



Nursing Home Patient Safety Culture Survey

Survey Instructions

This survey asks for your opinions about resident safety in this nursing home. It will take about 10 minutes to complete. If a question does not apply to you or this nursing home, or you don't know the answer, please select "Does Not Apply or Don't Know." If you do not wish to answer a question, leave it blank.

Definition of Resident Safety

In this survey, "resident safety" means preventing injuries, incidents, and harm to residents or patients in the nursing home.

Section A: Working In this Nursing Home

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't know
Staff treat each other with respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff feel like they are part of a team	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
When a staff member gets really busy in this nursing home, others help out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff follow this nursing home's policies and procedures to care for residents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
We have enough staff to handle the workload	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff have enough time to meet residents needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff get the training they need in this nursing home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
This nursing home actively looks for ways to improve resident safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

This nursing home makes changes to prevent the same incidents from happening again	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff feel safe reporting mistakes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff are treated fairly when they make mistakes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff are supported when they are involved in a resident safety incident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Section B: Communication

How often do the following things happen in this nursing home?	Never	Rarely	Sometimes	Most of the time	Always	Does Not Apply or Don't know
Staff are given all the information they need to care for residents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff are informed when there is a change in a resident's care plan	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Resident needs are met during shift changes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff feel comfortable asking questions when something doesn't seem right	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Staff speak up if they see something that might harm a resident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Section C: Supervisor Support for Resident Safety

How much do you agree or disagree with the following statements about your supervisor?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't know
My supervisor pays attention to resident safety in this nursing home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
My supervisor listens to staff ideas and suggestions about resident safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
My supervisor provides positive feedback when staff have done a good job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Section D: Management Support for Resident Safety

How much do you agree or disagree with the following statements about management in this nursing home?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't know
Management encourages staff to suggest ways to improve resident safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Management takes action to address staff concerns about resident safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
Management often walks around the nursing home to check on resident safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Section E: Overall Ratings

1. I would recommend this nursing home as a place that provides safe resident care.

- 1 Yes
- 2 Maybe
- 3 No

2. Overall, how would you rate this nursing home on resident safety?

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

Background Questions

1. What is your position in this nursing home? Select ONE answer. If more than one category applies, select the highest-level position.

1 Administrator, Manager, or Director

Administrator / Executive Director
Assistant Director
Assistant Manager
Department Head
Director of Nursing / Nursing Supervisor
Medical Director
Minimum Data Set (MDS) Coordinator /
Resident Nurse Assessment Coordinator
(RNAC)
Unit Manager / Charge Nurse

2 Administrative Support Staff

Administrative Assistant
Admissions
Billing / Insurance
Human Resources
Medical Records
Receptionist
Secretary

3 Certified Nursing Assistant (CNA)

Geriatric Nursing Assistant (GNA)
Nursing Aide / Nursing Assistant

4 Medication Technician, Pharmacist

5 Physician

6 Other Provider

Advanced Practice Nurse (Nurse
Practitioner, Clinical Nurse Specialist)
Physician Assistant

7 Registered Nurse (RN)

Licensed Vocational Nurse (LVN)
Licensed Practical Nurse (LPN)

8 Therapist

Occupational
Physical
Recreational
Respiratory
Speech

9 Other Direct Care Staff

Activities Staff Member
Dietician/ Nutritionist
Pastoral Care, Chaplain

Social Worker

10 Other Support Staff

Drivers

Food Service/ Dietary

Housekeeping

Laundry Service

Maintenance

Security

11 Other, please specify _____

2. How long have you worked in this nursing home? Select ONE answer.

1 Less than 1 year

2 1 to 2 years

3 3 to 5 years

4 6 to 10 years

5 11 or more years

3. How many hours per week do you usually work in this nursing home? Select ONE answer.

1 Fewer than 30 hours per week

2 30 to 40 hours per week

3 More than 40 hours per week

4. When do you work most often? Select ONE answer.

1 Days

2 Evenings

3 Nights

5. In this nursing home, where do you spend most of your time working? Select ONE answer.

1 Short-term care unit/Rehab

2 Long-term care unit

3 Memory care unit

4 Multiple areas or no specific area

5 Other unit or area, please specify: _____

Your Comments

Please feel free to write any comments about resident safety in this nursing home.

Thank you for completing this survey.