\_Full>> a great place to work and live! We value your feedback!