Rural Long Term Care Resident Experience July to October 2013



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## **Rural Long Term Care Resident Experience**

#### Background

#### **Survey Instrument**

The validated Consumer Assessment of Healthcare Providers and Systems (CAHPS) Nursing Home Survey: Resident Instrument (Appendix A) developed by Alberta Health Services in Canada was administered to long term care residents throughout the Western region. This instrument was piloted throughout rural long term care facilities within Western Health in 2010. In keeping with the results of the evaluation, this instrument was modified and was used to assess long term care resident experience.

## **Method**

The long term care resident experience surveys were administered face to face with those residents who were deemed competent by a nurse to complete the survey.

#### **Participants**

A list of long term care residents was obtained from each long term care facility within Western Health in July of 2013. The list indicated which residents were able to complete the survey.

#### Sample

The total number of long term care residents throughout the Western region was 460. Surveys were administered to all residents who were cognitive, not hard of hearing, and willing to participate for a total of 133. For the rural long term care sites, including Dr. Charles LeGrow Health Centre, Calder Health Centre, Bonne Bay Health Centre, and Rufus Guinchard Health Centre, 32 residents could complete the survey.

## Privacy, Confidentiality, Data Security

Privacy and confidentiality were achieved as the residents names were not reported on the surveys. Any information that could potentially identify the residents was deleted. The data was stored on a password protected computer and surveys were stored in a locked office in the Western Memorial Health Clinic used by Quality Management and Research staff.

## **Data Analysis**

A student completed the data entry for all surveys using Statistical Package for Social Sciences and all comments were transcribed (Appendix B). Descriptive statistics were calculated on regional data to obtain a general perspective of residents' experiences with long term care services at Western Health. Statistics were also calculated for each site where the sample was sufficient to assist in quality improvement initiatives and planning at a site level. These sites include Corner Brook Long Term Care and Bay St. George Long Term Care. The following report provides survey results for all other long term care sites including Dr. Charles LeGrow Health Centre, Calder Health Centre, Bonne Bay Health Centre, and Rufus Guinchard Health Centre.

#### Results

#### **Demographics**

A total of 27 surveys were administered out of a possible 32 (response rate 84.4%). The remaining 5 residents were either sleeping, involved in activities or refused to participate at the time the surveys were being conducted.

To gain a more thorough understanding of the demographics of the long term care residents, respondents were asked for their year of birth, gender, race or ethnicity and whether they had difficulty with the English language. Of the 21 residents who reported their birth date, the average age was 83, and the median age was 85 (ranged from 60 years of age to 96 years of age). Just over 88% of the respondents were female, 7.4% were male and 3.7% of the surveys did not indicate. The majority of respondents were white/Caucasian (96.3%) and the remaining 3.7% did not indicate. Nearly 93% reported not having difficulty with the English language, 3.7% reported having difficulty or having some difficulty and 3.7% did not report.

Respondents were also asked about highest level of school completed, whether they had a roommate, and personal health rating. Eighty five percent of respondents reported having grade school or some high school, 3.7% reported having completed high school or having a GED and 11.1% did not report. Sixty three percent of residents reported not having a roommate, 33.3% reported that they had a roommate, and 3.7% did not report. Respondents were asked to indicate how they would rate their overall health and 7.4% reported excellent, 22.2% reported very good, 40.7% reported good, 18.5% reported fair, 7.4% reported poor and 3.7% did not report.

## **Meals**

Residents were asked to rate food quality and mealtime enjoyment on a scale of 0-10 (with 10 being the best possible). On average, respondents rated food quality at 8.35 (range 0-10, standard deviation 2.314). Eighty five point two percent reported that they ate in the dining room and when asked how they would rate their mealtime enjoyment in the dining room, the average rating was 9.09 (range 0-10, standard deviation 2.109). There were few comments about the meals. Two residents commented that there was little variety and one commented that the food was salty.

#### **Environment**

Respondents were asked to rate the home in relation to temperature and cleanliness. On average, respondents rated the temperature at 8.40 (range 1-10, standard deviation of 2.739). On average, respondents rated cleanliness at 9.69 (range 6-10, standard deviation .838). Respondents were also asked to indicate how safe and secure they felt in the home, and on average respondents reported 9.92 (range of 9-10, standard deviation of .272). Respondents were asked to indicate whether the area around their room was quiet at night and 96.3% reported yes and 3.7% did not report. The majority of respondents reported that they were not bothered by noise during the day (88.9%), 7.4% 7.0% reported sometimes, and 3.7% did not report. Privacy is also an important component of environment. When respondents were asked if they could find a place to visit in private if they had a visitor, 88.9% reported yes, 3.7% reported sometimes, and 7.4% did not report.

