

1-08-13

Dear Ben,

I am writing to you to tell you how exceptional my husband's care was at your Town View Rehab.

He was admitted on 12-31-12 after a stay at Caritas Hospital for a treatment for C-Diff infection. He was so depleted of his strength that our PCP, Dr. Jennifer Lewis, suggested Rehab for a few days. After asking her some questions about your facility, we decided on Town View.

God we we happy we did!  
Yes yes yes we are!

The entire staff from administrators, nurses, aids to housekeeping couldnt have been more friendly, attentive, gracious, knowledgeable, accomodating, just plain old happy to have us there. I have & will continue to recommend Town View to;

& family.

We can't thank you  
all enough.

Sincerely,

Austin & Barb  
O

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Excellent!

Would you recommend this facility to a friend or relative? Absolutely

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 3 (4)

2. Were you treated with courtesy and respect 1 2 3 (4)

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 (4)

4. Can you name two staff members who have been exceptional?  
Jamie, Mike, Sandy, Sue, Cynthia, Teddy, Donny, Denise & others we can't remember names.

5. Food quality & service 1 2 3 (4)

6. How effective were your therapy sessions? 1 2 3 (4)

Comments or suggestions: See enclosed letter.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Austyn

Date: 1-08-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? EXCELLENT

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

1. Timeliness of response to call light                      1 2 3 4
2. Were you treated with courtesy and respect                      1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion?                      1 2 3 4
4. Can you name two staff members who have been exceptional?  
SUE                      RACHAEL
5. Food quality & service                      1 2 3 4
6. How effective were your therapy sessions?                      1 2 3 4

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): David

Date: \_\_\_\_\_

12/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Very good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4

2. Were you treated with courtesy and respect 1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4

4. Can you name two staff members who have been exceptional?  
\_\_\_\_\_

5. Food quality & service 1 2 3 4

6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: Therapy was great. Really helped!

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 - Poor      2 - Fair      (3) - Good      4 - Excellent

1. Timeliness of response to call light      1 2 (3) 4
2. Were you treated with courtesy and respect      ~~1~~ 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion?      ~~1~~ 2 3 (4)
4. Can you name two staff members who have been exceptional?  
Theresa Sue and Cindy
5. Food quality & service      1 2 (3) 4
6. How effective were your therapy sessions?      1 (2) 3 4

Comments or suggestions: Just was a good experience. I

But I didn't like the "Hill" team watching me walk.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others! @\_note

Name (Optional): John  
Date: \_\_\_\_\_

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Good

Would you recommend this facility to a friend or relative? \_\_\_\_\_

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

1. Timeliness of response to call light                      1 (2) 3 4
2. Were you treated with courtesy and respect                      1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion?                      1 (2) 3 4
4. Can you name two staff members who have been exceptional?  
Vicki, Amanda,
5. Food quality & service                      1 2 (3) 4
6. How effective were your therapy sessions?                      1 2 (3) 4

Comments or suggestions: My over all experience at this facility was

positive. The staff is efficient courteous and attentive to patient needs. It seems that under staffing makes it hard for the staff to respond

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): \_\_\_\_\_  
Date: \_\_\_\_\_

*at times to patient needs in a timely manner*

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Better than I could have ever hoped for.

Would you recommend this facility to a friend or relative? Absolutely

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
ALL Staff members were excellent
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: I want to thank EVERYONE at TownView! You all made my recovery a very good experience.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Mark

Date: 1-16-13

Thank you all!!!



# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 3 (4)
2. Were you treated with courtesy and respect 1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 (4)
4. Can you name two staff members who have been exceptional?  
all staff on all shifts  
amanda Turner, Vicki on A.M.
5. Food quality & service 1 2 (3) 4
6. How effective were your therapy sessions? 1 2 3 (4)

Comments or suggestions: I had an x good  
care and friendly experience

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Pauline  
Date: 1/18/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Very Good

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 3 4

2. Were you treated with courtesy and respect 1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4

4. Can you name two staff members who have been exceptional?  
Vicki & Everyone I don't remember names

5. Food quality & service 1 2 3 4

6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: Everyone was very courteous and compassionate.

