

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

RN, LNH

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ ID/DD Provider

☐ Other:

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why?

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): LNHA

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☒ 13 – 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

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☐ Hospice

☐ Other: _____

☐ ID/DD Provider

Schedule of Events:

1. This a good month to schedule the conference.

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4. I like the ability to choose between different sessions.

Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year?

☒ yes ☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent	Good	Fair	Poor	No Opinion
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☐ no

Did you stay all night at a different hotel in the area?

☐ yes ☐ no Why? _____

Overall comments about the conference?

N/A

What other seminar topics should EFOHCA consider offering?

N/A

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Administrator

Number of years in the profession:

☐ less than 2 ☐ 3 - 4 ☐ 5 - 8 ☒ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living
☒ Nursing Facility

☐ Home Care
☐ Supplier/Vendor

☐ Hospice
☐ Other: _____

☐ ID/DD Provider

Schedule of Events:

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Would you like to attend this conference next year?

☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why? just drove

Overall comments about the conference?

I liked the informal feel + opportunities to network with professionals from all aspects of LTC (surveyor, Environmental, waiver etc.) loved Joanna - very easy to listen to. great energy & knowledgeable

What other seminar topics should EFOHCA consider offering?

we always love a good rule refresh

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): Nurse Consultant

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☐ Assisted Living ☐ Home Care ☐ Hospice ☐ ID/DD Provider
☐ Nursing Facility ☒ Supplier/Vendor ☐ Other: _____

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4. I like the ability to choose between different sessions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
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Did you stay all night at this hotel?

☐ yes ☐ no

Did you share a room?

☐ yes ☐ no

Did you stay all night at a different hotel in the area? ☐ yes ☐ no Why? _____

Overall comments about the conference?

Excellent topics & very relevant presenters.
Joanna was awesome.
Info on med techs was helpful.

What other seminar topics should EFOHCA consider offering? _____

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

ED DON Neal CDP Ipn

Number of years in the profession:

☐ less than 2 ☐ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☒ 17 or more

Type of provider:

☒ Assisted Living
☒ Nursing Facility

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4. I like the ability to choose between different sessions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes ☒ no Why? _____

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

executive director

Number of years in the profession:

☐ less than 2

☐ 3 – 4

☐ 5 – 8

☐ 9 – 12

☐ 13 – 16

☒ 17 or more

Type of provider:

☐ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☐ Nursing Facility

☐ Supplier/Vendor

☒ Other:

Schedule of Events:

1. This a good month to schedule the conference.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

☐

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☐

2. The days of the week are acceptable.

☐

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☐

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3. There are enough CE's available.

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4. I like the ability to choose between different sessions.

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

Excellent

Good

Fair

Poor

No Opinion

☐

☒

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2. The meeting room was conducive to learning.

☐

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3. The meals were well prepared and appetizing.

☐

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4. The parking was convenient.

☐

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5. The hotel staff was pleasant and accommodating.

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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why? _____

Overall comments about the conference?

good topics, presenters, topic time blocks

well organized and executed.

Thanks!

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): VP of Clinical Ops

Number of years in the profession:

☐ less than 2 ☒ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

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<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

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<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel?

Did you share a room?

Did you stay all night at a different hotel in the area?

☐ yes

☐ yes

☒ yes

☐ no

☐ no

☐ no Why? _____

N/A

N/A

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Executive Director / Administrator

Number of years in the profession:

☐ less than 2 ☒ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

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Would you like to attend this conference next year?

☒ yes ☐ no

Meeting Facility:

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5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why? _____

Overall comments about the conference?

Everything / everyone was great.

What other seminar topics should EFOHCA consider offering?

Maybe a bootcamp type conference for new leaders in the industry.

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

V Pot Business Development

Number of years in the profession:

☐ less than 2

☐ 3 - 4

☐ 5 - 8

☐ 9 - 12

☐ 13 - 16

☒ 17 or more

Type of provider:

☒ Assisted Living

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Schedule of Events:

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Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

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5. The hotel staff was pleasant and accommodating. NA

Excellent

Good

Fair

Poor

No Opinion

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Did you stay all night at this hotel?

Did you share a room?

Did you stay all night at a different hotel in the area?

