



GEM STATE DEVELOPMENTAL CENTER

EXCEPTIONAL SERVICE FOR EXTRAORDINARY PEOPLE

818 NW 15th Street
Meridian, Idaho 83642
(208) 888-5566

980 NW 15th Street
Meridian, Idaho 83642
(208) 888-5566

157 Caldwell Blvd
Nampa, Idaho 83651
(208) 466-9661






2016 Bingham Dr.
Nampa, Idaho 83651
(208) 466-3838

PARTICIPANT SATISFACTION QUESTIONNAIRE Developmental Therapy and Adult Day Health

Individual: _____

Date: _____

Gem State Developmental Center works to continuously improve the quality of services to those individuals receiving agency services. This satisfaction survey tool is used to assist us in evaluating, refining, and/or improving services. We would appreciate your comments. We are open to your constructive suggestions, concerns, and compliments. Your responses will remain confidential unless you otherwise provide permission.

Can you verbalize or otherwise communicate what you do at GSDC? (individuals that are non-verbal, satisfaction may be measured by observable behaviors or by respondents)		YES	NO	
Do you want to continue to receive developmental therapy services from us?		YES	NO	
Do you decide what goals you are working on?		YES	NO	
Do you decide what days and times you attend services?		YES	NO	
Do you feel you are making progress?		YES	NO	
Are the GSDC staff friendly, caring, and fun to be around?		YES	NO	
Do you like the people that work with you (peers and staff)?		YES	NO	
Are you satisfied with adult day health services?		YES	NO	
		YES	NO	
What do you like about GSDC services?				
What do you dislike about GSDC services?				
How pleased are you with overall services?				
5	4	3	2	1
Outstanding	Very Good	Satisfactory	Needs Improvement	Unsatisfied
				
Additional Comments, if any				

Individual Signature or Mark _____

Signature of Person Conducting Survey (if needed) _____

NOTE: Individuals with moderate to profound receptive and expressive language may need assistance. Observable behaviors may indicate satisfaction, e.g. how they respond to treatment, levels of absenteeism, anticipates services (look forward to transport) each morning, display positive gestures towards, etc.

IDAPA 16.03.21.500.01 Measurable Outcomes. Produces high quality services that maintain interests, needs, and current standards of practice consistent with individual choices.

State of Idaho Medicaid Provider Agreement Additional Terms – Adult Day Health

A-12. Quality Improvement A-12.9 The provider conducts a quality improvement program which includes sufficient training sessions to ensure staff qualifications and competence, quarterly audits of services, site visits, participant satisfaction, and annual professional credential and competency review. Provider shall implement a Quality Improvement Plan for any deficiencies noted.

Administrative Review – ☒ and initial/signature and date
☐ Information reviewed and incorporated into the quality assurance program services components are high quality and consistent with individual's choices, interests, needs, and standards of practice.