Vicki was especially caring. She came and washed my hair and body when I was so sick. I really appreciated this.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Nancy

Date: 1-27-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? GREAT

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light  1 2 3 4

2. Were you treated with courtesy and respect  1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion?  1 2 3 4

4. Can you name two staff members who have been exceptional?

I WOULD LIKE TO THANK ALL

5. Food quality & service 1  2 3 4

6. How effective were your therapy sessions?  1 2 3 4

Comments or suggestions: KEEP UP THE GREAT WORK

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): JAMES

Date: \_\_\_\_\_

2/3

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? GREAT

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 (3) 4
2. Were you treated with courtesy and respect 1 2 (3) 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 (3) 4
4. Can you name two staff members who have been exceptional?  
MARIA (PT), NURSES
5. Food quality & service 1 2 (3) 4
6. How effective were your therapy sessions? 1 2 (3) 4

Comments or suggestions: PLACE WAS VERY NICE & PLACE WAS

CLEAN.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Beth

Date: 2-14-2013

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? VERY GOOD

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 - Poor                      2 - Fair                      3 - Good                      4 - Excellent

1. Timeliness of response to call light                      1 2 3 (4)
2. Were you treated with courtesy and respect                      1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion?                      1 2 3 (4)
4. Can you name two staff members who have been exceptional?  
ALL of the staff was GREAT!!
5. Food quality & service                      1 2 3 (4)
6. How effective were your therapy sessions?                      1 2 3 (4r)

Comments or suggestions: Do not move patients to other rooms after they are in their first room. Moving is Uncomfortable.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): DONNA

Date: 2-28-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? VERY GOOD

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
ALL of the staff was GREAT!!
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: Do not move patients to other rooms after they are in their first room. Moving is Uncomfortable.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): DONNA

Date: 2-28-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? I Liked it

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 (3) 4
2. Were you treated with courtesy and respect 1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 (4)
4. Can you name two staff members who have been exceptional?  
\_\_\_\_\_
5. Food quality & service 1 2 (3) 4
6. How effective were your therapy sessions? 1 2 3 (4)

Comments or suggestions: Everyone was very nice.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Lillian

Date: 2-28-2013

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? EXCELLENT

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

1. Timeliness of response to call light                      1   2   3   4

2. Were you treated with courtesy and respect                      1   2   3   4

3. Were medications, including pain medications, administered in a timely fashion?                      1   2   3   4

4. Can you name two staff members who have been exceptional?  
VIKKI & AMANDA & JOYCE

5. Food quality & service                      1   2   3   4

6. How effective were your therapy sessions?                      1   2   3   4

Comments or suggestions: SHE WAS TREATED WELL & PROGRESSED WELL

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

3/13

Name (Optional): CLARA

Date: \_\_\_\_\_





# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Caring - Just - excellent - Respective  
IF UPSet DIDN'T SHOW FEELINGS TO PATIENT

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light ~~1~~ 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
SUE AND CINDY Stetzer
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: HAVING A Selective Menu, to AN

extent -

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): [Signature]

Date: Mar 12, 2013

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? VERY GOOD

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor      2 - Fair      3 - Good      4 - Excellent

1. Timeliness of response to call light      1 2 3 4

2. Were you treated with courtesy and respect      1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion?      1 2 3 4

4. Can you name two staff members who have been exceptional?  
MIKK - ELAINE - SUSIE

5. Food quality & service      1 2 3 4

6. How effective were your therapy sessions?      1 2 3 4

Comments or suggestions: VERY GOOD - WAS TROUBLED BY INTENSE PAIN BUT CARE/NURSES/AND STAFF WERE GREAT

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): James A

Date: 3/12/13 - I HAVE STILL HAD TROUBLES W/ MEDS - I DID AT ONE REMEMBER ALL THERE NAMES BECAUSE I WAS PLEASE (HAPPY - WELL CARED) FROM LOWEST + POOR STAFF TO THE HIGHEST BAD STAFF MEMBER THANK YOU EACH AND JIM

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

**General:**

How was your overall experience? Caring - Just - excellent - Respective  
 IF UPSET Didnt Show feelings to Patient

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 ~~2~~ 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
SUE and Cindy Stetzer
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: HAVING A Selective Menu, to AN extent -

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Phyllis  
 Date: Mar 12, 2013

Phyllis O'Rourke

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? 28 MAR POSITIVE.

