

# Table of Contents

Table of Contents	1
Form NHCT31, Community Benefits Reporting	2
(Submission #: HPG-C52C-3542C, version 1)	2
Details	2
Form Input	2
Section 1: Organizational Information	2
Section 2: Mission & Community Served	3
Section 3.1: Community Needs Assessment	4
Section 3.2: Community Needs Assessment (1 of 4)	4
Section 3.2: Community Needs Assessment (2 of 4)	5
Section 3.2: Community Needs Assessment (3 of 4)	5
Section 3.2: Community Needs Assessment (4 of 4)	5
Section 4: Community Benefit Activities	6
Section 5: Community Building Activities	8
Section 6: Medicare	9
Section 7: Summary Financial Measures	9
Section 8: Community Engagement in the Community Benefits Process	10
Section 9: Charity Care Compliance	11
Section 10: Certification Contact	11
Attachments	11
Status History	11
Processing Steps	12

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPG-C52C-3542C, version 1)

## Details

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**Submitted** 3/31/2022 (0 days ago) by Rebecca McKeown

**Alternate Identifier** Metro Health Foundation of NH, Inc.

**Submission ID** HPG-C52C-3542C

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

01/01/2022

**Organization Name**

Metro Health Foundation of NH, Inc.

**Street Address**

19 NH Route 104  
Meredith, NH 03253

**Federal ID #**

02-0502466

**State Registration #**

15242

**Website address (must have a prefix such as "http://www.")**

http://www.GoldenView.org

**Is the organization's community benefit plan on the organization's website?**

Yes

**Chief Executive**

First Name	Last Name
Jeanne	Sanders

Phone Type	Number	Extension
Business	6032798111	

**Email**  
jeanne@goldenview.org

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Mary	<i>Flynn</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6032798111	
<b>Email</b>		
information@goldenview.org		

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Rosemary	<i>Simino</i>	
<b>Title</b>		
<i>Nursing Home Administrator</i>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6032798111	
<b>Email</b>		
rsimino@goldenview.org		

**Does this report include community benefit information for affiliated or subsidiary organizations?**

N/A

**Section 2: Mission & Community Served****Mission Statement**

Our mission is to be the preferred choice in community living for health care and hospitality services benefiting our community-at-large through access to our educational/healthcare resources and expertise.

**Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?**

Yes

**Service Area**

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

**Did the primary service area cover ALL of New Hampshire?**

No

**Please select service area Counties (NH), if applicable**

Belknap  
 Carroll  
 Coos  
 Grafton  
 Hillsborough  
 Merrimack  
 Rockingham  
 Sullivan

**Please select service area municipalities (NH), if applicable**

ALEXANDRIA  
ALLENSTOWN  
ALTON  
BARNSTEAD  
BELMONT  
BRISTOL  
CAMPTON  
CENTER HARBOR  
CLAREMONT  
CONWAY  
CONCORD  
DEERFIELD  
FRANKLIN  
GILFORD  
GILMANTON  
HOLDERNESS  
LACONIA  
MEREDITH  
MOULTONBOROUGH  
NEW HAMPTON  
NORTHFIELD  
OSSIPPEE  
PLYMOUTH  
RUMNEY  
SANBORNTON  
SANDWICH  
TAMWORTH  
THORNTON  
TILTON  
WOLFEBORO

**Service Population Description**

The majority of individuals receiving health care and support services at Golden View are seniors and older adults in need of skilled nursing services, short term post-hospital rehabilitation, memory support services, short stay care, traditional long term living care, supported residential care and other professional support services. However, Golden View has seen an increase in the number of individuals age 50-65 accessing short-term post hospital rehabilitation through managed care health insurance plans. Moreover, Golden View serves the community at large through its facilitation of various community based educational and clinical programs and the professional support services available to the family, friends and caregivers of individuals residing in the community who depend on assistance and/or health care services.

**Section 3.1: Community Needs Assessment**

**In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)**

2022

**Please attach a copy of the needs assessment if completed in the past year**

[2022 Metro Health Foundation of NH Inc Community Needs Assessment.pdf - 03/31/2022 09:48 AM](#)

