

Table 3
Grand Island Veterans Home
Summary of MEMBER Satisfaction Survey Responses
2010

Number of Survey Responses = 71

Living Environment (Facility Wide)	YES		NO		UNSURE	
	#	%	#	%	#	%
1. Is your living environment comfortable?	66	93.0%	4	5.6%	1	1.4%
2. Do you have enough privacy?	61	85.9%	8	11.3%	2	2.8%
3. Are your personal belongings safe here?	61	85.9%	7	9.9%	3	4.2%
4. Is the home clean and tidy?	69	98.6%	1	1.4%	0	0%
5. Is your room arranged the way you would like it to be?	66	93.0%	4	5.6%	1	1.4%
6. Does your room include some of your personal possessions?	69	97.2%	1	1.4%	1	1.4%
7. <i><u>If you were ill or injured, is it possible staff would not know it?</u></i>	<u>13</u>	<u>18.8%</u>	<u>49</u>	<u>71.0%</u>	<u>7</u>	<u>10.1%</u>
8. <i><u>Does the level of noise in the facility bother you?</u></i>	<u>9</u>	<u>13.0%</u>	<u>60</u>	<u>87.0%</u>	<u>0</u>	<u>0%</u>
9. <i><u>Is the facility in need of repair?</u></i>	<u>12</u>	<u>17.4%</u>	<u>50</u>	<u>72.5%</u>	<u>7</u>	<u>10.1%</u>
10. Are the grounds clean, well kept and attractive?	67	94.4%	0	0%	4	5.6%
11. Are the sidewalks and parking lot surfaces smooth and safe to walk on?	36	52.9%	20	29.4%	12	17.6%
12. Does the facility accommodate a good nights sleep?	65	91.5%	4	5.6%	2	2.8%

Dining Experience	YES		NO		UNSURE	
	#	%	#	%	#	%
13. Is food available whenever you are hungry?	68	95.8%	3	4.2%	0	0%
14. Do you feel you have enough time to eat?	70	98.6%	1	1.4%	0	0%
15. If you need assistance to eat, is there enough staff available to assist you?	51	82.3%	3	4.8%	8	12.9%
16. Are you served the types of foods you like?	58	85.3%	8	11.8%	2	2.9%
17. Are there enough different kinds of food to choose from?	63	91.3%	6	8.7%	0	0%
18. Do you get enough food to eat during meals?	70	98.6%	1	1.4%	0	0%
19. Are the temperatures of the meals you receive okay?	56	82.4%	10	14.7%	2	2.9%
20. Is the food you receive prepared to your liking?	55	82.1%	10	14.9%	2	3.0%
21. Do you feel the environment in the dining room helps you to enjoy your meals?	63	90.0%	3	4.3%	4	5.7%

Activities	YES		NO		UNSURE	
	#	%	#	%	#	%
22. Does the facility offer meaningful activities that you like to participate in?	61	85.9%	6	8.5%	4	5.6%
23. Is there enough opportunity to do self-directed activities such as reading, watching TV, or enjoying the outdoors etc?	67	94.4%	3	4.2%	1	1.4%
24. Are you informed of the activities available to you?	67	94.4%	3	4.2%	1	1.4%
25. Are you able to travel to off-campus outings when you want to?	52	75.4%	14	20.3%	3	4.3%
26. Does the facility offer sufficient entertainment for you to enjoy?	65	92.9%	2	2.9%	3	4.3%
27. Are there enough activities to choose from to meet your interests?	56	78.9%	9	12.7%	6	8.5%
28. Are activities offered during convenient time schedules?	67	94.4%	2	2.8%	2	2.8%
29. Do you get the help you need to attend activities?	65	94.2%	1	1.4%	3	4.3%
30. Do you have the opportunity to exercise and stay fit?	65	94.2%	2	2.9%	2	2.9%
31. Do you participate in facility-sponsored activities?	56	82.4%	9	13.2%	3	4.4%

Staff	YES		NO		UNSURE	
	#	%	#	%	#	%
32. Do the staff show they care about you?	64	94.1%	1	1.5%	3	4.4%
33. Do the staff respect your wishes?	65	94.2%	2	2.9%	2	2.9%
34. Do the staff understand what you are feeling or going through?	60	85.7%	4	5.7%	6	8.6%
35. Do the staff help you when you need it?	67	98.5%	1	1.5%	0	0%
36. When staff come into the room, do they tell you why they have come?	65	94.2%	4	5.8%	0	0%
37. Are the staff skilled and knowledgeable about how to take care of people?	64	94.1%	3	4.4%	1	1.5%
38. Do the staff answer your call light promptly?	42	70.0%	11	18.3%	7	11.7%
39. Do the staff follow-through with decisions that you make?	60	89.6%	3	4.5%	4	6.0%
40. Do staff knock before entering your room?	61	91.0%	5	7.5%	1	1.5%

