ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
LICENSOR NAME	ENTRANCE DATE
Inspection Type: ☐ Full ☐ Follow-up ☐ Complaint: Number	

Attachment F

HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

Assisted Living Facility Staff Interview – Attachment F

☐ Caregiver SHIFT NAME	DATE	TIME : ☐ AM ☐ PM

If issues are identified during the inspection, licensors may use this **optional** form with **sample** questions to focus on the identified concern(s). Expand questions to obtain more data in areas where concerns are identified.

Resident Rights • Tell me about the training the facility provides about resident rights. • What do you do if you see or discover resident rights being violated?	
Resident Grievances • What do you do if you have a resident who says they are unhappy about the care in this facility?	
Care and Services • Tell me about the choices residents can make about the care and services they receive at the facility. • Where do you find information about resident care and service preferences?	
Abuse / Neglect / Exploitation • What would you do if you saw a resident being hit? • What do you do if a resident told you money was missing from their wallet?	
Resident Behavior / Facility Practice • What do you do if a resident is missing? • Tell me about the training you have received on individual resident behaviors and how to respond.	
Accident / Injury / Prevention • What do you do if a resident falls? • Tell me about where you would find information about resident care. • Who do you notify if a resident is injured?	
Staffing • How many caregivers typically work each shift? • What is the protocol for contacting your supervisor for urgent situations?	
Emergency Management • Tell me about the training the facility provides on their disaster plan.	

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Notes