

## Assisted Living Facility Resident Interview

ASSISTED LIVING FACILITY NAME			LICENSE NUMBER																																														
INSPECTION DATE	LICENSOR NAME			CD ID NUMBER																																													
RESIDENT NAME	RESIDENT NUMBER	ROOM NUMBER	PAY STATUS <input type="checkbox"/> Private <input type="checkbox"/> State																																														
REPRESENTATIVE NAME		REPRESENTATIVE PHONE NUMBER																																															
Brief Review of Negotiated Service Agreement:																																																	
Water Temperature (required for half of sampled residents): Not reviewed for sample resident: <input type="checkbox"/> Temperature:                      Date:                      Time: <input type="checkbox"/> AM / <input type="checkbox"/> PM																																																	
INTERVIEW TYPE <input type="checkbox"/> Resident Interview <input type="checkbox"/> Representative Interview                      Date:                      Time: <input type="checkbox"/> AM / <input type="checkbox"/> PM																																																	
A. The following are <b>REQUIRED</b> questions and <b>MUST</b> 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. If the question does not apply to the resident, indicate N/A																																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;">Y</td> <td style="text-align: center; width: 10%;">N</td> <td style="text-align: center; width: 10%;">D</td> <td style="text-align: center; width: 10%;">N/A</td> <td></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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>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="text-align: center;"><input type="checkbox"/></td> <td>Do you receive services in the community?</td> </tr> </table>					Y	N	D	N/A		<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Do you have an opportunity to participate in community activities?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Do they pay attention to what you have to say?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Do you have access to food anytime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive services in the community?
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See Page 2 for Section B through K.

**Instructions:** Each category **must** be addressed, using the sample question(s) or your own. Check the box by the question(s) asked, document the answers, and investigate further if there are concerns. Check the “no concerns” box when no concerns are identified (any additional notes are optional).

<b>B. Care and Service Needs</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> What does the staff help you with? <input type="checkbox"/> Do you receive help with medications? Who helps you: <input type="checkbox"/> Other:	
<b>C. Support of Personal Relationships (if the resident has family or significant others)</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Are you able to meet with visitors when you wish or make phone calls in private? <input type="checkbox"/> Other:	
<b>D. Reasonable House Rules</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Are there any rules that prevent you from doing the things you like to do every day? <input type="checkbox"/> Other:	
<b>E. Respect of Individuality, Independence, Personal Choice, Dignity</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Are you allowed to make choices? Are staff respectful of your choices? <input type="checkbox"/> How do staff treat you and speak to you? <input type="checkbox"/> Do staff call you by your preferred name? <input type="checkbox"/> Other:	
<b>F. Sense of Well-Being and Safety</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Do you feel safe here? <input type="checkbox"/> Has anyone ever yelled at you or made you feel afraid? <input type="checkbox"/> Other:	
<b>G. Response to Concerns</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Who would you talk to if you had concerns about your care? <input type="checkbox"/> Other:	
<b>H. Homelike Environment</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Tell me about your room. Did you help decorate it? <input type="checkbox"/> Other:	
<b>I. Meals / Snacks / Preferences</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Do you eat your meals in the dining room? <input type="checkbox"/> Have you lost weight since you admitted to the facility? <input type="checkbox"/> Other:	
<b>J. Activities</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Do you attend activities? Tell me more. <input type="checkbox"/> Other:	
<b>K. Notice</b>	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Have you ever had any issues with your billing? <input type="checkbox"/> Has anyone talked to you about Medicaid? <input type="checkbox"/> Other:	
<b>L. Notes</b>	<input type="checkbox"/> No Concerns

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