Dignity	YES		NO		UNSURE	
	#	%	#	%	#	%
41. Do the staff call you by the name you prefer?	69	98.6%	1	1.4%	0	0%
42. Do the staff ensure that your personal hygiene is maintained?	68	97.1%	0	0%	2	2.9%
43. Is your personal physical privacy respected by staff?	68	97.1%	1	1.4%	1	1.4%
44. Do you have opportunities to help or support others?	57	81.4%	9	12.9%	4	5.7%
45. Do you feel a part of the daily activities of the home?	61	87.1%	6	8.6%	3	4.3%
46. Do you feel useful?	51	72.9%	17	24.3%	2	2.9%
47. Do you feel staff allow enough time for you?	63	91.3%	4	5.8%	2	2.9%
48. <i>Are you ever placed in a situation that makes you feel uncomfortable?</i>	<u>18</u>	<u>26.1%</u>	<u>50</u>	<u>72.5%</u>	<u>1</u>	<u>1.4%</u>
49. Do you feel staff are attentive to your needs?	67	97.1%	1	1.4%	1	1.4%
50. Are you treated with respect by staff?	67	98.5%	1	1.5%	0	0%

Autonomy	YES		NO		UNSURE	
	#	%	#	%	#	%
51. Are you encouraged to participate in decisions about your care?	61	88.4%	3	4.3%	5	7.2%
52. Do you decide what you are going to do each day?	65	92.9%	4	5.7%	1	1.4%
53. Do you express feelings and opinions around here?	61	87.1%	7	10.0%	2	2.9%
54. Is equipment available that allows you to be more independent? (e.g., wheelchairs, walkers, bars)	64	95.5%	2	3.0%	1	1.5%
55. Do you feel you can come and go as you please?	63	91.3%	6	8.7%	0	0%
56. <u>Do staff get back at you if you say or do something they don't like?</u>	<u>13</u>	<u>18.8%</u>	<u>55</u>	<u>79.7%</u>	<u>1</u>	<u>1.4%</u>
57. <u>Would you choose to have a different roommate?</u>	<u>5</u>	<u>9.1%</u>	<u>40</u>	<u>72.7%</u>	<u>10</u>	<u>18.2%</u>
58. Can you choose when to have your bath or shower?	55	78.6%	14	20.0%	1	1.4%
59. Are you free to make choices such as wear the clothes you want to wear or go to bed and get up when you wish?	67	95.7%	3	4.3%	0	0%
60. Are your spiritual or religious needs provided for?	63	94.0%	3	4.5%	1	1.5%
61. Do you feel you are given enough opportunity to be connected to the community?	57	83.8%	8	11.8%	3	4.4%

Medical Care and Treatment	YES		NO		UNSURE	
	#	%	#	%	#	%
62. Are you helped if you are in pain or uncomfortable?	69	98.6%	1	1.4%	0	0%
63. Can you talk to your doctor when you need to?	59	84.3%	6	8.6%	5	7.1%
64. Do you receive the treatments and medications you need?	65	92.9%	2	2.9%	3	4.3%
65. If you are not feeling well, do you get medical help when needed?	63	91.3%	4	5.8%	2	2.9%
66. Do you receive therapy if you need it?	68	98.6%	1	1.4%	0	0%
67. Would you recommend this Home to others?	65	92.9%	3	4.3%	2	2.9%

Background information

	Less than 6 mos	6 mos to 1 year	1 - 3 years	More than 3 years	
68. How long have you lived at this Veterans Home?	6	10	13	38	
Percent?	9.0%	14.9%	19.4%	56.7%	

	<65 Years	65 - 74 Years	75 - 84 Years	85+ Years	
69. What is your age?	10	14	24	22	
Percent?	14.3%	20.0%	34.3%	31.4%	

	Male	Female	
70. What is your gender?	52	17	
Percent?	75.4%	24.6%	

	YES	NO	UNSURE	
71. If you could go back in time, would you make the same decision to move to this Veterans Home again?	60	4	6	
Percent?	85.7%	5.7%	8.6%	

	YES	NO	UNSURE	
72. Would you recommend this Veterans Home to your family and friends?	63	2	5	
Percent?	90.0%	2.9%	7.1%	