**Comment**

NONE PROVIDED

**Was the assessment conducted in conjunction with other health care charitable trusts in your community?**

No

**Section 3.2: Community Needs Assessment (1 of 4)**

**Area of Community Need / Concern**

1. Financial Barriers to Care; Cost of Care / Insurance

**Is the need identified in the Community Needs Assessment?**

Yes

**Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

2.1: Medicaid

2.3: Medicare

**Brief description of major strategies or activities to address this need (optional)**

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (2 of 4)**

**Area of Community Need / Concern**

18. Access to Long Term Care or Assisted Living

**Is the need identified in the Community Needs Assessment?**

Yes

**Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A5: Dedicated Staff costs

F1: Physical Infrastructure Improvement

F3: Support Systems Enhancement

F4: Environmental Improvements

**Brief description of major strategies or activities to address this need (optional)**

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (3 of 4)**

**Area of Community Need / Concern**

34. Education / Job Training

**Is the need identified in the Community Needs Assessment?**

Yes

**Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

A5: Dedicated Staff costs

B1: Provision of Clinical Setting for Undergraduate Education

B3: Scholarships/Funding for Health Professions Education

B4: Other Health Professions Education Support

F8: Workforce Development

E1: Cash Donations

**Brief description of major strategies or activities to address this need (optional)**

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (4 of 4)**

**Area of Community Need / Concern**

23. Dementia, including Alzheimer's Disease

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A3: Health Care Support Services

C9: Palliative Care

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

## Section 4: Community Benefit Activities

### Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

### Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

13665676

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	5466270

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	0	0	0	0%	5466270

### Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	95500

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	27000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	5000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	0	0	0	0%	127500

**Total**

**(11) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	0	0	0	0%	\$5593770

**Section 5: Community Building Activities**

Total expense (\$; entered at top of Section 4)

13665676

**(1) Physical improvements and housing**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	50000	0	50000	0.4%

**(2) Economic development**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(3) Community support**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	1000	0	1000	0%

**(4) Environmental improvements**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	200000	0	200000	1.5%

**(5) Leadership development and training for community members**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	10000	0	10000	0.1%

**(6) Coalition building**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(7) Community health improvement advocacy**



(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	80150	0	80150	0.6%

**(8) Workforce development**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	20000	0	20000	0.1%

**(9) Other**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**Total**

**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	361150	0	361150	2.8%

**Section 6: Medicare**

Enter total revenue received from Medicare (\$ -- including DSH and IME)

0

Enter Medicare allowable costs of care relating to payments specified above (\$)

0

Medicare surplus (shortfall)

\$0

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

NONE PROVIDED

**Section 7: Summary Financial Measures**

Gross Receipts from Operations (\$)

12684776

Net operating costs (\$)

13665676

Ratio of gross receipts from operations to net operating costs

0.928

Unreimbursed Community Benefit Costs

**Financial Assistance and Means-Tested Government Programs (\$)**

0

**Other Community Benefit Costs (\$)**

0

**Community Building Activities (\$)**

361150

**Total Unreimbursed Community Benefit Expenses (\$)**

361150

**Net community benefit costs as a percent of net operating costs (%)**

2.64%

**Other Community Benefits (optional)****Leveraged Revenue for Community Benefit Activities (\$)**

NONE PROVIDED

**Medicare Shortfall (\$)**

\$0

**Section 8: Community Engagement in the Community Benefits Process**

Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Meredith Area Chamber of Commerce and Lakes Region Chamber of Commerce	Yes	Yes	No	No
Local churches	Yes	Yes	No	No
Meredith Rotary Club	Yes	Yes	No	No
Meredith Altrusa	Yes	Yes	No	No
Historical societies	Yes	Yes	No	No
Greater Meredith business leaders	Yes	Yes	No	No
GVHCC Facebook followers	Yes	Yes	No	No
Family and friends of current GVHCC residents and guests	Yes	Yes	No	No
Local Selectmen	Yes	Yes	No	No
Local Visiting Nurse Associations and Home Health agencies	Yes	Yes	No	No
Hospital care managers	Yes	Yes	No	No
GVHCC attending physicians and other health care professionals	Yes	Yes	No	No
GVHCC Board of Directors	Yes	Yes	No	No
Community Action Program Belknap-Merrimack Counties	Yes	Yes	No	No
Local senior centers	Yes	Yes	No	No
Inter-Lakes School Board	Yes	Yes	No	No

**Please provide a description of the methods used to solicit community input on community needs:**

Community input was solicited through a formal review conducted to identify the community needs currently being served by Golden View Health Care Center and by data analysis derived from survey questionnaire responses provided by local government officials, key leaders, community-based organizations, service providers, resident family members and other stakeholders. This survey was available in paper and internet based formats and was distributed widely.

