

**Iowa Department of Human Services  
Resident Opinion Survey Transmittal Report**

Facility Name \_\_\_\_\_

Medicaid Provider Number(s) \_\_\_\_\_

**Section A** - Complete the following information to transmit the results of the resident opinion survey. Do not send the resident opinion survey forms to the Department. Send only the completed transmittal report to: **Iowa Department of Human Services, c/o Bureau of Long Term Care Services, 1305 E. Walnut Street, 5th Floor, Des Moines, IA 50319-0114.** See instructions for further explanation.

- |   |          |
|---|----------|
| 1. Date survey was distributed to nursing facility residents  |          |
| 2. Was the survey distributed to all nursing facility residents or responsible parties  | Yes / No |
| 3. Are the surveys available for inspection (if no, provide reason in writing)  | Yes / No |
| 4. Was the survey collected, the score tabulated, and the transmittal report completed by an independent party (not an employee or owner of the facility) | Yes / No |
| 5. Number of nursing facility residents in building on survey distribution date   |          |
| 6. Number of surveys completed and collected  |          |
| 7. Response rate. #6 divided by #5 (if 35% or greater complete #8 and Sections B and C)   |          |
| 8. Facility Wide Average score  |          |

**Section B** - Certification Statement

Misrepresentations or falsification of any information contained in this report may be punishable by fine and imprisonment under state and federal law.

I CERTIFY that I have read the above statement and that I have completed the transmittal report, examined the resident opinion surveys, and tabulated the survey scores. To the best of my knowledge and belief, this transmittal report is a true and complete statement prepared from the resident opinion surveys and is in accordance with applicable instructions.

Signature of Independent Party \_\_\_\_\_

Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone Number \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