## **Medication**

Eighty one point four percent of respondents indicated that they took medication to help with aches or pain. On a scale of 1-10, respondents rated the medicine at 8.77 (range 5-10, standard deviation 1.343) in how well it worked to help with aches or pain. On average, respondents rated how well staff helped them when they had pain at 9.33 (range 5-10, standard deviation 1.204).

## **Resident Care**

Several rating questions were asked about nursing care in relation to gentleness, respect, listening, explaining things in a way the residents could understand, and overall care (see Table 1). The majority of residents rated aspects of resident care highly.

#### Table 1. Resident Care

| Aspect                      | Mean | Range | SD    |
|-----------------------------|------|-------|-------|
| Gentleness of Staff         | 9.54 | 5-10  | 1.240 |
| Respectfulness of           | 9.84 | 8-10  | .473  |
| Staff                       |      |       |       |
| Staff Listen                | 9.4  | 5-10  | 1.190 |
| Staff explanation &         | 9.38 | 5-10  | 1.235 |
| ease of                     |      |       |       |
| understanding               |      |       |       |
| <b>Rating of Staff Care</b> | 9.81 | 9-10  | .402  |

Respondents were also asked to indicate if the staff made sure they had enough personal privacy when they dressed, showered, or bathed and 92.6% reported yes and 7.4% did not report. Ninety two point six percent of respondents reported that they received the help they needed from staff to stay clean and 7.4% did not report. On average, respondents rated how quickly the staff came when they called for help at 8.77 (range 3-10, standard deviation 1.608).

#### Medical Care

Respondents were asked if they visited a doctor or nurse practitioner for medical care outside or inside the long term care home. Fourteen point eight percent reported visiting a doctor or nurse practitioner outside the long term care home, and 77.8% reported visiting one inside the long term care home. When asked if a doctor is available when they needed one, 88.9% reported yes, 7.4% reported sometimes and 3.7% did not report.

#### **Autonomy and Control**

When respondents were asked whether they were left sitting or lying in the same position for so long it hurt, 7.4% reported yes, 48.1% reported no, 11.1% reported sometimes and 33.3% did not report. The individuals who did not report were those who did not need help moving or repositioning. When asked if they were able to reach the call button by themselves, 92.6% reported yes, 3.7% reported sometimes and 3.7% did not report. When asked if there was a pitcher of water or something to drink where they could reach it by themselves, 66.7% reported yes, 11.1% reported no, 14.8% reported sometimes and 7.4% did not report.

Respondents were asked about decision making and whether they chose what time they went to bed, clothes they wore and activities in which they participated (Table 2). They were also asked if there were enough activities for them to do on the weekends and 25.9% reported yes, 55.6% reported no, 7.4% reported sometimes and 11.1% did not report. When asked if there were enough activities during the week 77.8% reported yes, 3.7% reported no, 7.4% reported yes, 3.7% reported no, 7.4% reported sometimes and 11.1% did not report.

Table 2. Choices

| Choice     | Yes   | No    | Sometimes | No response |
|------------|-------|-------|-----------|-------------|
|            |       |       |           |             |
| Bed time   | 74.1% | 14.8% | 7.4%      | 3.7%        |
|            |       |       |           |             |
| Clothes    | 81.5% | 11.1% | 3.7%      | 3.7%        |
|            |       |       |           |             |
| Activities | 70.4% | 11.1% | 7.4%      | 11.1%       |
|            |       |       |           |             |
|            |       |       |           |             |

## **Emotions**

Respondents were asked to indicate how often they felt worried, happy, bored, and lonely (Table 3).