**Section 9: Charity Care Compliance**

**The valuation of charity does not include any bad debt, receivables or revenue.**

N/A

**A written charity care policy is available to the public.**

N/A

**Any individual can apply for charity care.**

N/A

**Any applicant will receive a prompt decision on eligibility and amount of charity care offered.**

N/A

**Notice of the charity care policy is posted in lobbies.**

N/A

**Notice of the policy is posted in waiting rooms.**

N/A

**Notice of the policy is posted in other public areas of our facilities.**

N/A

**Notice of the charity care policy is given to recipients who are served in their home.**

N/A

**Section 10: Certification Contact**

**Name of Person Submitting the Community Benefits Report**

**First Name**    **Last Name**

Rebecca        *McKeown*

**Title**

*Case Manager*

**Email**

rmckeown@goldenview.org

**NHCT-31 (December 2020)**

**Attachments**

Date	Attachment Name	Context	Confidential?	User
3/31/2022 9:48 AM	2022 Metro Health Foundation of NH Inc Community Needs Assessment.pdf	Attachment	No	Rebecca McKeown

**Status History**

	User	Processing Status
3/22/2022 1:22:51 PM	Rebecca McKeown	Draft
3/31/2022 9:53:17 AM	Rebecca McKeown	Submitting

	User	Processing Status
3/31/2022 9:53:31 AM	Rebecca McKeown	Submitted

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Rebecca McKeown	3/31/2022 9:53:31 AM

## Community Needs Assessment Results and Summary

The 2022 Metro Health Foundation of NH, Inc. d/b/a Golden View Health Care Center (GVHCC) Community Benefits Survey consisted of ten questions designed to elicit responses regarding the importance of various health issues to area residents, what services area residents think GVHCC should offer, and to determine the most effective method of communicating with the community at large.

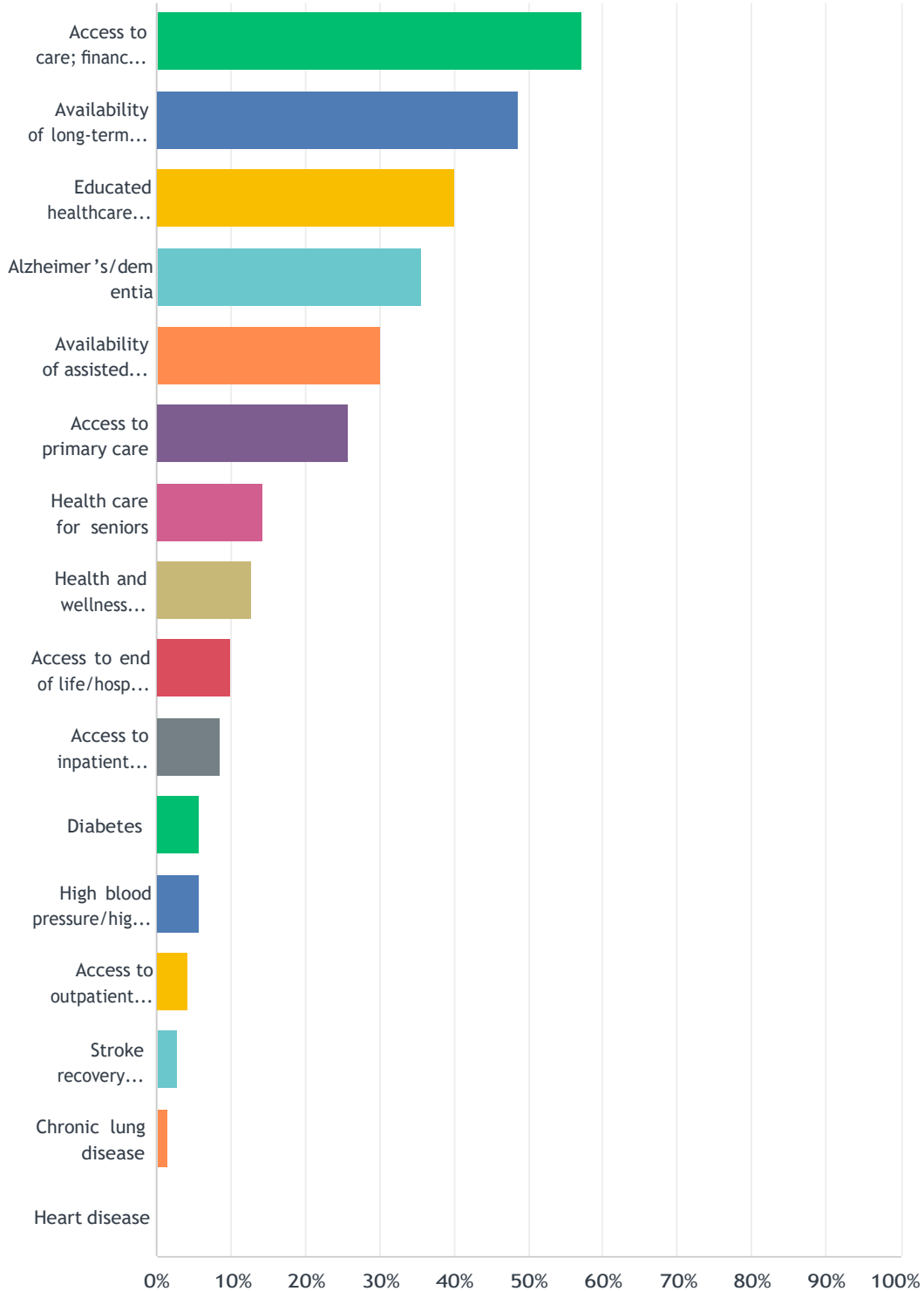
The survey begins with the question “What do you think are the 3 most important health issues in our community?” This question provides GVHCC with information essential to the evaluation of current community needs and the subsequent re-focus of our community based non-profit activities. The distribution of responses to this survey question largely reflects the 2017 Community Benefits Survey results indicating a continued perceived importance of health issues related to financial barriers associated with accessing care, the availability of long-term care/nursing home care, an educated workforce, and Alzheimer’s/dementia.

