

## Assisted Living Facility Resident Group Meeting

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
ENTRANCE DATE		LICENSOR NAME CONDUCTING MEETING	
Inspection Type: <input type="checkbox"/> Full			
DATE		TIME	
NUMBER OF RESIDENTS PRESENT			
<p>RESIDENT GROUP MEETING NOT CONDUCTED (SELECT THE REASON WHY AND SKIP THE REST OF THIS FORM)</p> <p><input type="checkbox"/> No attendees arrived. Length waited:</p> <p><input type="checkbox"/> Current infectious disease outbreak</p> <p><input type="checkbox"/> Other:</p>			
RESIDENT COUNCIL? <input type="checkbox"/> Yes <input type="checkbox"/> No		COUNCIL PRESIDENT	
		FOOD COMMITTEE <input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas of concerns / issues identified prior to meeting. Refer to resident characteristic roster / sample selection form as needed to identify residents.			
<p>Introductions and brief explanation of meeting and inspection process by RCS staff. Use questions modified for population type. Suggested areas for discussion:</p> <p>We would like to ask you several questions about life in the facility and the interactions of residents and staff.</p> <ul style="list-style-type: none"> <li>• <b>Rules.</b> Tell me about the rules in this facility. For instance, are there rules about what time residents go to bed at night and get up in the morning?</li> <li>• <b>Privacy.</b> Can you please describe the ways staff makes an effort to make sure that your privacy and the privacy of all residents are respected? Do you meet privately with visitors, and have private telephone calls?</li> <li>• <b>Dignity respected (those with and without ability to speak for selves).</b> How do staff members treat the residents here, not just yourselves, but others who cannot speak for themselves? Do they try to accommodate residents' wishes where possible?</li> <li>• <b>Abuse and neglect.</b> Are you aware of any residents that are abused or neglected here? Are you aware of anytime when a resident had property taken away from them by staff? Is there enough staff here to take care of everyone?</li> <li>• <b>Personal belongings / Loss or theft.</b> Can residents have their own belongings in their rooms if they want to? Does the facility make efforts to prevent loss, theft, or destruction of property?</li> <li>• <b>Meals and food service.</b> Can you please describe what the food is like here? If you do not like some food, do they give you something else to eat? Is the temperature of your hot and cold food appropriate? Are your meats tender enough?</li> <li>• <b>Response to concerns.</b> Do you talk to staff about your concerns? What is their response?</li> <li>• <b>Unmet needs.</b> Do you (and your family) feel comfortable to talk to staff about needs that are not being met? Are there excessive wait times for care or medications?</li> </ul>			

- **Activities.** Can you please share your thoughts about the activities offered here? Do the activity programs meet your interests and needs? Do you participate in activities? Are there enough help and supplies available so that everyone who wants to can participate
- **Building.** What do you think about the air and temperature in your room; in the dining and activity rooms? Does the lighting in your room allow you to do whatever you want to do? Is it generally noisy or quiet? How about at night?
- **Other.** Is there anything else about life here in the facility that you would like to discuss?

**Thank the group for their time. After the interview, follow up on any concerns that need further investigation.**

## Notes

## Attachment E

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.