Table 3. Emotions

| 20. (0/ |               |   |
|---------|---------------|---|
| 29.6%   | 37.0%         | 3.7%  |
| 3.7%    | 0.0%          | 3.7%  |
| 29.6%   | 33.3%         | 3.7%  |
| 33.3%   | 25.9%         | 3.7%  |
|         | 3.7%<br>29.6% | 3.7%         0.0%           29.6%         33.3% |

## **Future Planning**

Respondents were asked whether they had a discussion with family or a close friend about what healthcare treatment they wanted or did not want if they became ill and could not speak for themselves. Fifty five point six percent of respondents reported yes, 40.7% reported no, and 3.7% did not report. When asked if they ever had a discussion with a healthcare professional or long term care staff about what healthcare treatment they wanted or did not want if they became ill and could not speak for themselves, 29.6% reported yes, 59.3% reported no, and 11.1% did not report. When asked how important they felt it was to have this discussion with a health care professional or long term care home staff, 7.4% reported extremely important, 48.1% very important, 29.6% somewhat important, 3.7% not very important, and 11.1% not at all important.

## **Overall**

When respondents were asked whether they would recommend this long term care home to others, 77.8% reported definitely yes, 11.1% reported probably yes, 3.7% reported probably no, 3.7% reported definitely no and 3.7% did not report. When asked to rate the long term care home, on average, they rated the home at 9.5 (range 7-10, standard deviation .860). Nearly 88.9% reported that they were satisfied with how they spent their time in the home, 3.7% reported they were not, 3.7% reported that they sometimes were and 3.7% did not report. When respondents were asked to rate their life, on average they rated their lives at 7.96.

# **Opportunities for Improvement**

Overall results indicate that Western Health's long term care services have many strengths including the respect, communication and gentleness of staff with residents, and respecting the privacy of residents by providing a private space for residents when they have visitors. Meals and pain control were rated highly. Residents rated aspects of the environment including temperature of the home, cleanliness, noise, and safety and security highly as well.

Opportunities for improvement include:

- Ensuring easy access to water or something to drink;
- Increasing availability of activities on the weekends and during the week;
- Ensuring that residents make decisions about activities of daily living, particularly about bed time and participation in activities;
- Providing opportunities for residents to plan their future wants and needs if they became ill and could not speak for themselves.

