Association of Small Care Residences Care Quality Assurance Survey

Dear valued customer,

In order to provide a consistently high level of service, we participate in the Association of Small Care Residences Quality Assurance program. This program asks current and past clients, as well as 3rd party vendors, to complete a brief survey of the service we provide.

By sharing your experiences, you can give comfort to other families when they are searching their long term care living options.

• Fax survey to: (321)-989-0221

Email survey to: support@careassociation.org

Facility Name Paradise Hill Home	Date: 04/01/14
Name: Jose Rodrique E	Email (optional):
Please rate the quality of care your loved one has	Please rate the cleanliness of this facility.
received.	£
Excellent	Excellent
Above Average	Above Average
Average	Average
Poor	Poor
Please rate the quality of food.	Please rate your experience and comfort with the facility
	staff.
Excellent	Excellent
Above Average	Above Average
Average	Average
F001	Poor
In your opinion, does this facility offer Aging in Place?	Is management readily available and involved in the day
_	to day operations?
Yes	Yes
No	No
Are your questions or concerns addressed in a prompt	Would you recommend this facility to other families in
manor?	need of care?
Yes	Yes
110	1/10
Testimonial:	
Very clien & organiza	2 facility, Staff is
frencly and attentive to patriols. How been a	
pleasure to wort patients here.	
7	
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