

<<Facility_Name_1>>

<<Facility_Name_2>>

<<Tray #>> <<TOPLINE>>

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

<<Address Line 1>>



<<Address Line 2>>

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



Dear family member,

<<Facility_Full>> is committed to providing high quality, person-centered care. To do so, it is important to us that we hear directly from you, as well as residents and staff.

This survey will help us hear from you about the care we provide for your loved one. We want to know if you're satisfied with the care they receive. We also want to make sure we honor their choices, treat them with respect, seek and respond to input from them and from you, and provide meaningful activities that they value and enjoy. So there are questions about each of those things. Please be sure to answer all of the questions. We will use your responses to help us improve 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 our care.

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 improve the care we provide. We value your feedback!