The survey revealed that 90% of respondents were aware that GVHCC has an inpatient rehabilitation center. 18.57% of respondents felt GVHCC should offer additional services, a few of which are currently offered. In looking at where respondents get healthcare information, most identified their physicians and websites as primary sources of information, but when asked how GVHCC can better communicate with the community, respondents preferred more articles in the paper and community presentations.

Overall, the needs assessment has provided valuable feedback and information for the board of directors and organizational leadership to consider to supplement, improve and expand its non-profit activities and allocate resources to meet the community needs.

# Q1 What do you think are the 3 most important health issues in our community?

Answered: 70 Skipped: 0

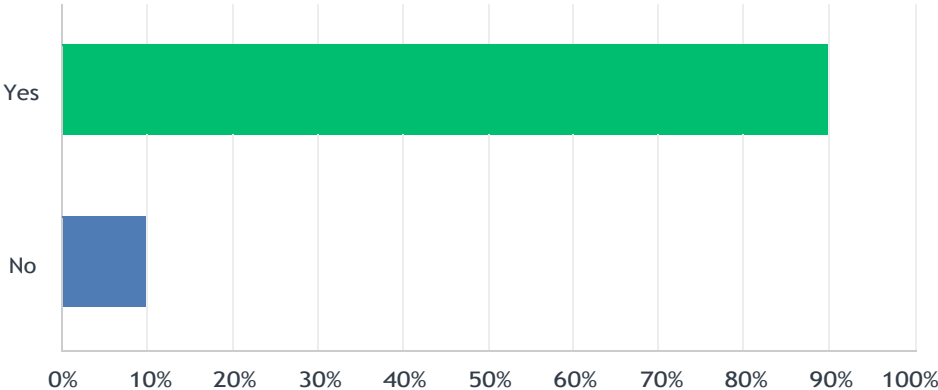


## Golden View Health Care Center Community Benefits Survey

ANSWER CHOICES	RESPONSES	
Access to care; financial barriers	57.14%	40
Availability of long-term, nursing home care	48.57%	34
Educated healthcare workforce	40.00%	28
Alzheimer's/dementia	35.71%	25
Availability of assisted living care	30.00%	21
Access to primary care	25.71%	18
Health care for seniors	14.29%	10
Health and wellness education	12.86%	9
Access to end of life/hospice care	10.00%	7
Access to inpatient rehabilitation services	8.57%	6
Diabetes	5.71%	4
High blood pressure/high cholesterol	5.71%	4
Access to outpatient rehabilitation services	4.29%	3
Stroke recovery services	2.86%	2
Chronic lung disease	1.43%	1
Heart disease	0.00%	0
Total Respondents: 70		

## Q2 Did you know Golden View has an inpatient rehabilitation center?

Answered: 70 Skipped: 0

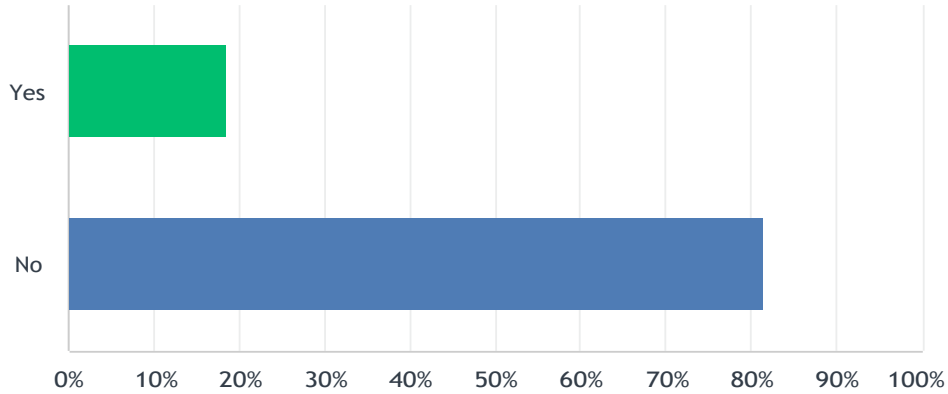


ANSWER CHOICES	RESPONSES	
Yes	90.00%	63
No	10.00%	7
TOTAL		70



### Q3 Are there any additional health services and programs you think Golden View should offer?

Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	18.57%	13
No	81.43%	57
TOTAL		70