☐ yes

☐ no

☐ yes

☐ no

☐ yes

☐ no Why?

Overall comments about the conference?

This was a great 1-day education, will be sending more faculty staff next time!

What other seminar topics should EFOHCA consider offering?

The new memory care piece of MCD Navis
Maybe a panel who have implemented
successfully + how they market these
services.

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Director

Number of years in the profession:

☒ less than 2 ☐ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

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Schedule of Events:

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Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why?

Stayed w/ family

Overall comments about the conference?

Would like to see more seminars in the Youngstown - CLE area!

What other seminar topics should EFOHCA consider offering?

- What role Activities plays in AL - thinking about CLE differently

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

RN - PRN, CRAL, COP, WHA

Number of years in the profession:

☐ less than 2 ☐ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

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Strongly
Agree

Agree

Disagree

Strongly
Disagree

No
Opinion

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N/A

Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

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Excellent

Good

Fair

Poor

No
Opinion

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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☐ no

Did you stay all night at a different hotel in the area?

☐ yes

☐ no Why? _____

Overall comments about the conference?

Very Good

Speakers & Lunch Panel Very Good

What other seminar topics should EFOHCA consider offering? _____

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Assisted Living Coordinator

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

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Schedule of Events:

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2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year?

☒ yes ☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent	Good	Fair	Poor	No Opinion
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes ☒ no Why? _____

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Administrator

Number of years in the profession:

☐ less than 2 ☒ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other:

☐ ID/DD Provider

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

Good

Fair

Poor

No Opinion

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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no

Why? live 10 miles away

Overall comments about the conference?

All speakers have been fantastic specifically Assisted Living

Hot Topic Mandy, Rick, Gwynn, a Robbie Say, Christine Menike, Erin Hart

Also felt Panel was very informative. JoAnna LaFleur was fantastic

she gave so many great ideas dealing with pts with dementia

Great Presenter kept my attention. Did a great job explaining

What other seminar topics should EFOHCA consider offering? Like to hear more on MA-25 she broke down process which was helpful

AI in healthcare

Overall excellent conference, I felt engaged the whole time due to the speakers. I maintained my attention the entire day. Great job!!

Lunch was very good, like Mexican option.

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): Regional Director of Operations - LNHA

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☒ 9 – 12 ☐ 13 – 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ ID/DD Provider

☐ Other: _____

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes ☒ no Why? _____

Overall comments about the conference?

Very informative + great information

What other seminar topics should EFOHCA consider offering? _____

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Administrator

Number of years in the profession:

☐ less than 2 ☐ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☐ Nursing Facility

☐ Supplier/Vendor

☐ Other:

Schedule of Events:

1. This a good month to schedule the conference.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

Good

Fair

Poor

No Opinion

Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why?

Overall comments about the conference?

Great location + parking
Speakers were great, like that
ODH reps. spoke
Joann Kofler was awesome!

What other seminar topics should EFOHCA consider offering?

New guidelines
for DDOS - i.e. Infection Control/
Preventivists

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): ED

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ ID/DD Provider

☐ Other: _____

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes ☒ no Why? _____

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering? _____

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): executive director

Number of years in the profession:

☐ less than 2 ☒ 3 - 4 ☐ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other: _____

☐ ID/DD Provider

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel? Hampton

☒ yes

☐ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☐ no Why? _____

Overall comments about the conference?

thought information was very helpful

What other seminar topics should EFOHCA consider offering? _____

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): University Healthcare Admin Professor

Number of years in the profession:

☐ less than 2 ☐ 3 - 4 ☐ 5 - 8 ☒ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ ID/DD Provider

☐ Other: _____

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Would you like to attend this conference next year?

☒ yes ☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent	Good	Fair	Poor	No Opinion
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes ☒ no Why?

only 1 1/2 hr drive from my home

Overall comments about the conference?

I love this conference - have previously attended
Thank You! I'm also attending your
SNF Fall Conference later this month in Dublin
great speakers!

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

RN nurse manager

Number of years in the profession:

☐ less than 2

☐ 3 - 4

☐ 5 - 8

☐ 9 - 12

☐ 13 - 16

☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other:

☐ ID/DD Provider

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly
Agree

Agree

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Strongly
Disagree

No
Opinion

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Would you like to attend this conference next year?

☐ yes

☒ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

Good

Fair

Poor

No
Opinion

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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no

Why? commuted from Hudson OH

Overall comments about the conference?

Knowledgeable speakers.
Good topics

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Regional Director

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other: _____

☐ ID/DD Provider

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel?

☐ yes ☒ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☐ yes ☒ no Why? _____

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Administrator

Number of years in the profession:

☐ less than 2

☐ 3 - 4

☐ 5 - 8

☐ 9 - 12

☐ 13 - 16

☒ 17 or more

Type of provider:

☒ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other:

☐ ID/DD Provider

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly
Agree

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Strongly
Disagree

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Opinion

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

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No
Opinion

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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no

Why? Drove in

Overall comments about the conference?

Good to hear from Regulators

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Administrator

Number of years in the profession:

☐ less than 2

☐ 3 - 4

☐ 5 - 8

☐ 9 - 12

☐ 13 - 16

☒ 17 or more

Type of provider:

☐ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☒ Other:

☐ ID/DD Provider

RCT

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

Good

Fair

Poor

No Opinion

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Did you stay all night at this hotel?

Did you share a room?

Did you stay all night at a different hotel in the area?

☒ yes

☐ no

☒ yes

☐ no

☒ yes

☐ no Why?

Overall comments about the conference?

Lights were too bright / too much light — dim lights open blinds.
Otherwise good info / good presentations.

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): Director of Operations

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☒ 13 – 16 ☐ 17 or more

Type of provider:

☐ Assisted Living

☒ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ ID/DD Provider

☒ Other: RCF / Group Home

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel? ☒ yes ☐ no

Did you share a room? ☒ yes ☐ no

Did you stay all night at a different hotel in the area? ☐ yes ☒ no Why? _____

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering? _____

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

LNAA

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☒ Nursing Facility

☐ Supplier/Vendor

☐ Other:

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why?

Overall comments about the conference?

informative

What other seminar topics should EFOHCA consider offering?

None

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): LNHA

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☒ Nursing Facility

☐ Supplier/Vendor

☐ Other: _____

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no

Why? Drove 2 hours kids had sports

Overall comments about the conference?

Very informative

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): Nursing Home Administrator / President of Company.

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other: _____

☐ ID/DD Provider

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

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Should not be during AL Week!

Would you like to attend this conference next year?

☒ yes

☐ no

but not during NNLW!

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

Good

Fair

Poor

No Opinion

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Did you stay all night at this hotel?

☐ yes

☒ no

-at another hotel -

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☒ yes

☐ no Why? _____

Overall comments about the conference?

Maybe hold it later in the month, NOT during National Asst. Living Week -

What other seminar topics should EFOHCA consider offering?

More on industry trends, nationally vs Ohio, maybe something on how to care for ppl differently in our settings.

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): VP

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☒ Nursing Facility

☐ Supplier/Vendor

☐ Other: _____

Schedule of Events:

1. This a good month to schedule the conference.

Strongly Agree
☐

Agree
☒

Disagree
☐

Strongly Disagree
☐

No Opinion
☐

2. The days of the week are acceptable.

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3. There are enough CE's available.

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4. I like the ability to choose between different sessions.

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

Excellent

Good

Fair

Poor

No Opinion

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2. The meeting room was conducive to learning.

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3. The meals were well prepared and appetizing.

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4. The parking was convenient.

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5. The hotel staff was pleasant and accommodating.

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Did you stay all night at this hotel? N/A

☐ yes

☐ no

Did you share a room? N/A

☐ yes

☐ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no Why? _____

Overall comments about the conference?

Really enjoyed the Prep program and lifesafety & dementia presentation

What other seminar topics should EFOHCA consider offering?

IDR/Administrative Review- How to Write Workshop

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Director of Clinical Services

Number of years in the profession:

☐ less than 2

☐ 3 - 4

☐ 5 - 8

☐ 9 - 12

☐ 13 - 16

☒ 17 or more

Type of provider:

☒ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☒ Nursing Facility

☐ Supplier/Vendor

☐ Other:

Schedule of Events:

1. This a good month to schedule the conference.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

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2. The days of the week are acceptable.

