



December 31, 2024

**STRATHMERE LODGE – ANNUAL RESIDENT/FAMILY SATISFACTION SURVEY**

Dear Residents/Families/Friends/Substitute Decision Makers:

We try to make Strathmere Lodge a better place for our residents by paying attention to their questions, opinions, suggestions and concerns, and those of their friends, families and substitute decision makers.

Please take the time to complete the attached survey. Your responses are an important part of the ongoing evaluation of our programs and services, and they will provide us with opportunities to improve. We would appreciate your discussing the survey with your family member living here at The Lodge as well as other family members and friends in order to develop one common response to the survey. The survey questions are from the perspective of the resident, so please respond as if you were the resident. **We are seeking one completed survey for each resident.**

This survey has been discussed and reviewed with our both our Residents' Council and Family Council, as per provincial long term care home legislation.

If you do not wish to enter responses in the comments sections, please at least complete the rating sections.

Please return the completed survey by mailing it back to us in the envelope provided, dropping it off at our reception desk, leaving it in the mailbox outside the door to our Administration offices, or scanning/emailing it back ([bkerwin@middlesex.ca](mailto:bkerwin@middlesex.ca)) as soon as possible, or by January 31, 2025.

The results of this survey will be summarized and a synopsis shared with the Residents' Council, Family Council and noted in a future edition of our Family, Friend and Responsible Party Newsletter.

Please do not hesitate to contact the appropriate manager, or me, should an issue arise at any time in the future. Your time and input are very much appreciated.

**Brent Kerwin**  
Administrator

**STRATHMERE LODGE  
2024/25 RESIDENT AND FAMILY  
SATISFACTION SURVEY**

**Please rate each statement by placing an “X” in the appropriate column and  
return survey by January 31, 2025**

<b>A - Choices</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. The Home accommodates my preferences and previous life routines, such as when to get up and go to sleep, or when to take a bath/shower					
2. The Home accommodates my preferences on what I eat and drink					
3. The Home accommodates my preferences on how I am dressed and groomed (e.g., choice of outfit, dress vs. slacks, moustache, hairstyle, etc.)					
Comments:					

<b>B - Dignity and Privacy</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. Staff treat me with respect and dignity (e.g., staff take the time to listen to me and help when I request assistance)					
2. Staff members provide me with privacy when they work with me, change my clothes, and provide treatment					
3. I have privacy if and when I am on the telephone					
4. If I have a visitor, I can locate a private place to meet					
5. If staff speak about my health status, medical condition, or behaviors, they do so privately (e.g., without being overheard)					
Comments:					

<b>C - Recreation and Social Activities</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. Staff encourage me to attend activities, and provide me with assistance to attend them					
2. The Home’s activities meet my interests					
3. I receive assistance with the things I like to do (e.g., supplies, books)					
4. Activities are offered in the evenings and on weekends, and include religious events					
Comments:					

<b>D - Building and Environment</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1.This is a comfortable building in which to live (including temperature and lighting)					
2.This building is clean and well maintained					
Comments:					

<b>E - Participation in Care Decisions</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. I am involved in decisions about the care I receive, such as accepting or refusing treatment as appropriate					
2. My family/responsible party is invited to participate in my annual care planning conference (or initial admission conference, if living at The Lodge less than 1 year)					
Comments:					

<b>F - Abuse</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. I have never been treated roughly by staff					
2. Staff have never yelled at me, or been rude to me					
3. I have never felt afraid because of the way I or some other resident has been treated					
4. My family has never noticed any staff member being rough with, talking in a demeaning way or yelling at, me or any other resident					
5. If I or my family was aware of any incident as noted above, we know how to report our concern					
6. If I or my family reported any incident as noted above, the home staff acted promptly to investigate and correct the situation					
Comments:					

<b>G - Interaction With Others</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. I have not had any concerns or problems with any other resident (or my roommate, if applicable)					
2. If I had any concerns as above, and reported them to staff, they addressed the concerns to my satisfaction					
Comments:					