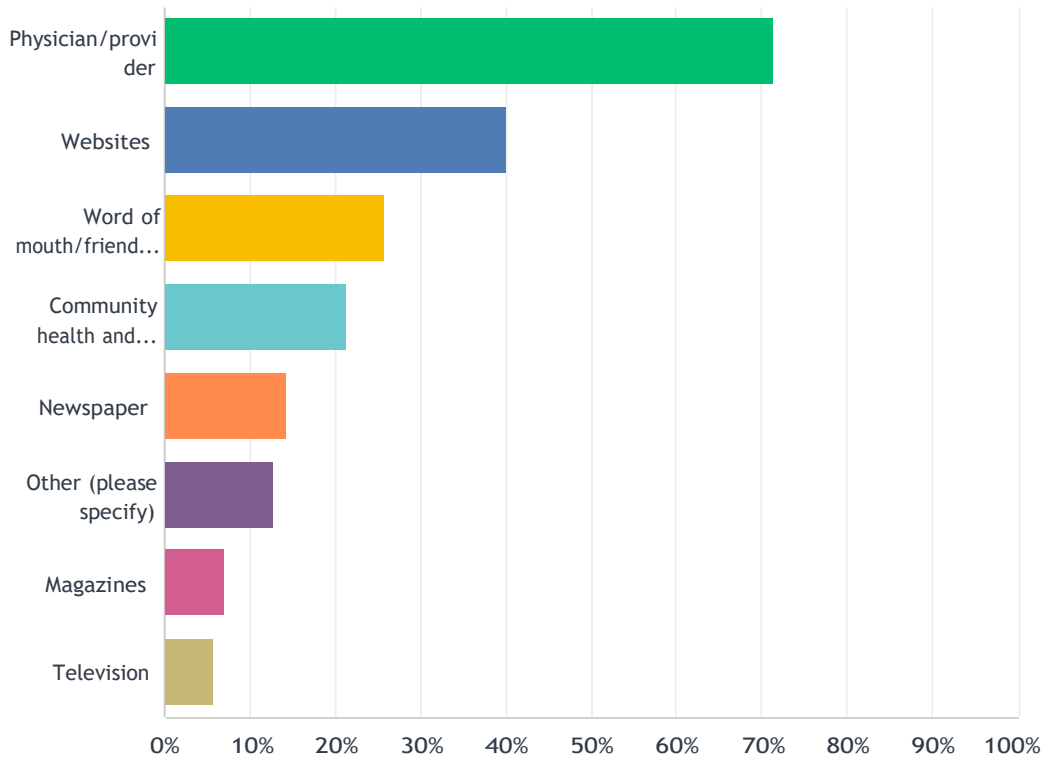
## Q4 If yes to the question above, what services would you like Golden View to offer?

Answered: 13 Skipped: 57

#	RESPONSES	DATE
1	In-house access to vision services	3/21/2022 5:10 PM
2	Addiction rehabilitation, drugs, tobacco and alcohol	3/20/2022 8:30 PM
3	Employee gym, gym benefits, employee therapy	3/17/2022 12:26 PM
4	A well funded, well supported by administration/staff activities department	3/14/2022 9:25 AM
5	I am Not Sure What Programs GVC does offer?	3/9/2022 2:31 PM
6	outpatient rehabilitation.	3/7/2022 9:55 AM
7	More activities including church services	3/4/2022 8:06 AM
8	There are residents in assisted living that need more physical and mental stimulation and activities.	3/2/2022 5:49 PM
9	Hospice house	3/2/2022 4:19 PM
10	geriatric psychology services	2/25/2022 9:14 AM
11	better food and more help	2/24/2022 5:05 PM
12	Transportation to off site doctor/dentist appointments with your own wheelchair van.	2/24/2022 3:20 PM
13	exercise class- even seated exercises. My Mom used to ride her exercise bike every day before she entered GV. Now she has trouble walking because she's mostly been couped up in her room	2/24/2022 2:09 PM

## Q5 How do you receive your health care information?

Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES
Physician/provider	71.43% 50
Websites	40.00% 28
Word of mouth/friends/neighbors	25.71% 18
Community health and wellness programs	21.43% 15
Newspaper	14.29% 10
Other (please specify)	12.86% 9
Magazines	7.14% 5
Television	5.71% 4
Total Respondents: 70	

