

Assisted Living Facility Resident Interview

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
ENTRANCE DATE	LICENSOR NAME		CD ID NUMBER
RESIDENT NAME	RESIDENT IDENTIFIER	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): <input type="checkbox"/> Not reviewed for sample resident: 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			
<p>Instructions: The interview must address each category (A through J) and include a documented response. Check "Y" if the answer is yes; check "N" if the answer is no and document interviewee response; or check "D" if the interviewee declined to answer the question. If the question does not apply to the resident, check N/A.</p> <p>HCBS questions are 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.</p> <p>If there is no ** HCBS question for that category, use one of the example questions or write your own question. You must ask at least one question in each category. Check the box next to the question asked and document the response or check no concerns.</p> <p>If you are concerned about any response, please investigate further.</p>			
A. Care and Service Needs (Required **HCBS question in this section)			
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>
** Can you make choices about the care and services you receive here at the facility?		<input type="checkbox"/> No Concerns	
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>
Who helps you with your medications?		<input type="checkbox"/> No Concerns	
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>
What do staff help you with?		<input type="checkbox"/> No Concerns	
B. Response to Concerns Support of Personal Relationships (Required **HCBS question in this section)			
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>
** Do they pay attention to what you have to say?		<input type="checkbox"/> No Concerns	
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>
Who would you talk to if you had concerns about your care?		<input type="checkbox"/> No Concerns	
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>
Other:		<input type="checkbox"/> No Concerns	

C. Support of Personal Relationships (Required **HCBS question in this section)					
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	** Can you choose who visits you and when?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
D. Meals / Snacks / Preferences (Required **HCBS question in this section)					
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	** Do you have access to food anytime?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
E. Respect of Individuality, Independence, Personal Choice, Dignity (Required **HCBS question in this section)					
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <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"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	** Can you choose to lock your door?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Are you allowed to make choices and, if yes, are staff respectful of your choices?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
F. Activities (Required **HCBS question in this section)					
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	** Do you have an opportunity to participate in community activities?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	** Do you receive services in the community?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Do you participate in activities while in the facility? How often?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
G. Homelike Environment (Select the question asked by checking the box next to that question)					
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Tell me about your room. Did you help decorate it?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Is the temperature comfortable to you?	<input type="checkbox"/> No Concerns
Y <input type="checkbox"/>	N <input type="checkbox"/>	D <input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns

H. Reasonable Facility Rules (Select the question asked by checking the box next to that question)		
<div>Y</div> <input type="checkbox"/> <div>N</div> <input type="checkbox"/> <div>D</div> <input type="checkbox"/> <div>N/A</div> <input type="checkbox"/>	<input type="checkbox"/> Are there any rules that prevent you from doing the things you like to do every day?	<input type="checkbox"/> No Concerns
<div>Y</div> <input type="checkbox"/> <div>N</div> <input type="checkbox"/> <div>D</div> <input type="checkbox"/> <div>N/A</div> <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
I. Sense of Well-Being and Safety (Select the question asked by checking the box next to that question)		
<div>Y</div> <input type="checkbox"/> <div>N</div> <input type="checkbox"/> <div>D</div> <input type="checkbox"/> <div>N/A</div> <input type="checkbox"/>	<input type="checkbox"/> Do you feel safe?	<input type="checkbox"/> No Concerns
<div>Y</div> <input type="checkbox"/> <div>N</div> <input type="checkbox"/> <div>D</div> <input type="checkbox"/> <div>N/A</div> <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
J. Medicaid Policy Notice (Select the question asked by checking the box next to that question)		
<div>Y</div> <input type="checkbox"/> <div>N</div> <input type="checkbox"/> <div>D</div> <input type="checkbox"/> <div>N/A</div> <input type="checkbox"/>	<input type="checkbox"/> What were you told about paying for your care here?	<input type="checkbox"/> No Concerns
<div>Y</div> <input type="checkbox"/> <div>N</div> <input type="checkbox"/> <div>D</div> <input type="checkbox"/> <div>N/A</div> <input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> No Concerns
K. Notes		

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