



Post Survey Provider Questionnaire

Facility name & contact person (optional) _____

Survey region [check]: North South West

Survey start date _____ Survey end date _____ # of deficiencies _____ # of SS F _____
SS G _____ #SS H or above _____ # of MA licensing regulations citations(R tags) _____

Type of survey [check all that apply] Standard Federal On-site with State Federal Monitoring Look behind

List the names of team members [indicate team coordinator with an *]

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Using the following scale of 1-5 please rate the following statements:

5=Strongly agree 4=Somewhat agree 3=Neither agree nor disagree 2=Somewhat disagree 1=Strongly disagree

1. Surveyors exhibited appropriate knowledge of pertinent laws, regulations, guidelines, etc., during interactions with staff. Scale=_____ Comments _____

2. Surveyors showed respect towards staff. Scale=_____ Comments _____

3. Surveyors showed respect for all residents, families and visitors. Scale=_____ Comments _____

4. Surveyors participated in an ongoing dialogue with facility staff during the course of the survey. Scale=_____ Comments _____

5. Surveyors provided staff with opportunities to discuss findings and provide explanations and/or supporting documentation prior to the exit conference. Scale=_____ Comments _____

Please feel free to provide additional comments or call Helen Magliozzi at 617.558.0202 Thank-you for your feedback

Please fax this Questionnaire to 617.558.3546