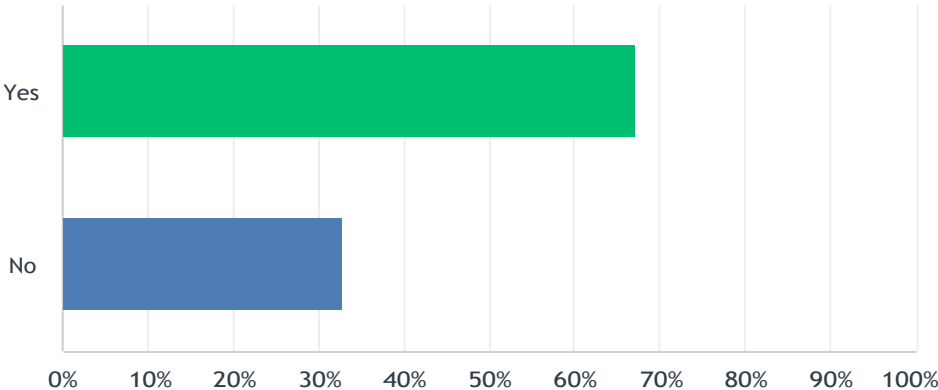
#	OTHER (PLEASE SPECIFY)	DATE
1	Reading science oriented Magazines, checking websites, physician/provider	3/20/2022 8:30 PM
2	Currently CEO, LRVNA & Hospice	3/9/2022 11:46 AM
3	My own investigation	2/27/2022 7:09 PM
4	Books	2/24/2022 8:04 PM

## Golden View Health Care Center Community Benefits Survey

5	better thing to do here better food	2/24/2022 5:05 PM
6	Actually all of the above.	2/24/2022 3:20 PM
7	research	2/24/2022 2:09 PM
8	Retirement Plan Health Ins. support and advisory.	2/24/2022 2:00 PM
9	Support groups	2/24/2022 1:31 PM

### Q6 Have you ever visited our website (www.GoldenView.org)?

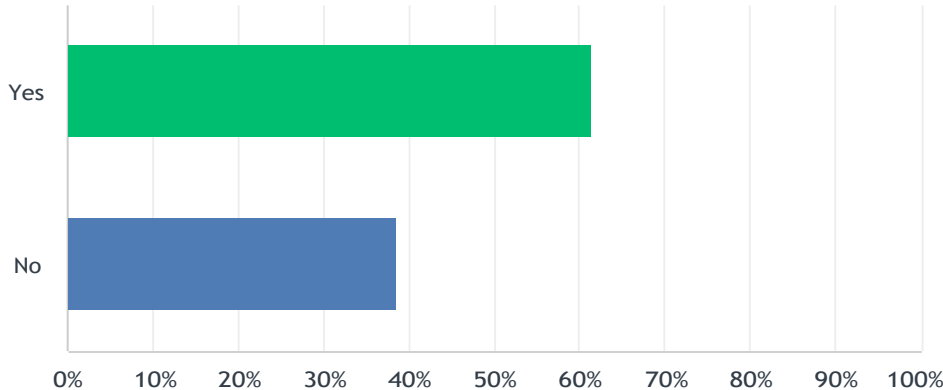
Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	67.14%	47
No	32.86%	23
TOTAL		70

### Q7 Did you know Golden View is on Facebook?

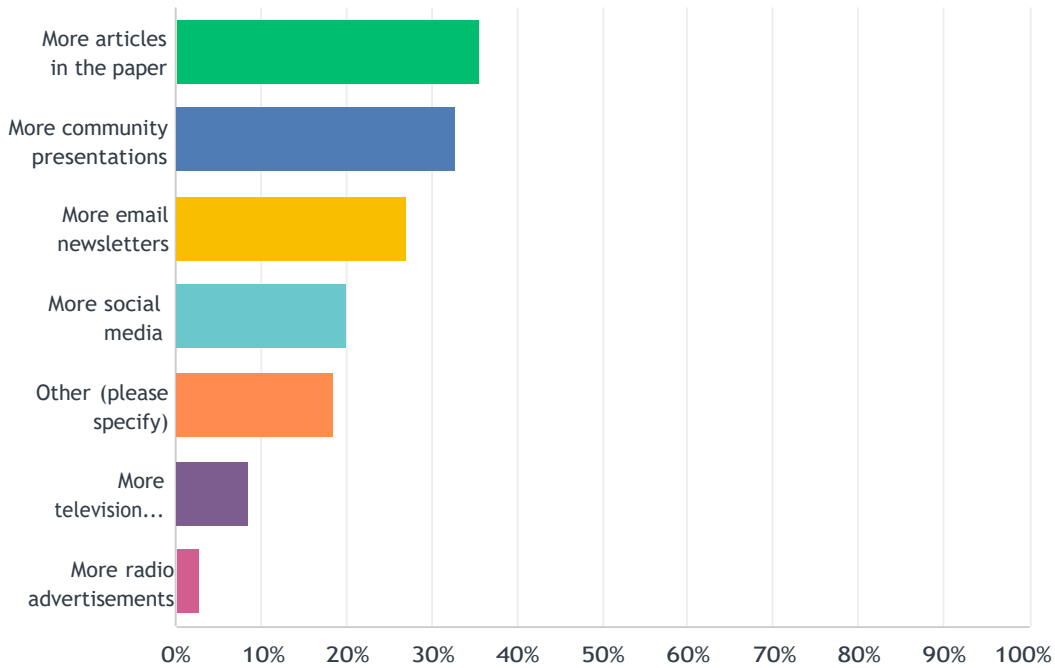
Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	61.43%	43
No	38.57%	27
TOTAL		70