<b>H - Personal Property</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. My clothing or laundry has never gone missing					
2. If my clothing or laundry has gone missing, and I reported it, I got the items back quickly					
3. My personal property (e.g., jewelry, radio, money, etc.) has never gone missing					
4. If my personal property had gone missing, and I reported it, I got the items back quickly					
5. I am able to have my personal belongings and/or furniture in my room, if I wish					
6. My belongings have never been damaged or taken away					
7. If I reported my belongings damaged or missing, staff responded in a satisfactory manner					
Comments:					

<b>I - Pain</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. I never have discomfort (e.g., pain, heaviness, burning, or hurting) without relief					
Comments:					

<b>J - Food Quality, Hydration and Snacks</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. The food looks appetizing and tastes good					
2. The food is served at the proper temperature					
3. I receive fluids, such as water, when I want them					
4. I am offered a between-meal <u>beverage</u> in the morning, the afternoon, and in the evening after dinner					
5. I am offered a between-meal <u>snack</u> in the afternoon and evening					
Comments:					

<b>K - Oral Care/Hygiene</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. I never have mouth/facial pain without relief					
2. I have no chewing or eating problems					
3. I have no tooth problems, gum problems, mouth sores, or denture problems					
4. If I need the assistance, staff regularly clean my teeth/dentures/mouth					
Comments:					

<b>L- Incontinence Products (e.g., briefs, pads)</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. The incontinence product(s) provided is/are satisfactory					
Comments:					

<b>M - Exercise of Rights</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. If I was moved to another room in the last several months, I received notice of explanation before the move					
2. If I had a roommate change in the last several months, I was given notice before change in the roommate					
3. If I was sent to the hospital within the last several months, my family was notified as to hospital responsibility to facilitate (through and with resident/family) return to The Lodge					
Comments:					

<b>N - Personal Trust Accounts</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. If the Home manages my personal funds, the Home provides me or my family with a statement of how much money is in my account					
2. I or my responsible party can have access to this money when it is needed					
Comments:					

<b>O - Activities of Daily Living Assistance</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. I receive assistance with meals, if I need it					
2. I receive assistance with dressing and grooming, if I need it					
3. I receive assistance with toileting, if I need it					
Comments:					

<b>P - Notification of Change</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. Staff notify my family promptly if there is a change in my health condition					
2. Staff notify my family when my treatment is changed					
Comments:					

<b>Q – Sufficient Staff</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. There is enough staff available to make sure I get the care and assistance I need without having to wait a long time					
Comments:					

<b>R – Overall Satisfaction</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. I am satisfied with the quality of care and service provided to me					
Comments:					

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
2. I can express my opinion without fear of consequences					
Comments:					

3. What number would you use to rate how well the staff listen to you?					
0 = worst possible rating; 10 = best possible rating					
Circle one number only:      0    1    2    3    4    5    6    7    8    9    10					
Comments:					

	<b>Definitely No</b>	<b>Probably No</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>
4. I would recommend this Home to others				
Comments:				

5. What is most important to you about care and service?:

6. Please advise where we did not meet your expectations:

7. What would you like to see done in the Home to improve your quality of life?:

8. Is there anything we did not ask you in this survey that you would like to tell us about (if so, please note it here)?:

I reside on the following Resident Home Area (check one):

Sydenham Meadows	<input type="radio"/>	Hickory Woods	<input type="radio"/>	Bear Creek	<input type="radio"/>
Arbour Glen	<input type="radio"/>	Parkview Place	<input type="radio"/>		

Thank you for completing our survey. Your responses will be helpful to us in improving the quality of our care and service we provide to our residents.

Your (Resident's) Name: \_\_\_\_\_

SDM's Name: \_\_\_\_\_

SDM's Address: \_\_\_\_\_

SDM's Telephone: \_\_\_\_\_

SDM's E-mail: \_\_\_\_\_

**"SDM" = Substitute Decision Maker**

**Do you wish to be contacted to discuss survey responses (Y/N)? \_\_\_\_\_**