

<<Facility_Name_1>>

<<Facility_Name_2>>

<<Tray #>> <<TOPLINE>>

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

<<Address Line 1>>



<<Address Line 2>>

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



Dear resident,

<<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 family members and staff.

This survey will help us hear from you about the care we provide. We want to know if you're satisfied with the care you receive. We also want to make sure we honor your choices, treat you with respect, seek and respond to input from you and your family, and provide meaningful activities that you 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. 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!