

Assisted Living Facility Resident Interview

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
INSPECTION DATE	LICENSOR NAME		
RESIDENT NAME	RESIDENT NUMBER	ROOM NUMBER	PAY STATUS <input type="checkbox"/> Private <input type="checkbox"/> State
Brief Review of Negotiated Service Agreement:			

The questions in Section B – K below are intended as a guide and should not prevent the interviewer from asking more questions or obtaining more data if concerns are identified. If you are concerned about the answers, please investigate further.

Introductory questions: The interviewer may want to consider one of the following questions as a lead to the interview.

SELECT ONE <input type="checkbox"/> Resident Interview <input type="checkbox"/> Representative Interview																																					
A. The following are REQUIRED questions and MUST be asked during the interview. Check "Y," if the answer is yes; check "N," if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">N</td> <td style="text-align: center; padding: 2px;">D</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Can you make choices about the care and services you receive here at the facility?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do you have an opportunity to participate in community activities?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Can you choose who visits you and when?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do they pay attention to what you have to say?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Can you choose to lock your door?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do you have access to food anytime?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Do you receive services in the community?</td> </tr> </table>	Y	N	D		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you make choices about the care and services you receive here at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an opportunity to participate in community activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you choose who visits you and when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do they pay attention to what you have to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you choose to lock your door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have access to food anytime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive services in the community?	
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INSTRUCTIONS: Your interview must address each category. Check the question asked or write your own question . If you are concerned about the answers, please investigate further. If resident is not interviewable, modify questions for Representative interview.																																					
B. Care and Service Needs																																					
<input type="checkbox"/> What kind of help do you get from the staff? <input type="checkbox"/> How well does staff meet your needs?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				
C. Support of Personal Relationships (if the resident has family or significant others)																																					
<input type="checkbox"/> Does staff give you time and space to meet / visit with friends and family who come to visit? <input type="checkbox"/> Are you able to make personal phone calls without being overheard?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				
D. Reasonable House Rules																																					
<input type="checkbox"/> Tell me about the rules of the facility. <input type="checkbox"/> What have you been told about how long you can stay up at night or how early or late you can watch TV?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns																																				

E. Respect of Individuality, Independence, Personal Choice, Dignity	
<input type="checkbox"/> Does the staff here know about your preferences? <input type="checkbox"/> What kinds of things do you make choices about? <input type="checkbox"/> How does the staff treat you? Speak to you? <input type="checkbox"/> Do you have any concerns about how you are treated?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
F. Homelike Environment	
<input type="checkbox"/> What is your room like? <input type="checkbox"/> Are you comfortable there? <input type="checkbox"/> What personal items were you allowed to bring when you came here? <input type="checkbox"/> Is the temperature here comfortable to you?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
G. Response to Concerns	
<input type="checkbox"/> Do you feel like you can tell someone if you don't like it here? <input type="checkbox"/> Who would you talk to if you had concerns? <input type="checkbox"/> What do you think they would do about it?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
H. Sense of Well-Being and Safety	
<input type="checkbox"/> Do you feel safe here? <input type="checkbox"/> Does anything make you feel uncomfortable here?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
I. Meals / Snacks / Preferences	
<input type="checkbox"/> How is the food here? <input type="checkbox"/> If you can't eat something or don't like something, what kind of replacement does the home offer you? <input type="checkbox"/> How often do you get the foods you like to eat?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
J. Activities	
<input type="checkbox"/> What activities are offered to you by the facility? <input type="checkbox"/> What kinds of things did you do for fun and relaxation before you came here? <input type="checkbox"/> Are there activities you would like to do that you are not offered? <input type="checkbox"/> Is there anything you wanted to do and the facility helped you do it?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
K. Notice	
<input type="checkbox"/> Do you handle your own finances or does someone help you with that? <input type="checkbox"/> What were you told about paying for your care here and the facility's policy about admitting and keeping residents whose stay is paid for by the state (Medicaid)? <input type="checkbox"/> When and how were you told about this?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns

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