Appendix A

**CAHPS Nursing Home Survey: Resident Instrument** 

# Resident Satisfaction Survey Long Term Care



| €¢ | E        | 2            | Pleas             | se fill ir | n bubb                  | es 🖣    | Prin    | it nea | tly insi                                | de bo         | xes.     | THAI     | NKS !!!                 |                  |                     |
|----|----------|--------------|-------------------|------------|-------------------------|---------|---------|--------|---|---------------|----------|----------|-------------------------|------------------|---------------------|
| ľ  | <b>S</b> | lde          | ntifie            | r:         |                         |         |         |        |   |               |          | т        | ime No                  | ow:              | :                   |
| Do | o you    | und          | erstai            | nd an      | d agre                  | e to    | partic  | cipat  | e in tl                                 | ne su         | rvey?    | , c      | ) Yes                   | O No             |                     |
|    |          |              |                   |            |                         |         |         |        |   |               |          |          |                         |                  | about the care you  |
|    | e best p |              |                   | en you     | answe                   | r, you  | can u   | se an  | y num                                   | ber fro       | om u to  | o iu whe | ere u is ti             | ne worst p       | bossible, and 10 is |
| 1. | •        | wha<br>0     | at num<br>O 1     |            | ould y<br>○ 3           |         |         |        |   |               |          |          | <b>g Term</b> (<br>○ 10 |                  | C) Home?            |
| 2  |          |              |                   |            |                         |         |         |        |   |               |          |          |                         | Skip to 4        | 1                   |
| 2. | Doy      | Jue          |                   |            | c unn                   | ig i oc | ) : III |        | IIIIuiic                                |               | i): C    | / 103 \  |                         |                  | <b>r</b>            |
| 3. |          |              | u eat i<br>/ meal |            |                         | room    | or co   | ommu   | inal ar                                 | ea), <b>v</b> | /hat n   | umber    | would y                 | ou use to        | o rate how much     |
|    |          | 0            | 0 1               | 0 2        |                         | 0       | 4 0     | 5      | 06                                      | 07            | 08       | 09       | O 10                    | O NA             |                     |
| 4  | \//h of  |              | aharu             | لماليم     |                         |         | rata ha |        | mfor                                    | abla          | the te   | mnoroti  | ura ia in               | this I TC        | Llama?              |
| 4. |          | 0            | O 1               | 0 2        | -                       |         |         |        | 0 6                                     |               |          |          |                         | othis LTC<br>ONA | > Home ?            |
| 5  | Now      | thin         | kabai             | 14 011 4   | ha diff                 | oront   | orooo   | of th  |   | • Hom         |          |          |                         |                  |                     |
| 5. |          |              |                   |            | he diff<br>you uទ       |         |         |        |   |               |          | ne is?   |                         |                  |                     |
|    |          | 0            | 01                | 0 2        |                         |         |         |        | 06                                      | 07            |          |          | O 10                    | O NA             |                     |
| 6. | What     | nun          | nber v            | vould      | vou us                  | se to d | descri  | be ho  | ow sat                                  | e and         | l secu   | re vou   | feel in t               | his LTC I        | Home?               |
|    |          | 0            | 01                | 02         |                         |         |         |        | 06                                      |               |          |          |                         |                  |                     |
| 7. | Now t    | think        | about             | all the    | e differ                | ent kir | nds of  | medio  | cine th                                 | at hel        | p with   | aches d  | or pain.                | This inclu       | ides medicine       |
|    |          |              |                   |            |                         |         |         |        |   |               |          | d Tylen  | ol.                     |                  |                     |
|    |          | ou ev<br>Yes |                   |            | <b>medi</b><br>Don't Ki |         | -       |        |   | s or p        | ain?     |          |                         | Don't kı         | now                 |
|    | -        | No           | ,                 |            | Skip to                 |         |         |        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |          |          |                         |                  |                     |
| 8. | What     | nun          | nber w            | vould      | vou us                  | se to i | rate ho | ow wo  | ell the                                 | med           | icine v  | vorked   | to help                 | with ach         | es or pain?         |
|    |          | 0            | 01                |            |                         |         | 04      | O 5    |   |               | 07       | 08       | 09                      | O 10             | O NÁ                |
| 9. | What     | nun          | nber w            | vould      | vou us                  | se to i | rate ho | ow wo  | ell the                                 | staff         | help     | vou wh   | en vou                  | have paiı        | n?                  |
|    |          | 0            | O 1               | 0          | -                       |         | 04      | 05     |   |               | <u>7</u> | 08       | 09                      | 0 10             | O NA                |
| 10 | . What   | nun          | nber w            | vould      | vou us                  | se to i | rate ho | ow ai  | uickly                                  | the s         | taff co  | ome wh   | en vou                  | call for h       | elp?                |
|    |          | 0            | O 1               | 0          | •                       |         | 04      | 05     | •                                       |               | 07       | 08       | 09                      | O 10             | <u>Ó NA</u>         |
| 11 | . Do th  | e st         | aff hel           |            | with a                  | inv of  | the fo  | ollow  | ina: ta                                 | o dres        | s. bat   | h. shov  | ver OR                  | go to the        | toilet?             |
|    |          | Yes          |                   |            | $lo \rightarrow$        |         |         |        |   |               | -,       | ,        |                         | J                |                     |

| 12. What number would yo  | ou use to rate how gentle  | the staff are when they're helping you?  |  |  |  |
|---|----------------------------|--|--|--|--|
| 00 01 02  | 03 04 05 0                 | 06 07 08 09 010 0NA  |  |  |  |
| 13. What number would yo  | ou use to rate how respec  | tful the staff are to you?   |  |  |  |
| 00 01 02  |                            | 06 07 08 09 010 0NA  |  |  |  |
|   |                            |  |  |  |  |
| <b>14. What number would yo</b> $\bigcirc 0 \ \bigcirc 1 \ \bigcirc 2$                        |                            | e staff listen to you?<br>$0.6 \circ 7 \circ 8 \circ 9 \circ 10 \circ NA$  |  |  |  |
| 00 01 02  | 03 04 03 0                 | 0 07 08 09 010 011A  |  |  |  |
| 15. What number would yo<br>understand?   | ou use to rate how well th | e staff explain things in a way that is easy to  |  |  |  |
| 00 01 02  | 03 04 05 0                 | 6 07 08 09 010 0NA   |  |  |  |
| 16 Overall what numbers   | would you use to rete the  | acre you get from all the staff?   |  |  |  |
|   | -                          | care you get from all the <u>staff</u> ?   |  |  |  |
|   |                            |  |  |  |  |
| 17. Overall, what number v  | -                          |  |  |  |  |
| 00 01 02  | 03 04 05 0                 | 6 07 08 09 010 0NA   |  |  |  |
| 18. Is the area around you  | r room quiet at night?     |  |  |  |  |
| O Yes   |                            | 23. Is a doctor available to you when needed?  |  |  |  |
| O No<br>O Sometimes   |                            | O Yes<br>O No  |  |  |  |
| O Obmetimes   |                            | O Sometimes  |  |  |  |
| <b>19. Are you bothered by n</b><br>O Yes<br>O No<br>O Sometimes                              | oise during the day?       | 24. OBSERVATIONAL SCREENER: Is R able to<br>move around alone – not in a wheelchair? (Ask if not<br>sure.)<br>O Yes Skip to 26<br>O No                       |  |  |  |
| 20. If you have a visitor, ca<br>visit in private?  | an you find a place to     | 25. Are you ever left sitting or laying in the same position so long that it hurts?  |  |  |  |
| O Yes<br>O No   | can include their room if  | O Yes<br>O No  |  |  |  |
| O Sometimes   | they feel it is "private"  | O Sometimes  |  |  |  |
| 21. Do you visit a doctor o<br>medical care <u>outside</u> th<br>O Yes<br>O No<br>O Sometimes | -                          | 26. Are you able to move your arms to reach<br>things that you want?<br>O Yes<br>O No<br>O Sometimes   |  |  |  |
| 22. Do you see any doctor<br>medical care <u>inside</u> the<br>O Yes<br>O No<br>O Sometimes   |                            | 27. We'd like to find out about whether you can reach<br>the things you need to in your room. Can you reach<br>the call button by yourself?<br>O Yes<br>O No |  |  |  |
|   |                            | O Sometimes  |  |  |  |