## Q8 How can Golden View communicate better with our community?

Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES
More articles in the paper	35.71% 25
More community presentations	32.86% 23
More email newsletters	27.14% 19
More social media	20.00% 14
Other (please specify)	18.57% 13
More television advertising	8.57% 6
More radio advertisements	2.86% 2
Total Respondents: 70	

#	OTHER (PLEASE SPECIFY)	DATE
1	Have to expand the public's awareness that GoldenView is more than an end of life/nursing home facility.	3/20/2022 8:30 PM
2	physical communication	3/17/2022 12:26 PM
3	Working with complimentary agencies	3/9/2022 11:46 AM
4	Community involvement	3/9/2022 11:42 AM
5	Social media and email newsletters are informative and moravsting as well as inexpensive.	3/2/2022 5:49 PM
6	Better educated staff	3/2/2022 4:30 PM

## Golden View Health Care Center Community Benefits Survey

7	Do what your doing	2/27/2022 7:09 PM
8	They do a great job!	2/25/2022 9:15 AM
9	As the POA for a resident in assisted living you communicate very well by emails and phone calls.	2/24/2022 3:20 PM
10	not really communication per se, but there is no where else to write this- it would be very helpful if you offered support for family members. It's very hard watching your loved ones slip away and we could use some support.	2/24/2022 2:09 PM
11	Great communication now	2/24/2022 1:18 PM
12	You guys have done great during this pandemic. I'm very satisfied.	2/24/2022 1:03 PM
13	We have been very please with the communication from Goldenview via email	2/24/2022 12:07 PM



