

Michigan Department of Health and Human Services

**Nursing Facility Quality Measure Initiative Resident Satisfaction Survey Data  
Submission Checklist**

<b>Facility Contact Information</b>	
<b>Facility Name:</b>	
<b>Facility NPI:</b>	
<b>Facility CCN #:</b>	
<b>Facility License #:</b>	
<b>Has there been a change of ownership in the last 18 months? If yes, please list the name of the previous facility:</b>	
<b>Facility Address:</b>	
<b>Facility Contact:</b>	
<b>Contact's Email:</b>	
<b>Contact's Phone Number:</b>	
<b>Submission Date:</b>	

This checklist has been developed to assist providers with the submission of resident satisfaction survey data and documentation to the Long-Term Care Operations Section.

<b>Resident Satisfaction Survey Checklist</b>	
<b>Copy of Survey Questions:</b>	
<b>Summary of Survey Responses:</b>	
<b>This Survey Submission Does Not Include Protected Health Information:</b>	
<b>Number of Residents at the Facility at the Time of the Survey:</b>	
<b>Number of Residents Who Received the Survey:</b>	
<b>Number or Percentage of Surveys Completed by Residents:</b>	
<b>Number or Percentage of Surveys Completed by the Residents' Guardian or Designee on the Residents' Behalf:</b>	
<b>Total Number of Surveys Completed:</b>	
<b>Survey Date Range:</b>	
<b>Survey Frequency:</b>	
<b>Entity That Conducted the Survey:</b>	
<b>Survey Data Collection Method(s):</b>	
<b>Explanation of How the Survey Results Will be Used to Improve Resident Care:</b>	

A completed checklist, any accompanying documentation and data should be submitted to the Long-Term Care Operations Section email [MDHHS-NFQMI@michigan.gov](mailto:MDHHS-NFQMI@michigan.gov).

**Authority:** Title XIX of the Social Security Act

**Completion:** Is Voluntary

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Last updated April 2023