| <ul> <li>28. Is there a pitcher of water or something to drink where you can reach it by yourself?</li> <li>O Yes</li> <li>O No</li> <li>O Sometimes</li> </ul>            |   |  |  |  |
|--|---|--|--|--|
| 29. Do the staff help you with <u>any</u> of the<br>following: to dress, take a shower, OR bathe?<br>○ Yes<br>○ No → Skip to 31  | <ul> <li>36. For the next question you can answer definitely no, probably no, probably yes, or definitely yes.</li> <li>Would you recommend this LTC Home to others? <ul> <li>O Definitely No</li> <li>O Probably No</li> <li>O Probably Yes</li> <li>O Definitely Yes</li> </ul> </li> </ul> |  |  |  |
| <ul> <li>30. Do the staff make sure you have enough personal privacy when you dress, take a shower, or bathe?</li> <li>O Yes</li> <li>O No</li> <li>O Sometimes</li> </ul> |   |  |  |  |
| <b>31. Can you choose what time you go to bed?</b><br>O Yes<br>O No<br>O Sometimes   |   |  |  |  |
| <b>32. Can you choose what clothes you wear?</b><br>O Yes<br>O No<br>O Sometimes   | <ul> <li>37. Now I'd like to use this list of answer choices:</li> <li>Often, Sometimes, Rarely or Never</li> <li>How often do you feel worried – often,</li> <li>sometimes, rarely, or never?</li> </ul>   |  |  |  |
| <ul> <li>33. Can you choose what activities you do here?</li> <li>O Yes</li> <li>O No</li> <li>O Sometimes</li> </ul>  | O Often<br>O Sometimes<br>O Rarely<br>O Never   |  |  |  |
| <ul> <li>34. Are there enough organized activities for you to do on the weekends?</li> <li>O Yes</li> <li>O No</li> <li>O Sometimes</li> </ul>                             | <ul> <li>38. How often do you feel happy – often, sometimes, rarely, or never?</li> <li>O Often</li> <li>O Sometimes</li> <li>O Rarely</li> <li>O Never</li> </ul>  |  |  |  |

