Enhanced Services Facility Name	License Number	Entrance Date

Licensor's Name	Resident's Name	Resident Identifier

DSHS WASHINGTON STATE Department of Social and Health Services

Home and Community Living Administration (HCLA)
Enhanced Services Facility (ESF)

Attachment E

ESF Resident Interview

Resident Room Number	Representative's Name	Representative's Phone Number

Brief Review of Negotiated Service Agreement prior to Interview

Water Temperature (check for all resident bathrooms):

☐ None Temperature: ºF 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 (Category 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 (required ** HCBS question in this category)

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

☐ Yes
☐ No
☐ Decline
☐ N/A

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

☐ Yes
☐ No
☐ Decline

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

**** Do you have an opportunity to participate in community activities** (outside the facility such as employment, banking, community activities)**?**

☐ Yes
☐ No
☐ Decline

**** Do you receive services in the community** (outside the facility such as doctor appointments, therapies)**?**

☐ Yes
☐ No
☐ Decline

Do you participate in activities while in the facility? How often? Include activities inside the ESF such as movie night.

☐ Yes
☐ No
☐ Decline

G. Homelike Environment

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

☐ Yes
☐ No
☐ Decline

Is the temperature comfortable to you?
Alternate question:

☐ Yes
☐ No
☐ Decline

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H. Reasonable Facility Rules

Does anyone tell you that you cannot do the things you want to do?

Alternate question:

☐ Yes
☐ No
☐ Decline

I. Sense of Well-Being and Safety

Do you feel safe here?

Alternate question:

☐ Yes
☐ No
☐ Decline

J. Financial

Does anyone tell you how to spend your money?

Alternate question:

☐ Yes
☐ No
☐ Decline

K. Optional Questions and Notes

Other:

Other: