

# SAFEHARBOR HEALTH CARE SERVICES

CLIENT NAME: Leon Binder

Please check (✓) box below

PATIENT SATISFACTION QUESTIONNAIRE	Yes	No
Did the service provided meet your needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were our employees competent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did they arrive on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were our employees courteous and helpful?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did they have a neat appearance and photo ID?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If there was a problem during our service, was it handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are our invoices correct and sent out timely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Would you recommend SafeHarbor HealthCare Services to others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

In order to effectively address and/or respond to your comments or concerns please share with us the name of the employee(s) you are addressing.

EMPLOYEE(S) NAME: \_\_\_\_\_

COMMENTS/SUGGEST:

Very pleased, experience with  
Nurse that came to visit.

Name of Person filling out the form Phyllis Binder 7188161906  
347 524-2550

Relationship to Client Wife Date: \_\_\_\_\_

**SAFEHARBOR HEALTH CARE SERVICES**

**CLIENT NAME:** William Schater

Please check (✓) box below

<b>PATIENT SATISFACTION QUESTIONNAIRE</b>	<b>Yes</b>	<b>No</b>
Did the service provided meet your needs?	✓	
Were our employees competent?	✓	
Did they arrive on time?	✓	
Were our employees courteous and helpful?	✓	
Did they have a neat appearance and photo ID?	✓	
If there was a problem during our service, was it handled properly?	✓	
Are our invoices correct and sent out timely?	✓	
Would you recommend SafeHarbor HealthCare Services to others?	✓	

**In order to effectively address and/or respond to your comments or concerns please share with us the name of the employee(s) you are addressing.**

**EMPLOYEE(S) NAME:** Lisette Martinez, LPN

**COMMENTS/SUGGEST:**

Lisette was professional, explained everything, consistently asked if we had any questions or concerns regarding care for my 74 year old dad and what she was doing. I can't rave enough of the services Lisette provided and price for nursing service was beyond reasonable for visit.

**Name of Person filling out the form** Keith Schater

**Relationship to Client** Son

**Date:** 9-9-19

**SAFEHARBOR HEALTH CARE SERVICES**

**CLIENT NAME:** Alfred Merendino

Please check (✓) box below

<b>PATIENT SATISFACTION QUESTIONNAIRE</b>	<b>Yes</b>	<b>No</b>
Did the service provided meet your needs?	✓	
Were our employees competent?	✓	
Did they arrive on time?	✓	
Were our employees courteous and helpful?	✓	
Did they have a neat appearance and photo ID?	✓	
If there was a problem during our service, was it handled properly?	✓	
Are our invoices correct and sent out timely?	✓	
Would you recommend SafeHarbor HealthCare Services to others?	✓	

**In order to effectively address and/or respond to your comments or concerns please share with us the name of the employee(s) you are addressing.**

**EMPLOYEE(S) NAME:** \_\_\_\_\_

**COMMENTS/SUGGEST:** Used services May 2019 ...  
Love our services & everyone that  
was sent was professional. We are now  
currently starting services again Sept 2019.  
with Home Health Aides.

**Name of Person filling out the form** \_\_\_\_\_

**Relationship to Client** Wife Josephine      **Date:** 9/6/19

**SAFEHARBOR HEALTH CARE SERVICES**

CLIENT NAME: Madison Salthany

Please check (✓) box below

PATIENT SATISFACTION QUESTIONNAIRE	Yes	No
Did the service provided meet your needs?	✓	
Were our employees competent?	✓	
Did they arrive on time?	✓	
Were our employees courteous and helpful?	✓	
Did they have a neat appearance and photo ID?	✓	
If there was a problem during our service, was it handled properly?	✓	
Are our invoices correct and sent out timely?	✓	
Would you recommend SafeHarbor HealthCare Services to others?		

**In order to effectively address and/or respond to your comments or concerns please share with us the name of the employee(s) you are addressing.**

EMPLOYEE(S) NAME: \_\_\_\_\_

COMMENTS/SUGGEST:

Everything went smoothly with services  
of newborn care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person filling out the form \_\_\_\_\_

Relationship to Client Parent Kristen Salthany Date: 9/6/19

## SAFEHARBOR HEALTH CARE SERVICES

CLIENT NAME: NINA Piscitello

Please check (✓) box below

PATIENT SATISFACTION QUESTIONNAIRE	Yes	No
Did the service provided meet your needs?	✓	
Were our employees competent?	✓	
Did they arrive on time?	✓	
Were our employees courteous and helpful?	✓	
Did they have a neat appearance and photo ID?	✓	
If there was a problem during our service, was it handled properly?	✓	
Are our invoices correct and sent out timely?	✓	
Would you recommend SafeHarbor HealthCare Services to others?	✓	

**In order to effectively address and/or respond to your comments or concerns please share with us the name of the employee(s) you are addressing.**

HaWa Belmott      JUDITH SULIMANI      JAMIE SERRANO

EMPLOYEE(S) NAME: BEATRICE Haggerty      Bhadma Gbemisola

COMMENTS/SUGGEST:

I have nothing but good things to say  
 about this agency. Each of these girls  
 did great job. I'm glad Nina Piscitello  
 is serviced by all —

Name of Person filling out the form Jan Zayas

Relationship to Client 9-12-19 Cousin

Date: 9-12-19