| <ul> <li>35. Are there enough organized activities for you to do during the week?</li> <li>O Yes</li> <li>O No</li> <li>O Sometimes</li> </ul>  | <ul> <li>39. How often do you feel bored here – often, sometimes, rarely, or never?</li> <li>Often</li> <li>Osometimes</li> <li>O Rarely</li> <li>O Never</li> </ul>   |
|---|--|
| <ul> <li>40. How often do you feel lonely here – often, sometimes, rarely, or never?</li> <li>O Often</li> <li>O Sometimes</li> <li>O Rarely</li> <li>O Never</li> </ul>  | <ul> <li>46. Do you sometimes need help from staff to stay clean?</li> <li>○ Yes</li> <li>○ No → Skip to 48</li> </ul>   |
| <ul> <li>41. In general, how would you rate your overall health – excellent, very good, good, fair, or poor?</li> <li>O Excellent</li> <li>O Very Good</li> <li>O Good</li> <li>O Fair</li> <li>O Poor</li> </ul>   | <ul> <li>47. Do you receive the help you need from staff to stay clean?</li> <li>○ Yes</li> <li>○ No</li> <li>○ Sometimes</li> </ul>   |
| <ul> <li>42. Are you satisfied with how you spend your time at this Home? <ul> <li>Yes</li> <li>No</li> <li>Sometimes</li> </ul> </li> <li>43. Are you ever <u>unhappy</u> with the care you get at this Home? <ul> <li>Yes</li> <li>No</li> <li>Sometimes</li> </ul> </li> </ul> | These next few questions are about you.<br><b>48. First, we want to know how you feel about</b><br><b>your life now.</b> Use any number from 0 to 10 where 0<br>is the worst possible and 10 is the best possible.<br><b>What number would you use to rate your life now?</b><br>00 01 02 03 04 05 06 07 08 09 010 0NA |
| 44. Do you feel free to speak up to staff when you  | 49. In what year were you born?  |

| are unhappy with your care?<br>O Yes<br>O No<br>O Sometimes   |   |  |  |  |
|---|---|--|--|--|
| <ul> <li>45. Do you get the care you need at this Home?</li> <li>O Yes</li> <li>O No</li> <li>O Sometimes</li> </ul>  | <ul> <li>50. What is the highest level of school that you have completed? Field Coded – only read choices of needed.</li> <li>O Grade school or some high school</li> <li>O Completed high school or GED</li> <li>O Post-secondary technical school</li> <li>O Some university or college</li> <li>O Completed college diploma</li> <li>O Completed university degree</li> <li>O Post-grad degree (Ph.D or MD)</li> </ul> |  |  |  |
| <ul> <li>51. (Ask only if needed.)</li> <li>What is your race or ethnicity?</li> <li>O White or Caucasion</li> <li>O Other (Please Print)</li> </ul>  | <ul> <li>57. In your opinion, how important is it to have this kind of discussion with a <u>Healthcare</u> professional OR <u>LTC Home staff</u>? (READ ALL)</li> <li>O Extremely important</li> <li>O Very important</li> </ul>  |  |  |  |
| <b>52. Gender</b> (Do not ask if obvioius)<br>O Male<br>O Female  | O Somewhat Important<br>O Not very important<br>O Not at all important  |  |  |  |
| <ul> <li>53. Ask if not observed.</li> <li>Do you currently have a roommate?</li> <li>O Yes</li> <li>O No</li> </ul>  | 58. Do you have any additional comments,<br>concerns, or issues about your care in this<br>LTC Home? If so, please explain.   |  |  |  |
| <ul> <li>54. Do Not Read</li> <li>Does resdient have difficulty with English language?</li> <li>O Yes</li> <li>O Yes to some extent</li> <li>O No</li> </ul>  |   |  |  |  |
| <ul> <li>55. Have you had a discussion with <u>family</u> or a <u>close friend</u> about what healthcare treatment you want or do not want if you become very ill and you cannot speak for yourself?</li> <li>O Yes</li> <li>O No</li> <li>O Don't Know (Read)</li> </ul> |   |  |  |  |
| 56. Have you ever had a discusion with a <u>healthcare professional</u> OR <u>LTC staff</u> about   |   |  |  |  |

Time Now: \_\_\_\_\_: \_\_\_\_\_

Appendix B Rural Long Term Care Resident Comments

- 1. Everything is ok.
- 2. Food same thing over and over. Desserts mostly fruit. Too cold in room at times.
- 3. Happy here. Staff is good to me.
- 4. I like chicken (baked) but feel we don't get it enough.
- 5. Most of the time, everything is good here.
- 6. She's happy here.
- 7. She's happy with the care here.
- 8. So far everything is good.
- 9. Tired of the same foods, same thing over and over especially turkey.
- 10. Very happy here.
- 11. Very happy with the care she gets.
- 12. food too salty. on a diabetic diet. salty food impacting mobility: swollen feet. lack of staff
- 13. like the staff
- 14.no concerns
- 15. nurses are all beautiful
- 16. staff is good
- 17. the care is the best
- 18. they are all good to me