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|  |  Attachment G **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**[ ]**  Private **[ ]**  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: Temperature:  Date:Time:[ ]  AM / [ ]  PM |
|  |
| INTERVIEW TYPE[ ]  Resident Interview [ ]  Representative Interview Date:Time:[ ]  AM / [ ]  PM |
| **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.**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. 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.If you are concerned about any response, please investigate further. |
| 1. **Care and Service Needs (Required \*\*HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Can you make choices about the care and services you receive here at the facility? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Who helps you with your medications? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  What do staff help you with? | [ ]  No Concerns |
| 1. **Response to Concerns Support of Personal Relationships (Required \*\*HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do they pay attention to what you have to say? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Who would you talk to if you had concerns about your care? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Support of Personal Relationships (Required \*\*HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Can you choose who visits you and when? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Meals / Snacks / Preferences (Required \*\*HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do you have access to food anytime? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Respect of Individuality, Independence, Personal Choice, Dignity (Required \*\*HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Can you choose to lock your door? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Are you allowed to make choices and, if yes, are staff respectful of your choices? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Activities (Required \*\*HCBS question in this section)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do you have an opportunity to participate in community activities? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | \*\* Do you receive services in the community? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Do you participate in activities while in the facility? How often? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Homelike Environment (Select the question asked by checking the box next to that question)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Tell me about your room. Did you help decorate it? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Is the temperature comfortable to you? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Reasonable Facility Rules (Select the question asked by checking the box next to that question)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Are there any rules that prevent you from doing the things you like to do every day?  | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Sense of Well-Being and Safety (Select the question asked by checking the box next to that question)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Do you feel safe? | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Medicaid Policy Notice (Select the question asked by checking the box next to that question)**
 |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  What were you told about paying for your care here?  | [ ]  No Concerns |
|  Y N D N/A[ ]  [ ]  [ ]  [ ]  | [ ]  Other:  | [ ]  No Concerns |
| 1. **Notes**
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|  |
| Leave a contact number for the resident to be able to contact you / RCS staff in the future. |