



ESF Resident Interview

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| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | ENTRANCE DATE | LICENSOR'S NAME |
| RESIDENT'S NAME | | RESIDENT NUMBER | ROOM NUMBER |
| REPRESENTATIVE'S NAME | | RESIDENT PHONE NUMBER | |
| BRIEF REVIEW OF PERSON-CENTERED SERVICE PLAN | | | |
| WATER TEMPERATURE (check for all resident bathrooms) | | | |
| <input type="checkbox"/> None Temperature: °F 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 <u>written</u> 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 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"/> No Concerns | |
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Who helps you with your medications? | <input type="checkbox"/> No Concerns | |
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 N D N/A <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"/> No Concerns | |
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Who would you talk to if you had concerns about your care? | <input type="checkbox"/> No Concerns | |
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other: | <input type="checkbox"/> No Concerns | |
| C. Support of Personal Relationships (Required ** HCBS question in this section) | | | |
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | **Can you choose who visits you and when? | <input type="checkbox"/> No Concerns | |
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other: | <input type="checkbox"/> No Concerns | |



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D. Meals / Snacks / Preferences (Required ** HCBS question in this section)

| | | |
|--|--|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ** Do you have access to food anytime? | <input type="checkbox"/> No Concerns |
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E. Respect of Individuality, Independence, Personal Choice, Dignity (Required ** HCBS question in this section)

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| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ** Can you choose to lock your door? | <input type="checkbox"/> No Concerns |
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| | | |
|--|--|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Are you allowed to make choices, and if so, are staff respectful of your choices? | <input type="checkbox"/> No Concerns |
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|--|---------------------------------|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other: | <input type="checkbox"/> No Concerns |
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F. Activities (Two required ** HCBS question in this section)

| | | |
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| Y N D N/A <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"/> No Concerns |
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| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ** Do you receive services in the community? | <input type="checkbox"/> No Concerns |
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| | | |
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| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Do you participate in activities while in the facility? How often? | <input type="checkbox"/> No Concerns |
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| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other: | <input type="checkbox"/> No Concerns |
|--|---------------------------------|--------------------------------------|

G. Homelike Environment (Select the question asked by checking the corresponding box)

| | | |
|--|---|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Tell me about your room. Did you help decorate it? | <input type="checkbox"/> No Concerns |
|--|---|--------------------------------------|

| | | |
|--|---|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Is the temperature comfortable to you? | <input type="checkbox"/> No Concerns |
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|--|---------------------------------|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other: | <input type="checkbox"/> No Concerns |
|--|---------------------------------|--------------------------------------|

H. Reasonable Facility Rules (Select the question asked by checking the corresponding box)

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| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Does anyone tell you that you cannot do the things you want to do? | <input type="checkbox"/> No Concerns |
|--|---|--------------------------------------|

| | | |
|--|---------------------------------|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 corresponding box)

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|--|---|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Do you feel safe here? | <input type="checkbox"/> No Concerns |
|--|---|--------------------------------------|

J. Notice (Select the question asked by checking the corresponding box)

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|--|---|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Does anyone tell you how you can spend your money? | <input type="checkbox"/> No Concerns |
|--|---|--------------------------------------|

| | | |
|--|---------------------------------|--------------------------------------|
| Y N D N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other: | <input type="checkbox"/> No Concerns |
|--|---------------------------------|--------------------------------------|



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K. Notes