STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
PROVIDER SURVEY EVALUATION
REV 08/2025

Dear Community-Based Adult Services Center Provider:

This evaluation is provided as a means for your facility to share information concerning the survey process and a way to assist us in improving it. Use the scale below to rate us in each of the areas identified.

This evaluation is strictly voluntary and not required. Once completed, please submit to CDA, Community-Based Adult Services via email: cbascda@aging.ca.gov

Sincerely,

Jeanette Fong, Section Chief
CBAS Field Operations

Leigh Witzke, Section Chief
CBAS Nursing Operations

Name of Center (optional):	

1. Survey staff introduced themselves and explained the survey process when the survey began.

   ☐ 5 Strongly Agree ☐ 4 Agree ☐ 3 Neutral ☐ 2 Disagree ☐ 1 Strongly Disagree

   If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

2. During the survey and/or exit conference, investigative findings were discussed adequately and there was an opportunity to provide the Department with additional information related to a violation.

   ☐ 5 Strongly Agree ☐ 4 Agree ☐ 3 Neutral ☐ 2 Disagree ☐ 1 Strongly Disagree

   If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

3. Your questions regarding the laws and regulations were addressed.

   ☐ 5 Strongly Agree ☐ 4 Agree ☐ 3 Neutral ☐ 2 Disagree ☐ 1 Strongly Disagree

   If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

4. The survey was conducted in an effective and professional manner.

   ☐ 5 Strongly Agree ☐ Agree ☐ 3 Neutral ☐ 2 Disagree ☐ 1 Strongly Disagree

   If you select a 1, 2 or 3 rating, please address these with specific explanatory comments:

5. To assist the Department with ongoing quality improvement, please provide other comments you may have regarding the survey process.