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3. There are enough CE's available.

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4. I like the ability to choose between different sessions.

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Would you like to attend this conference next year?

☒ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

Excellent

Good

Fair

Poor

No Opinion

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2. The meeting room was conducive to learning.

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3. The meals were well prepared and appetizing.

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4. The parking was convenient.

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5. The hotel staff was pleasant and accommodating.

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Did you stay all night at this hotel?

☐ yes

☒ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☐ yes

☒ no

Why? not @ hotel

Overall comments about the conference?

Found the Prep information and Emergency Response information very helpful

Enjoyed the dementia presentation

What other seminar topics should EFOHCA consider offering?

Administrative review process for citations
Any Changes/Trends in RCF Surveys

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title):

Regional Director of Operations & Clinical Services

Number of years in the profession:

☐ less than 2

☐ 3 - 4

☐ 5 - 8

☐ 9 - 12

☒ 13 - 16

☐ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ Other: _____

☐ ID/DD Provider

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree

Agree

Disagree

Strongly Disagree

No Opinion

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This is assisted Living week

Would you like to attend this conference next year?

☐ yes

☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent

Good

Fair

Poor

No Opinion

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Did you stay all night at this hotel?

☒ yes

☐ no

Did you share a room?

☐ yes

☒ no

Did you stay all night at a different hotel in the area?

☒ yes

☐ no Why? Hilton

Overall comments about the conference?

It was difficult to get my ED's to attend, This is assisted Living week

Great presentation + informative Great agenda

What other seminar topics should EFOHCA consider offering?

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): executive director

Number of years in the profession:

☐ less than 2 ☐ 3 - 4 ☒ 5 - 8 ☐ 9 - 12 ☐ 13 - 16 ☐ 17 or more

Type of provider:

☒ Assisted Living

☐ Nursing Facility

☐ Home Care

☐ Supplier/Vendor

☐ Hospice

☐ ID/DD Provider

☒ Other: memory care

Schedule of Events:

1. This a good month to schedule the conference.

2. The days of the week are acceptable.

3. There are enough CE's available.

4. I like the ability to choose between different sessions.

Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you like to attend this conference next year?

☒ yes ☐ no

Meeting Facility:

1. The location (city) was convenient.

2. The meeting room was conducive to learning.

3. The meals were well prepared and appetizing.

4. The parking was convenient.

5. The hotel staff was pleasant and accommodating.

Excellent	Good	Fair	Poor	No Opinion
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel?

☐ yes ☐ no

Did you share a room?

☐ yes ☐ no

Did you stay all night at a different hotel in the area?

☐ yes ☐ no Why? NA

Overall comments about the conference?

Excellent resources provided. Made great connections. Very pertinent topics.

What other seminar topics should EFOHCA consider offering?

All things MC Waiver for new providers.

EDUCATIONAL FOUNDATION of the Ohio Health Care Association

CONFERENCE EVALUATION

Personal Data:

I am a (your title): Risk Officer & CEO

Number of years in the profession:

☐ less than 2 ☐ 3 – 4 ☐ 5 – 8 ☐ 9 – 12 ☐ 13 – 16 ☒ 17 or more

Type of provider:

☐ Assisted Living

☐ Home Care

☐ Hospice

☐ ID/DD Provider

☐ Nursing Facility

☐ Supplier/Vendor

☒ Other: Consultant

Schedule of Events:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. This a good month to schedule the conference.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The days of the week are acceptable.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are enough CE's available.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like the ability to choose between different sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Would you like to attend this conference next year? ☒ yes ☐ no

Meeting Facility:

	Excellent	Good	Fair	Poor	No Opinion
1. The location (city) was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The meeting room was conducive to learning.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The meals were well prepared and appetizing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The parking was convenient.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The hotel staff was pleasant and accommodating.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you stay all night at this hotel?

☒ yes ☐ no

Did you share a room?

☐ yes ☒ no

Did you stay all night at a different hotel in the area?

☒ yes ☐ no Why? _____

Overall comments about the conference?

What other seminar topics should EFOHCA consider offering? _____
