Assisted Living Facility Name	License Number	Entrance Date

Licensor's Name	CD ID Number	Resident's Name	Resident Identifier

Attachment G

Assisted Living Facility Resident Interview

Resident Room Number	Pay Status ☐ Private ☐ State	Representative's Name	Phone Number

Brief Review of Negotiated Service Agreement prior to Interview

Water Temperature (required for half of sampled residents):
☐ Not reviewed for sample resident: Temperature: °F Date: Time: ☐ am / ☐ pm

Interview Type
☐ Resident Interview ☐ Representative Interview Date: Time: ☐ am / ☐ pm

Instructions: The interview must address each category (A through J) and include a documented response. For each question asked, document the interviewee response by checking the box next to the corresponding answer or writing in the response. A decline response indicates the question was asked and the interviewee declined to respond. Not applicable (N/A) indicates the question does not pertain to the resident.

Document on the form if the interviewee ends the interview before all questions are asked.

HCBS questions are bolded and denoted with ** before each question. For each HCBS question, that question is **required** and **must** be asked as **written** during the interview. For categories with required **HCBS questions, the additional example questions are optional.

If there is no ** HCBS question for that category (categories G-J), use one of the example questions or write your own question related to the category in the alternate question cell. **You must ask at least one question in each category.**

If you are concerned about any response, please investigate further.

A. Care and Service Needs (required **HCBS question in this category)

**** Can you make choices about the care and services you receive here at the facility?**

☐ Yes
☐ No
☐ Decline

Who helps you with your medications?

☐ Decline
☐ N/A

What do staff help you with?

☐ Decline

B. Response to Concerns Support of Personal Relationships (required **HCBS question in this category)

**** Do they pay attention to what you have to say?** Include any means of communication such as verbal, sign language, gestures.

☐ Yes
☐ No
☐ Decline

Who would you talk to if you had concerns about your care?

☐ Decline

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C. Support of Personal Relationships (required **HCBS question in this category)

**** Can you choose who visits you and when?**

☐ Yes
☐ No
☐ Decline
☐ N/A

D. Meals / Snacks / Preferences (required **HCBS question in this category)

**** Do you have access to food anytime?**

☐ Yes
☐ No
☐ Decline
☐ N/A

E. Respect of Individuality, Independence, Personal Choice, Dignity (<u>two</u> required **HCBS questions in this category)

**** If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?**

☐ Yes
☐ No
☐ Decline
☐ N/A

**** Can you choose to lock your door?**

☐ Yes
☐ No
☐ Decline
☐ N/A

Are you allowed to make choices and, if yes, are staff respectful of your choices?

☐ Yes
☐ No
☐ Decline

F. Activities (<u>two</u> required **HCBS questions in this category)

**** Do you have an opportunity to participate in community activities** (off facility grounds - employment, banking)**?**

☐ Yes
☐ No
☐ Decline

**** Do you receive services in the community** (off facility grounds – doctor appointments, therapies)**?**

☐ Yes
☐ No
☐ Decline

Do you participate in activities while in the facility? How often?

☐ Yes
☐ No
☐ Decline

G. Homelike Environment

Tell me about your room. Did you help decorate it?

☐ Yes
☐ No
☐ Decline

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Is the temperature comfortable to you?

Alternate question:

☐ Yes
☐ No
☐ Decline

H. Reasonable Facility Rules

Are there any rules that prevent you from doing the things you like to do every day?

Alternate question:

☐ Yes
☐ No
☐ Decline

I. Sense of Well-Being and Safety

Do you feel safe?

☐ Yes
☐ No
☐ Decline

Does anything make you feel uncomfortable here?

Alternate question:

☐ Yes
☐ No
☐ Decline

J. Medicaid Policy Notice

What were you told about the facility's policy for admitting and keeping residents whose stay is paid for by the state (Medicaid)?

Alternate question:

☐ Decline

K. Optional Questions and Notes

Other:

Other:

Leave a contact number for the resident to be able to contact you / RCS staff in the future.