## Q9 What city/town do you live in?

Answered: 70 Skipped: 0

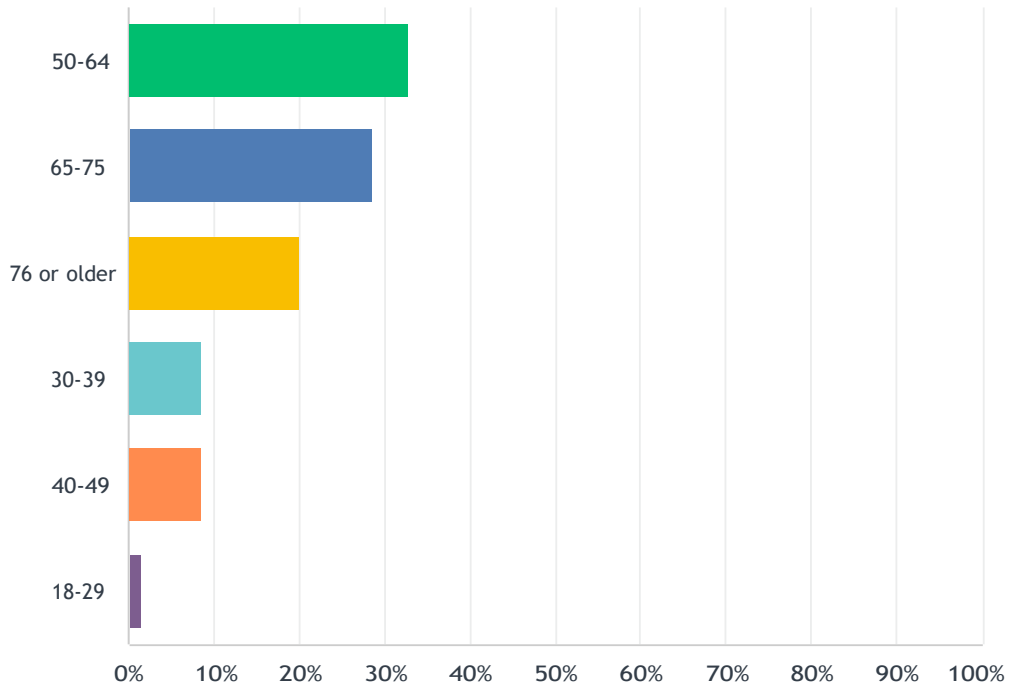
#	RESPONSES	DATE
1	laconia	3/22/2022 4:56 PM
2	Bartlett ,NH	3/22/2022 10:28 AM
3	Laconia,nh	3/21/2022 5:10 PM
4	Moultonborough	3/21/2022 4:55 PM
5	Gilford	3/21/2022 4:10 PM
6	Meredith	3/21/2022 12:09 PM
7	Sandwich	3/20/2022 8:30 PM
8	Meredith	3/17/2022 12:26 PM
9	Bristol	3/15/2022 1:21 PM
10	Laconia	3/14/2022 11:57 AM
11	Franklin	3/14/2022 9:25 AM
12	Gilmanton	3/14/2022 8:22 AM
13	Loudon	3/13/2022 6:32 AM
14	Center Harbor	3/10/2022 2:34 PM
15	Laconia	3/10/2022 12:50 PM
16	Moultonborough	3/9/2022 2:31 PM
17	Meredith	3/9/2022 2:22 PM
18	Meredith	3/9/2022 12:15 PM
19	Alexandria	3/9/2022 12:12 PM
20	Moultonborough	3/9/2022 11:46 AM
21	Meredith	3/9/2022 11:44 AM
22	Moultonborough	3/9/2022 11:42 AM
23	Meredith	3/9/2022 11:38 AM
24	Meredith	3/9/2022 11:33 AM
25	New hampton	3/7/2022 9:55 AM
26	Meredith	3/5/2022 12:39 AM
27	Meredith	3/4/2022 4:17 PM
28	Laconia	3/4/2022 8:06 AM
29	Wolfeboro	3/3/2022 4:59 AM
30	Meredith	3/2/2022 11:13 PM
31	Ashland	3/2/2022 11:08 PM
32	Holderness	3/2/2022 8:57 PM
33	Gilford	3/2/2022 6:04 PM

## Golden View Health Care Center Community Benefits Survey

34	Nashua, NH	3/2/2022 5:49 PM
35	Gilford	3/2/2022 5:46 PM
36	Laconia	3/2/2022 4:30 PM
37	Meredith	3/2/2022 4:29 PM
38	Meredith	3/2/2022 4:20 PM
39	Thornton	3/2/2022 4:19 PM
40	Bristol	3/2/2022 4:17 PM
41	Merdith	2/27/2022 7:09 PM
42	Thornton, NH	2/27/2022 1:25 PM
43	Dover	2/25/2022 9:57 AM
44	Gilford	2/25/2022 9:21 AM
45	Moultonbough	2/25/2022 9:15 AM
46	Alton Bay	2/25/2022 9:14 AM
47	CENTER CONWAY	2/25/2022 8:52 AM
48	Gilmanton	2/25/2022 6:27 AM
49	Canaan	2/25/2022 6:01 AM
50	Belmont	2/24/2022 11:08 PM
51	Meredith	2/24/2022 8:04 PM
52	Gilford	2/24/2022 7:18 PM
53	WOLFEBORO	2/24/2022 6:28 PM
54	meredith	2/24/2022 5:05 PM
55	Laconia	2/24/2022 5:02 PM
56	Mattapoisett, MA	2/24/2022 3:20 PM
57	wolfeboro	2/24/2022 2:24 PM
58	Plymouth	2/24/2022 2:09 PM
59	Meredith	2/24/2022 2:00 PM
60	LACONIA	2/24/2022 1:31 PM
61	Hebron NH	2/24/2022 1:18 PM
62	Meredith	2/24/2022 1:10 PM
63	Nashua, NH	2/24/2022 1:03 PM
64	Holderness	2/24/2022 12:48 PM
65	Hebron	2/24/2022 12:30 PM
66	Belmont	2/24/2022 12:29 PM
67	Holderness	2/24/2022 12:29 PM
68	moultonborough	2/24/2022 12:25 PM
69	Ossipee	2/24/2022 12:16 PM
70	Wolfeboro, NH	2/24/2022 12:07 PM

## Q10 Age of the person completing this survey?

Answered: 70 Skipped: 0



ANSWER CHOICES	RESPONSES	
50-64	32.86%	23
65-75	28.57%	20
76 or older	20.00%	14
30-39	8.57%	6
40-49	8.57%	6
18-29	1.43%	1
<b>TOTAL</b>		<b>70</b>