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 - Poor                      2 - Fair                      3 - Good                      4 - Excellent

1. Timeliness of response to call light                      1 ② 3 4

2. Were you treated with courtesy and respect                      1 2 3 ④

3. Were medications, including pain medications, administered in a timely fashion?                      1 2 ③ 4

4. Can you name two staff members who have been exceptional?  
DEENA & KELSEY

5. Food quality & service                      1 2 3 ④

6. How effective were your therapy sessions? N/A                      1 2 3 4

Comments or suggestions: NIGHT SHIFT RESPONSE TO CALL LIGHT WAS VERY, VERY, VERY SLOW

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): MARGARET  
Date: 3-14-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? \_\_\_\_\_

Would you recommend this facility to a friend or relative? yes \_\_\_\_\_

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4

2. Were you treated with courtesy and respect 1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4

4. Can you name two staff members who have been exceptional?  
\_\_\_\_\_

5. Food quality & service 1 2 3 4

6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Nancy  
Date: 3-23-18

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor      2 – Fair      3 – Good      **4 – Excellent**

- 1. Timeliness of response to call light 1 2 3 **4**
- 2. Were you treated with courtesy and respect 1 2 3 **4**
- 3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 **4**
- 4. Can you name two staff members who have been exceptional?  
Susan RN 1st Floor Nurse      Jay (RN)
- 5. Food quality & service 1 2 **3** 4
- 6. How effective were your therapy sessions? 1 2 **3** **4**

Comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Sasanne  
Date: 3-22-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
Mary and Rachael
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: I was treated with great respect by all staff members.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Debra  
Date: 7-4-13



# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? EXCELLENT

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4

2. Were you treated with courtesy and respect 1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4

4. Can you name two staff members who have been exceptional?  
\_\_\_\_\_

5. Food quality & service 1 2 3 4

6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: EVERY ONE WAS EXCELLENT

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): GEORGE  
Date: 9-10-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Excellent

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 (4)
2. Were you treated with courtesy and respect 1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 (4)
4. Can you name two staff members who have been exceptional?  
Katy & Sue All nurses & aides were wonderful.
5. Food quality & service 1 2 (3) 4
6. How effective were your therapy sessions? No therapy required 1 2 (3) 4

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Mrs. Robert

Date: 4/25/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Overall, very good.

Would you recommend this facility to a friend or relative? yes!

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

1. Timeliness of response to call light                      1 2 3 4
2. Were you treated with courtesy and respect                      1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion?                      1 2 3 4
4. Can you name two staff members who have been exceptional?  
Cindy, R.N.; Katie; Vicki; all P.T. & O.T.
5. Food quality & service                      1 2 3 4
6. How effective were your therapy sessions?                      1 2 3 4 ++

Comments or suggestions: Clean windows; investigate handicapping entry doors

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): J.W.  
Date: 4-25-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Very Good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
All good
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Catherine  
Date: 6-14-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? my care exceeded my expectations! I felt very comfortable and everyone made me feel so ~~comfortable~~ special  
Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

1. Timeliness of response to call light                      1 2 3 (4)
2. Were you treated with courtesy and respect                      1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion?                      1 2 3 (4)
4. Can you name two staff members who have been exceptional? They all were exceptional to me!
5. Food quality & service                      1 2 3 (4)
6. How effective were your therapy sessions?                      1 2 3 (4)

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others! I will definitely refer your center to any I know that would need this type of care.

Name (Optional): ANN  
Date: June 29, 2013

Thank you again so much for all your kindness to me & my family

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Very good

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

- 1. Timeliness of response to call light                      1 2 3 4
- 2. Were you treated with courtesy and respect                      1 2 3 4
- 3. Were medications, including pain medications, administered in a timely fashion?                      1 2 3 4
- 4. Can you name two staff members who have been exceptional?  
all were equally exceptional
- 5. Food quality & service                      1 2 3 4
- 6. How effective were your therapy sessions?                      1 2 3 4

Comments or suggestions: many went above & beyond

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Paul  
Date: 7-20-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Exceptional

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor                      2 – Fair                      3 – Good                      4 – Excellent

1. Timeliness of response to call light                      1   2   3   ④

2. Were you treated with courtesy and respect                      1   2   3   ④

3. Were medications, including pain medications, administered in a timely fashion?                      1   2   3   ④

4. Can you name two staff members who have been exceptional?  
Amanda, Brian, Vicki All Staff on

5. Food quality & service Floor #1                      1   2   3   ④

6. How effective were your therapy sessions?                      1   2   3   ④

Comments or suggestions: You were excellent!!

