



ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
LICENSOR NAME	ENTRANCE DATE
Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint: Number	

Attachment F

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

## Assisted Living Facility Staff Interview – Attachment F

<input type="checkbox"/> Caregiver	SHIFT	NAME	DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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This form is **optional** and includes sample questions for individual categories. Expand questions to obtain more data in areas where concerns are identified.

<b>Resident Rights</b> <ul style="list-style-type: none"> <li>What do you do to promote resident dignity, quality of life, and privacy?</li> <li>What do you do if you see or discover resident rights being violated?</li> </ul>	
<b>Resident Grievances</b> <ul style="list-style-type: none"> <li>What do you do if you have a resident who says they are unhappy about the care in this facility?</li> </ul>	
<b>Care and Services</b> <ul style="list-style-type: none"> <li>What types of daily choices do the residents make?</li> <li>How do you help residents feel comfortable here?</li> </ul>	
<b>Abuse / Neglect / Exploitation</b> <ul style="list-style-type: none"> <li>Please give an example of abuse, neglect, or exploitation.</li> <li>What do you do if you discover abuse, neglect, or exploitation?</li> </ul>	
<b>Resident Behavior / Facility Practice</b> <ul style="list-style-type: none"> <li>What do you do if a resident is missing?</li> <li>Do any residents have challenging behaviors? If yes, what behaviors? How do you manage those behaviors?</li> </ul>	
<b>Accident / Injury / Prevention</b> <ul style="list-style-type: none"> <li>What do you do if a resident falls?</li> <li>How do you know what each resident needs?</li> <li>Who do you notify if a resident is injured?</li> </ul>	
<b>Staffing</b> <ul style="list-style-type: none"> <li>Do you work alone?</li> <li>How do you get help?</li> <li>How do staff contact the administrator?</li> </ul>	
<b>Emergency Management</b> <ul style="list-style-type: none"> <li>When did you participate in an evacuation drill?</li> <li>What do you do if there is an emergency or disaster?</li> </ul>	



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**Notes**