

# Amenities Profile Survey

**Print Survey**

You may print and fax completed survey to 888-827-3013

Ministry of Healthy Living and Sport  
4th Floor, 1515 Blanshard St.  
Victoria, BC  
Canada  
V8W 3C8  
Phone: 250 952-3659  
Fax: 888-827-3013  
<http://www.gov.bc.ca/hls>

Date (YYYY/MM/DD)

Facility Name:

Name of person completing survey for facility (Please Print)

Name:

Q1 Upon admission, are persons in care and their families provided with information about who to contact if they have a concern or care complaint? ☐ Yes ☐ No ☐ Unsure

Q2 Upon admission, are persons in care and their families provided with information about the community care licensing process? ☐ Yes ☐ No ☐ Unsure

Q3 Upon admission, are persons in care and their families provided with a written description of the services that will be provided? ☐ Yes ☐ No ☐ Unsure

Q4 Does your facility have a resident or a resident/family council? ☐ Yes ☐ No ☐ Unsure

Q5 If yes, how often does it meet? (Check only one)

☐ Monthly ☐ Quarterly ☐ Annually

Q6 Does your facility provide a newsletter or similar regular communication to persons in care and their families? ☐ Yes ☐ No ☐ Unsure

Q7 Does your facility have: (Check all that apply)

An activity program ☐ Yes ☐ No ☐ Unsure

An exercise program ☐ Yes ☐ No ☐ Unsure

A walking program ☐ Yes ☐ No ☐ Unsure

A volunteer program ☐ Yes ☐ No ☐ Unsure

A pet, or a program for pets to visit ☐ Yes ☐ No ☐ Unsure

Q8 Can your facility provide for resident's personal and/or cultural food preferences? ☐ Yes ☐ No ☐ Unsure

Q9 Has your facility been accredited by the Canadian Council of Health Services Accreditation?

☐ Yes

☐ No

☐ Unsure

What was the last accreditation year?

(YYYY)

Q10 What was the last year that facility residents and/or family participated in satisfaction survey?

(YYYY)

**Submit by Email**

Once completed you may select this button to send by email