

Tell Your Story About Nursing Home or Assisted Living Care

A few background questions.

Thank you for taking the time to tell your story. Hearing from you helps us to provide a strong voice for better care and life with dignity for residents. Please note that we will never divulge any resident's name, or the name or location of a facility, unless you give us specific permission to do so.

* 1. Are you a:

- Resident Staff Person
 Family Member Ombudsman
 Other (please specify)

* 2. Type of facility.

- Nursing Home Assisted Living/Adult Home
 Other (please specify)

* 3. Is the experience you are writing about positive or negative?

- Positive Negative

* 4. Did the situation involve abuse, neglect, or other problem? Please select all that apply:

- Neglect Unwanted Discharge From the Facility Medication
 Emotional Abuse Food or Dining Issue Communication Problem
 Physical Abuse Sexual Abuse Theft or Loss

Other (please specify)

5. Did the situation raise concerns about the care the resident was receiving?

- Yes No

6. Did the situation raise concerns about the safety of the resident?

- Yes No

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Please tell your story here.

* 7. Please use as much space as you like to provide details of your story. We appreciate hearing about any situation that matters to you, whether it is about a good experience or bad experience.

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A few additional questions.

If your story relates to a problem or concern, your answers to the following questions will help us categorize the types of problems residents are experiencing.

8. Did the situation involve care for a resident with dementia?

Yes

No

9. Was the resident in the facility for...

short-term rehab

long term care

don't know or unsure

10. Do you feel that this situation caused resident harm?

Yes

No

Don't know/unsure

11. How many residents do you feel were impacted by this situation?

None

Many or all residents affected

One resident affected

Don't know/unsure

Some residents affected

12. Please tell us your perception of the severity of the problem or situation.

No harm (emotional or physical) to resident(s)

Resident(s) were seriously harmed (emotionally or physically)

Risk of harm to resident(s)

Situation or incident resulted in death of resident(s)

Resident(s) were harmed (emotionally or physically)

13. Please indicate which of the following most closely reflects the facility's response.

They did not respond at all

They said someone would take care of it, but no one did

They responded and resolved the incident in a timely manner

I did not tell the facility

They responded and the incident was resolved, but it took too long

I don't know

You are welcome to provide details here.

Tell Your Story About Nursing Home or Assisted Living Care

Please tell us a little about you (optional).

All personal identifying information you provide us in this survey, including any answers you provide below, will be kept strictly confidential unless you give us specific permission otherwise.

14. Address

Name

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

15. If you would like to sign up for our nursing home and assisted living-related issue alerts, please write your email below. (We do not share our contact list with the public).

16. May we contact you in the future to share more about your story?

Yes (Please provide contact information below)

No

Please provide your name, email, and/or phone number.

Thank you for telling your story!

For more resources and information on residential care and quality of life, please visit our website, www.nursinghome411.org. To receive notification about future free programs and alerts, please email INFO@LTCCC.ORG.

Please email your responses to:

INFO@LTCCC.ORG

or mail them to:

LTCCC

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