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Oliver  
Date: 8/9/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Good

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor                  2 – Fair                  3 – Good                  4 – Excellent

1. Timeliness of response to call light                  1 2 3 4
2. Were you treated with courtesy and respect                  1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion?                  1 2 3 4
4. Can you name two staff members who have been exceptional?  
80 Percent
5. Food quality & service                  1 2 3 4
6. How effective were your therapy sessions?                  1 2 3 4

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): John

Date: Aug 10/13



# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Excellent

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor      2 – Fair      3 – Good      ④ – Excellent

1. Timeliness of response to call light      1 2 3 ④

2. Were you treated with courtesy and respect      1 2 3 ④

3. Were medications, including pain medications, administered in a timely fashion?      1 2 3 ④

4. Can you name two staff members who have been exceptional?  
All were exceptional

5. Food quality & service      1 ② 3 4

6. How effective were your therapy sessions?      1 2 3 ④

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Jayce

Date: Sept 22, 2013

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Very Good

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
Michelle + Jay
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: ~~██████████~~ Your staff are all helpful and friendly. Everything is clean and bright.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): \_\_\_\_\_

Date: 10/2/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Very Good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
\_\_\_\_\_
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: \_\_\_\_\_

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Steve

Date: 10-20-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Excellent

Would you recommend this facility to a friend or relative? Without Reservations

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
Don't Remember Names but All on all shifts were Excellent
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: All should be commended for the Excellent

Care that I Received Love you all

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): \_\_\_\_\_

Date: 10/20/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? very good

Would you recommend this facility to a friend or relative? yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 ④

2. Were you treated with courtesy and respect 1 2 3 ④

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 ④

4. Can you name two staff members who have been exceptional?  
Vickie, JAMIE, Katie and many more

5. Food quality & service 1 2 ③ 4

6. How effective were your therapy sessions? 1 2 ③ 4

Comments or suggestions: In therapy they need to use disinfectant wipes on "hands on" equipment between patients (Infection Control)

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Jenifer  
Date: 12-11-13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? GREAT

Would you recommend this facility to a friend or relative? YES

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4
2. Were you treated with courtesy and respect 1 2 3 4
3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4
4. Can you name two staff members who have been exceptional?  
JAIME VICKY
5. Food quality & service 1 2 3 4
6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: Everything was excellent

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): David

Date: 12/11/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Exceptional

Would you recommend this facility to a friend or relative? Yes

Please rate by circling the following services you received at TownView:

1 – Poor

2 – Fair

3 – Good

4 – Excellent

1. Timeliness of response to call light 1 2 3 4

2. Were you treated with courtesy and respect 1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4

4. Can you name two staff members who have been exceptional? Vicky Michele Jamie - Everyone especially 4th Floor

5. Food quality & service 1 2 3 4

6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: Keep up great work and Thanks

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Olwe

Date: 12/12/13

# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? Good

Would you recommend this facility to a friend or relative? Most likely, yes

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 (3) 4
2. Were you treated with courtesy and respect 1 2 3 (4)
3. Were medications, including pain medications, administered in a timely fashion? 1 (2) (3) 4
4. Can you name two staff members who have been exceptional?  
Vicky and Katie
5. Food quality & service 1 (2) (3) 4
6. How effective were your therapy sessions? 1 2 (3) (4)

Comments or suggestions: Sometimes it's too bad that nurses are very often pulled from one floor to another floor, to administer meds, then their own floor must wait sometimes an hour before those meds are given out.

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): Anita

Date: 12/20/13



# TownView Health & Rehabilitation Center

## Patient Survey

Thank you for choosing TownView Health & Rehabilitation Center for your recent rehab stay. To help us improve our care, would you please take time and answer the following questions? Your comments will remain confidential unless you instruct us otherwise.

### General:

How was your overall experience? EXCELLENT

Would you recommend this facility to a friend or relative? Definitely

Please rate by circling the following services you received at TownView:

1 - Poor

2 - Fair

3 - Good

4 - Excellent

1. Timeliness of response to call light 1 2 3 4

2. Were you treated with courtesy and respect 1 2 3 4

3. Were medications, including pain medications, administered in a timely fashion? 1 2 3 4

4. Can you name two staff members who have been exceptional?  
VICKIE, MARYLE & KATIE (I CAN NAME OTHERS)

5. Food quality & service 1 2 3 4

6. How effective were your therapy sessions? 1 2 3 4

Comments or suggestions: DON'T CHANGE YOUR PRACTICE, IT IS

WORKING VERY WELL

Dear Friend: Referrals are very important to us. Please pass on your TownView experiences to others!

Name (Optional): William

Date: 12-21-13