

COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) RESIDENT SATISFACTION EVALUATION

Wisconsin Administrative Code, DHS 83.35(4), requires that within **30 days** prior to the annual evaluation, the resident and his/her guardian or agent shall be offered the opportunity to complete a written or oral evaluation of the facility's services, including but not limited to the ability of the facility to identify and meet his/her needs and preferences for care. A facility-developed form may be used if it captures the identical information and is approved by the Department.

Name - Facility

Name - Resident

Date Form Completed

1. All facilities must provide or make available to residents certain services. From the following list, please check the services you receive:

- | | |
|--|---|
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Leisure time activities | <input type="checkbox"/> Activities in the community |
| <input type="checkbox"/> Family contacts | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health monitoring | <input type="checkbox"/> Access to medical services |
| <input type="checkbox"/> Medication monitoring/supervision | <input type="checkbox"/> Limited nursing services |
| <input type="checkbox"/> Help with personal care | <input type="checkbox"/> Help with independent living skills |
| <input type="checkbox"/> Help in communication | <input type="checkbox"/> Opportunity to socialize with others |
| <input type="checkbox"/> Assistance in decision-making | <input type="checkbox"/> Transition services |

Please list any other services you receive that are not included in the above list:

Are there other services or activities that you feel you need but are **NOT** provided or arranged by the CBRF? Please list:

2. Overall, I am satisfied with the services provided by this facility.

- Yes Somewhat No Don't Know

Comments:

3. The care I receive is the kind of care I desire.

- Yes Somewhat No Don't Know

Comments:

4. The facility meets my treatment preferences (choice of doctors, pharmacy, etc.)

- Yes Somewhat No Don't Know

Comments:

5. The facility meets my preferences for services (I receive the services I need or want).

Yes Somewhat No Don't Know

Comments:

6. The facility offers a variety of activities for me to choose from.

Yes Somewhat No Don't Know

List activities in which you take part and how often you participate.

6a. List any activities you would like to have but are not available.

7. There appears to be enough staff on duty at all times to meet my needs as well as those of other residents.

Yes Somewhat No Don't Know

Comments:

8. Staff members appear to know what their responsibilities are.

Yes Somewhat No Don't Know

Comments:

9. I am treated respectfully at all times.

Yes Somewhat No Don't Know

Comments:

10. My rights have been explained to me.

Yes Somewhat No Don't Know

Comments:

11. I feel that my rights are being protected.

Yes Somewhat No Don't Know

Comments:

12. The food served ...

... **is of good quality** Yes No Don't Know

Comments:

... **meets my nutritional needs** Yes No Don't Know

Comments:

... **is prepared well** Yes No Don't Know

Comments:

... **tastes good** Yes No Don't Know

Comments:

... **is always enough** Yes No Don't Know

Comments:

... **is of a wide variety** Yes No Don't Know

Comments:

... **hot foods are served hot and cold foods are served cold** Yes No Don't Know

Comments:

13. My room is comfortable and meets my needs.

Yes Somewhat No Don't Know

Comments:

14. The furnishings in my room are kept in good repair.

Yes Somewhat No Don't Know

Comments:

15. My room, as well as the rest of the facility, is kept neat and clean.

Yes Somewhat No Don't Know

Comments:

16. I feel safe and comfortable here.

Yes Somewhat No Don't Know

Comments:

17. People respect my privacy.

Yes Somewhat No Don't Know

Comments:

18. The facility manages my personal funds.

Yes No Don't Know

If you answered "Yes," do you have concerns about how the facility is handling your funds?

