

**Virginia Department of Health  
Office of Licensure and Certification**

**Long Term Care Facility – Survey Response Form**

This evaluation is provided as a method to share your views and information about the onsite survey process. Please use the scale below to rate our surveyors in each of the identified areas. If you select a 2 or 3 rating, please provide explanatory comments. The back of this form may be used for additional notes.

Facility/ Organization \_\_\_\_\_ Survey Date(s) \_\_\_\_\_

Surveyors: \_\_\_\_\_

Type of Survey:      Standard                   Complaint                   Revisit                   Other

Survey supervisor: \_\_\_\_\_ Date forwarded to facility/by: \_\_\_\_\_

	Excellent	Good	Fair	Poor	N/A
1. Survey staff introduced themselves to facility staff.	5	4	3	2	1
2. Explanation of the survey process was given when the survey began.	5	4	3	2	1
3. Facility staff were informed during the course of the survey of information needed to complete the survey.	5	4	3	2	1
4. Sufficient explanation and assistance was given to complete the necessary forms	5	4	3	2	1
5. Deficiencies were stated in a clear and concise manner.	5	4	3	2	1
6. Opportunity was given to discuss and question the survey findings.	5	4	3	2	1
7. If differences arose during the survey, they were resolved, or attempts were made to resolve, prior to the surveyors' departure.	5	4	3	2	1
8. Opportunity was given to provide additional information relevant to deficiencies cited.	5	4	3	2	1
9. Questions about the regulations, licensure, or certification were addressed.	5	4	3	2	1
10. The survey was conducted in a courteous and professional manner	5	4	3	2	1
<input type="checkbox"/> With regard to the facility staff <input type="checkbox"/> With regard to patients					

**Thank you for taking the time to complete this evaluation.**

Please return to: Kesia Gwaltney, PhD, Director – Long Term Care Services,  
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