## Assisted Living Facility Resident Interview

<table>
<thead>
<tr>
<th>ASSISTED LIVING FACILITY NAME</th>
<th>LICENSE NUMBER</th>
</tr>
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<tbody>
<tr>
<td>INSPECTION DATE</td>
<td>LICENSOR NAME</td>
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<table>
<thead>
<tr>
<th>RESIDENT NAME</th>
<th>RESIDENT NUMBER</th>
<th>ROOM NUMBER</th>
<th>PAY STATUS</th>
<th></th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Private</td>
<td>State</td>
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### 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**

- [ ] Resident Interview  
- [ ] 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>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>D</th>
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- Can you make choices about the care and services you receive here at the facility?
- If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?
- Do you have an opportunity to participate in community activities?
- Can you choose who visits you and when?
- Do they pay attention to what you have to say?
- Can you choose to lock your door?
- Do you have access to food anytime?
- Do you receive services in the community?

**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

- What kind of help do you get from the staff?
- How well does staff meet your needs?
- [ ] Other:  
- [ ] No Concerns

### C. Support of Personal Relationships (if the resident has family or significant others)

- Does staff give you time and space to meet / visit with friends and family who come to visit?
- Are you able to make personal phone calls without being overheard?
- [ ] Other:  
- [ ] No Concerns

### D. Reasonable House Rules

- Tell me about the rules of the facility.
- What have you been told about how long you can stay up at night or how early or late you can watch TV?
- [ ] Other:  
- [ ] No Concerns
<table>
<thead>
<tr>
<th>E.  Respect of Individuality, Independence, Personal Choice, Dignity</th>
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<tbody>
<tr>
<td>☐ Does the staff here know about your preferences?</td>
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<tr>
<td>☐ What kinds of things do you make choices about?</td>
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<tr>
<td>☐ How does the staff treat you? Speak to you?</td>
</tr>
<tr>
<td>☐ Do you have any concerns about how you are treated?</td>
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<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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<tr>
<th>F.  Homelike Environment</th>
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<tbody>
<tr>
<td>☐ What is your room like?</td>
</tr>
<tr>
<td>☐ Are you comfortable there?</td>
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<tr>
<td>☐ What personal items were you allowed to bring when you came here?</td>
</tr>
<tr>
<td>☐ Is the temperature here comfortable to you?</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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<tr>
<th>G.  Response to Concerns</th>
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<tbody>
<tr>
<td>☐ Do you feel like you can tell someone if you don’t like it here?</td>
</tr>
<tr>
<td>☐ Who would you talk to if you had concerns?</td>
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<tr>
<td>☐ What do you think they would do about it?</td>
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<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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<tr>
<th>H.  Sense of Well-Being and Safety</th>
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<tbody>
<tr>
<td>☐ Do you feel safe here?</td>
</tr>
<tr>
<td>☐ Does anything make you feel uncomfortable here?</td>
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<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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<table>
<thead>
<tr>
<th>I.  Meals / Snacks / Preferences</th>
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<tbody>
<tr>
<td>☐ How is the food here?</td>
</tr>
<tr>
<td>☐ If you can’t eat something or don’t like something, what kind of replacement does the home offer you?</td>
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<tr>
<td>☐ How often do you get the foods you like to eat?</td>
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<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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<tr>
<th>J.  Activities</th>
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<tr>
<td>☐ What activities are offered to you by the facility?</td>
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<tr>
<td>☐ What kinds of things did you do for fun and relaxation before you came here?</td>
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<tr>
<td>☐ Are there activities you would like to do that you are not offered?</td>
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<tr>
<td>☐ Is there anything you wanted to do and the facility helped you do it?</td>
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<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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<tr>
<th>K.  Notice</th>
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<tr>
<td>☐ Do you handle your own finances or does someone help you with that?</td>
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<tr>
<td>☐ 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)?</td>
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<tr>
<td>☐ When and how were you told about this?</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ No Concerns</td>
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Leave a contact number for the resident to be able to contact you / RCS staff in the future.